



**THE KALYAN JANATA
SAHAKARI BANK LTD.**
MULTI-STATE SCHEDULED BANK

50⁺
YEARS OF
MOMENTUM

Head Office: Kalyanam_astu,
Om Vijaykrishna Apt., Adharwadi,
Kalyan (W) 421-301. Maharashtra.
kalyanjanata.bank.in @ f X KJSBank

**DA 1 & DA 2
NOMINATION FORM
FOR INDIVIDUAL**

Date

Branch Code*

Customer ID*

Nomination Form (DA 1 & DA 2) in respect of Bank Deposits & Safe Deposit Lockers.

(See Sections 45-ZA, 45-ZC and 45-ZE read with Section 56 of the Banking Regulation Act, 1949 and
rules 2 to 4 of the Banking Companies (Nomination) Rules, 2025)

Please tick (✓) the most appropriate option.

☐

Wish to appoint nominee

☐

Don't wish to appoint nominee

Name of Account Holder/s* : _____

Nature of Account* : ☐ SB/CD ☐ FD/RD ☐ Locker Account / Receipt No.* : _____

Fields marked with * are mandatory

FORM DA 1

APPOINTMENT OF NOMINEE

(To be used only for new nomination)

I/We, the undersigned, hereby nominate the following individual(s) to receive the amount of the deposit(s) or the contents of the locker, the particulars of which are as mentioned above, in the event of my/our death.

Name of 1st Nominee* : _____

Address of Nominee* : _____

Mobile Number* : _____ Email ID : _____

(In case of Minor)
Age* : _____ Date of Birth* : Relationship with Depositor* : _____

Tick appropriate option, in case of Deposit: ☐ Successive Nomination ☐ Simultaneous Nomination: _____ (mention %)

Name of 2nd Nominee* : _____

Address of Nominee* : _____

Mobile Number* : _____ Email ID : _____

(In case of Minor)
Age* : _____ Date of Birth* : Relationship with Depositor* : _____

Tick appropriate option, in case of Deposit: ☐ Successive Nomination ☐ Simultaneous Nomination: _____ (mention %)

Name of 3rd Nominee* : _____

Address of Nominee* : _____

Mobile Number* : _____ Email ID : _____

(In case of Minor)
Age* : _____ Date of Birth* : Relationship with Depositor* : _____

Tick appropriate option, in case of Deposit: ☐ Successive Nomination ☐ Simultaneous Nomination: _____ (mention %)

Name of 4th Nominee* : _____

Address of Nominee* : _____

Mobile Number* : _____ Email ID : _____

(In case of Minor)
Age* : _____ Date of Birth* : Relationship with Depositor* : _____

Tick appropriate option, in case of Deposit: ☐ Successive Nomination ☐ Simultaneous Nomination: _____ (mention %)

- Note :** (i) Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage aggregating to 100.
- (ii) Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order
- (iii) For deposits either Successive or Simultaneous Nomination shall be applicable.
- (iv) For lockers only Successive Nomination shall be applicable.
- (v) If more than one individual is nominated, the priority shall be considered in the same order in which the nominees are listed above.

GUARDIAN DETAILS (IF ANY NOMINEE IS A MINOR)

Name of Guardian for 1st Nominee* : _____

Relationship with the 1st Nominee* : _____

Address of Nominee* : _____

Mobile Number* : _____ Email ID : _____

Name of Guardian for 2nd Nominee* : _____

Relationship with the 2nd Nominee* : _____

Address of Nominee* : _____

Mobile Number* : _____ Email ID : _____

Name of Guardian for 3rd Nominee* : _____

Relationship with the 3rd Nominee* : _____

Address of Nominee* : _____

Mobile Number* : _____ Email ID : _____

Name of Guardian for 4th Nominee* : _____

Relationship with the 4th Nominee* : _____

Address of Nominee* : _____

Mobile Number* : _____ Email ID : _____

Signature of Applicant/s

Note: If the applicant is illiterate, thumb impression should be attested by two witnesses

Name of Witnesses	Address of Witnesses	Signature of Witnesses
1. _____	_____	_____
2. _____	_____	_____

I/We hereby cancel the nomination registered earlier for my/our above referred deposit account/locker , as per the details given below:

Name of the existing nominee whose nomination is to be cancelled : _____

Nature of Account : ☐ SB/CD ☐ FD/RD ☐ Locker Account / Receipt No. : _____

Additional Details, if any : _____

I/We understand that through this DA2 request, the earlier nomination for the above mentioned account stands cancelled.

I/We further declare that

- a) If no nominee remains after this cancellation, it shall be treated as my/our decision not to avail the nomination facility, unless I/We submit a fresh nomination.
- b) If more than one nominee remains after this cancellation, the nomination percentage shall be automatically and equally redistributed among the remaining nominees, unless I/We provide a revised nomination with fresh percentage allocation.

Note: If the applicant is illiterate, thumb impression should be attested by two witnesses

Name of Witnesses	Address of Witnesses	Signature of Witnesses
1. _____	_____ _____	_____
2. _____	_____ _____	_____

CUSTOMER DECLARATION

- A) I/We declare that the information provided above is true to the best of my/our knowledge and belief. I/We understand that this nomination will supersede any previous nominations for the above-mentioned deposit account(s) / locker.
- B) I/We understand that the bank shall be discharged from liability upon making payment or handing over locker contents/articles to the nominee(s) as per law.
- C) In case my/our deposit receipt is auto-renewed, the same nomination will continue for the renewed receipt unless modified by me/us.
- D) If deposit is made in the name of minor or locker is solely hired in the name of minor, this nomination form should be signed by an individual lawfully entitled to act on behalf of the minor.
- E) The bank employee has explained the contents of this form to me/us in a language that I/we can speak/understand & I/we have fully understood the meaning before signing. | **मराठी** - बँक कर्मचार्याने हा फॉर्म मला/आम्हाला मी/आम्ही बोलू किंवा समजू शकणाऱ्या भाषेत समजावून सांगितला असून स्वाक्षरी करण्यापूर्वी मी/आम्ही त्यातील सर्व अर्थ पूर्णपणे समजून घेतले आहेत. | **हिंदी** - बैंक कर्मचारी ने इस फॉर्म की सभी जानकारी मुझे/हमें ऐसी भाषा में समझाई है जिसे मैं/हम बोल या समझ सकते हैं, और हस्ताक्षर करने से पहले मैं/हम इसकी पूरी जानकारी समझ चुके हैं।

Please refer to the next page for signature.

Signature of Applicant/s

Note: If the applicant is illiterate, thumb impression should be attested by two witnesses

Name of Witnesses	Address of Witnesses	Signature of Witnesses
1. _____	_____ _____	_____
2. _____	_____ _____	_____

FOR BANK USE

The applicant(s) appeared and signed before me. Their identity has been verified through OVD.
The necessary entry has been recorded and authorised in CBS. The application is forwarded to HODC-CPC for record maintenance.

Details of Maker	Employee ID	Date of Entry	Name of Branch	Branch seal & Signature of Banch official
Details of Checker	Employee ID	Date of Authorization		

CUSTOMER ACKNOWLEDGMENT COPY

This is to acknowledge that the Bank has received your Nomination (DA 1) / Cancellation of Nomination (DA 2) Form for the below-mentioned deposit account(s)/locker.

Customer Name/s: _____ Type of Request Submitted: [] DA 1 [] DA 2

Account / Receipt No. / Locker No. : _____ Branch: _____

Date of Submission:

D	D	M	M	Y	Y	Y	Y
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Branch Seal & Signature of Branch official