

NOMINATION FORM

To,
The Secretary,
North-Ex Co-operative (U) T/C Society Ltd.
A-8/104, Sector-18, Rohini Delhi - 110089

IS/o. add.....
nominate the following person/s to whom, in the event of my death the amount of deposit in my account
particulars whereof are given below may be returned by North-Ex Co-operative (U) T/C Society Ltd.

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 :