ANNEXURE - B

NOMINATION FORM

I/We,		
Residence		
		being a member of The
		nd bearing No
		te Mr/Mrs
		(relationship) aged
dividends or otherwise at m Bank in pursuance of this n	transferred my interest in the S ny decease and I agree that all t nomination shall be valid and ef	as the onlociety whether, loans deposit ransfers and payments made by the fectual against any persons claiming ll stand revoked if the sole nominee
In witness whereof,	I the said	
	1	
*	day of	2023.
x =		
WITNESS:		(Signature)
Signature:		
Full Name & Address:		
	Signed before me	
		ture of Branch Manager Diu State Cooperative Bank Ltd. Branch