





**NOMINATION FORM**

I/We the above named applicants, residing of the addressed mentioned above, nominate the following person to whom, in the event of my/our/minor's death, the amount of deposit in the above account may be returned by the Sri Ramakrishna Credit Co-op. Society Ltd.

PHOTOGRAPH OF THE NOMINEE [Preferred]	NAME & ADDRESS OF THE NOMINEE	NAME & ADDRESS OF THE WITNESS
	Relationship (if any)	

Date of Birth of Nominee (if Minor) \_\_\_\_\_

\*\* As the nominee is a minor on this date, I / We appoint \_\_\_\_\_ related to the minor as \_\_\_\_\_

and residing at \_\_\_\_\_  
to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

\_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Signature of the witness \_\_\_\_\_ Signature of account holder(s) \_\_\_\_\_

\*\* (Strike out if not applicable)

\*\* Where the deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor

**SIGNATURE(S) OF ACCOUNT HOLDER(S)**

I/We agree to abide by the Society rules & regulations relating to the conduct & operation of Savings Bank Accounts which are in existence & which may be changed from time to time by the Board of Directors. I / We authorise the Society to verify the details given herein through any means/person(s) as may be perceived necessary by the Society. Kindly open an account in my/our name(s).

Account holder 1
Account holder 2

**FOR USE OF SOCIETY OFFICIAL**

Introducer's Signature & Other details Verified and found correct by me

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Employee No. \_\_\_\_\_ Signature of the Official & Date \_\_\_\_\_

Account details verified & Account Opened in the branch records

Employee No. \_\_\_\_\_ Signature of Branch Head & Date \_\_\_\_\_

**INTRODUCTION**

I / We personally know the above applicant (s) for a period of \_\_\_\_\_ month / year and identity & address(es) mentioned in the form

Name of the introducer \_\_\_\_\_

Account Type, Account No. & Branch \_\_\_\_\_

Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Introducer



**SPECIMEN SIGNATURE CARD**



**ಶ್ರೀ ರಾಮಕೃಷ್ಣ ಕ್ರೆಡಿಟ್ ಕೋ-ಆಪರೇಟಿವ್ ಸೊಸೈಟಿ ಲಿ.**  
**SRI RAMAKRISHNA CREDIT CO-OPERATIVE SOCIETY LTD.**

H. O.: 2nd FLOOR, AMRUTHOTHSAV BUILDING,  
BUNTS HOSTEL CIRCLE, MANGALORE - 575 003

Branch:

**NAME**

Mr. / Mrs.

**NAME OF ACCOUNT HOLDER(S)/OPERATOR(S)**

1.

2.

3.

4.

5.

**SPECIMEN SIGNATURES**

**CUSTOMER NO.**

**ACCOUNT TYPE**

**ACCOUNT NO.**

**FOR OFFICE USE ONLY**

We confirm that the account is opened with the Branch. The account details are verified by us alongwith the signature(s) on this form

Scanned By  
(E.No.)

Sign

Date

Emp No.

Signature of Officer

Date

Emp. No.

Signature of Branch Head.

Date