

(FOR NOMINATION)

To,
The President/ Secretary
Raghav Co-op. T/C Society Ltd.,
Shop No.1, WZ-60, Jwala Heri, Paschim Vihar,
New Delhi-110063

I _____ (Name & address) nominate the following person/s to whom in the event of my death the amount of deposit in the my account, particulars whereof are given below, may be returned by Raghav Coop. T/C Society Ltd. (Delhi).

DEPOSIT

Nature of Deposit

Distinguishing No.

Additional details if any

NOMINATION

_____ (Name & Addresses) _____ (Relationship with Depositor, if any) Age If nominee is a minor his date of birth _____. As the nominee is a minor on this date, I appoint _____ (Name & Address) _____ (Age) receive the amount of the deposit in the account on behalf of the nominee in the event of my death during the minority of the nominee

Signature of Depositor/Member: _____
Name of Depositor/Member: _____
Membership No. _____

Signature of Witness : _____

Name Of Witness : _____

Address of Witness : _____

Place:

Date: