

RAJARSHI SHAHU SAHAKARI BANK,LTD.,PUNE

Residential Address :

Consumer Durables Ownership : Computer Microwave LCD Television
 Digital Camera DVD Player Home Theatre System
 Projection Television Airconditioner

Vehicle Ownership : Car Two Wheeler None Both

Car Model & Make: _____

The House you Currently Live in Rented Ownership
 Company Provided Purchased against a loan

Types of Loan	Loan Facilities Whether availed	Number of years since You last availed the laon	In the next 6 months do you intend availing any of these loans?
1. Car	: <input type="checkbox"/> Yes : <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	: <input type="checkbox"/> Yes : <input type="checkbox"/> No
2. Housing	: <input type="checkbox"/> Yes : <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	: <input type="checkbox"/> Yes : <input type="checkbox"/> No
3. Consumer Durable/PC	: <input type="checkbox"/> Yes : <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2.	: <input type="checkbox"/> Yes : <input type="checkbox"/> No
4. Business	: <input type="checkbox"/> Yes : <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	: <input type="checkbox"/> Yes : <input type="checkbox"/> No
5. Loan Against Shares	: <input type="checkbox"/> Yes : <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	: <input type="checkbox"/> Yes : <input type="checkbox"/> No
6. Insurance Policy	: <input type="checkbox"/> Yes : <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	: <input type="checkbox"/> Yes : <input type="checkbox"/> No
7. Travel Abroad	: <input type="checkbox"/> Yes : <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	: <input type="checkbox"/> Yes : <input type="checkbox"/> No
8. Educational Loan	: <input type="checkbox"/> Yes : <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2	: <input type="checkbox"/> Yes : <input type="checkbox"/> No

How you came to know about us ? _____

Any other information you wish to share with your bank _____

Nomination under Section 45 ZA read with Section 56 of the Banking Regulation Act.1949 and Rule 2(1) of the Co-operative banks (Nomination) Rules,1985, in respect of Bank Deposits

FORM DA 1 Sr.No

I/We _____
 nominate the following person to whom in the event of my/our/minor's death the amount of the deposit,particulars whereof are given below may be returned by _____

I affirm-that ,information furnished herein above is true and authentic to the best my knowledge.

Date

Type of Deposit & Number	Name& Address	Releationship with Depositor	Age	if nominee is a minor,his date of birth

Photo

2. As the nominee is a minor on this date. I/We appoint Shri/Smt/Kum. _____ to receive the amount of the deposit on behalf of the nominee I the event of my/our/minor's death during the minority the nominee.

Witness Signature _____

Signature of Depositor _____

