

**IDBI STAFF CO-OPERATIVE CREDIT SOCIETY LTD.**

(Regd. under No. 903 of 1978)

IDBI Tower, first floor, WTC Complex, Cuffe Parade Mumbai 400 005  
Tel.No./Fax 22185670

**NOMINATION FORM**

A/C.NO. \_\_\_\_\_

I, the undersigned, nominate the following person/s who shall on my death has /have the right to receive the payment of the total amount payable to me by the Society after making deductions of all dues payable by me to the Society.

|   |  |        |            |       |         |
|---|--|--------|------------|-------|---------|
| 1 | Nominee's Full Name                      | 1      | Mr/Ms.     | _____ |         |
|   |  | 2      | Mr/Ms.     | _____ |         |
|   |  | 3      | Mr/Ms.     | _____ |         |
|   |  | 4      | Mr/Ms.     | _____ |         |
| 2 | Relation to the member                   | 1.     | _____ %    | 3.    | _____ % |
|   |  | 2.     | _____ %    | 4.    | _____ % |
| 3 | Address and Contact No. of the Nominee/s | _____  |            |       |         |
|   |  | _____  |            |       |         |
|   |  | Tel:No | Mobile No. |       |         |

All the previous nomination/s, if any shall stand cancelled on registration of this nomination/s.

WITNESS SIGNATURE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

DETAILS OF WITNESS:

DETAILS OF APPLICANTS:

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Resi. Address \_\_\_\_\_ Resi. Address: \_\_\_\_\_

Membership No: \_\_\_\_\_ Membership No. \_\_\_\_\_

Empl.Code: \_\_\_\_\_ Empl.Code: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

1. Received on: \_\_\_\_\_ 2. Changed the Nomination in Members Master on: \_\_\_\_\_

3. Approved by the Managing Committee in its meeting held on \_\_\_\_\_ Registered

MANAGER

SECRETARY