



Janata Sahakari Bank Ltd., Pune

(Multistate Scheduled Bank)

Head Office : 1444, Shukrawar Peth, Thorale Bajirao Road, Pune - 411 002.

FORM SL 3A

Variation of Nomination under section 45-ZE Read with Section 56 of the banking regulation act, 1949 and rule 4 (7) of the Cooperative Banks(Nomination`s) rules, 1985,By Sole Hirer is Respect of Safety Locker

We _____ cancel the nomination(s) made by us in favour
(name and address)

of _____ and here by nominate the following person(s) to
whom in the event

(name and address)

whom in the event of the death of one or more of us _____ of
my/minor, death _____

(name and address of branch/office in which locker is situated)

may give access to the locker and liberty to remove the contents of locker,particulars where of are given below, jointly
with the survivor or survivors of us

(A)	Successive Nomination Priority	First Nominee	Second Nominee	Third Nominee	Fourth Nominee
(B)	Name				
(C)	Address				
(D)	Email, If Any				
(E)	Mobile, If Any				
(F)	Relationship with Bank, If Any				
(G)	Date of Birth	/ /	/ /	/ /	/ /
(H)	Proportion of amount of deposit in % age(Priority of Successive nomination (A) will not be applicable if % age is mentioned also % age is not applicable for Locker)				
	(% age) in numbers				

Place : _____ Date : _____

**Signature(s)/ Thumb-impression (s) of hirer

Name(s), _____

Address(es) _____

Signature(s) of witness(es)

Strike out if nominee is not minor.

* where the locker is hired solely in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor

* Thumb Impression shall be attested two witnesses

Acknowledgment

We acknowledge receipt of nomination made by you/ Your Safe Locker No.....

Date of request : / /

Signature & seal of Bank Official

3. Guardian Details (If any nominee is a minor)

	Name of Nomination	Name of Gurdian	Relationship with Nominee	Address	E-mail/ Mobile No of Gurdian
(1)					
(2)					
(3)					
(4)					

4. Declaration & Signature

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 suspend any previous nominations for the above mentioned account(s)

	Holders	1 st Holder	2 nd Holder	3 rd Holder	4 th Holder
	Holder Name				
	Holder Signature				

Witness : In case of individual who cannot read and / or write, the signature means thumb -impression of such individual, which should be attested by two witness

Name & Signature of Witness 1

Name & Signature of Witness 2

Bank Use Section	Operation Use Section
Date of Receipt	
Name & Designation	
Signature of Bank Official	
Seal & Date	

Acknowledgement to Customer

We acknowledgement receipt of nomination made by you for account/Deposit number _____

Date of request : / /

Signature of Bank Official with Seal