

Form for Nomination

То

The Chairman,	
TJSB Sahakari Bank Lt	d.

Date:_____

Dear Sir,

I / We			and			, member o	of TJSB	Sahakar	i Bank Ltd.
(membership	details given	below) wi	sh to *make	a nominati	on / cancel	nominatio	n (done	earlier)	and further
nominate the f	ollowing perso	on in whom	all rights in re	espect of sha	res held by r	ne shall ves	t in even	it of my / o	ur death.

(*Strike out whichever is not applicable)

Sr. No.	Membership N	lo /Folio Number		Certificate Number				Distinctive Number		
Name of the	Nominee									
Address										
Date of Birth										
Signature of	Nominee									
Contact Deta	Contact Details		Email:				Email:			
Name of gua	ardian (In case									
Nominee is N	vlinor)									
Address										
Signature of	Guardian									
Contact Details		Tel No.:	Email:				Email:			
Details of Wi	tness (in case t	he nominee is	minor)							
Sr. No.			Witn	Witness 1			Witness 2			
Name of the	Witness									
Address of Witness										
Signature of	Witness									
Date										
Place							•			
For office Us	e									
Date and Pla	ace of Receipt:							Stamp of the Bank and Karvy Computershare Pvt. Ltd		
Effective Fro	m:									