

**NOMINATION FORM**

Nomination No.

To  
**The State Bank of Mysore Employees'**  
**Co-operative Credit Society Ltd.,**  
 Avenue Road, Bengaluru - 560 009.

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

Dear Sir,

**Nomination**

I hereby nominate the persons mentioned here below to receive the balance at credit in my - a) Share Account, b) Compulsory Savings Fund Account, c) Death Relief Benefit under the Death-cum-Retirement Benefit fund and d) Any other amounts due to me by the Society in the event of my death and in accordance with the rules of the Society.

Sl. No.	Name of the Nominee/s	Address of the Nominee/s	Age & Relationship	Share Payable to each Nominee
1.				
2.				

The nomination made herein invalidates my previous nomination/s, if any, and shall be in force until revoked by me in writing or varied by subsequent nomination communicated to you and acknowledged by you.

I further agree that payment to the nominee/s in accordance with the directions contained in this letter of nomination shall be valid discharge and it shall be binding on me and my heirs and representatives.

I am aware that any disposition under my will contrary to this nomination will not cancel the nomination.

**Witness :**

1. Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 (in Block Letters)  
 Branch Name \_\_\_\_\_  
 Membership Number \_\_\_\_\_  
 Employee Number \_\_\_\_\_  
 E-mail ID \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Res No. \_\_\_\_\_ Br/Off No. \_\_\_\_\_  
 Residential Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Yours Faithfully,

\_\_\_\_\_  
 Signature of the Member

Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 (in Block Letters)

Branch Name \_\_\_\_\_  
 Membership Number \_\_\_\_\_  
 Employee Number \_\_\_\_\_  
 E-mail ID \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Res No. \_\_\_\_\_ Br/Off No. \_\_\_\_\_  
 Residential Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 (in Block Letters)  
 Branch Name \_\_\_\_\_  
 Membership Number \_\_\_\_\_  
 Employee Number \_\_\_\_\_  
 E-mail ID \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Res No. \_\_\_\_\_ Br/Off No. \_\_\_\_\_  
 Residential Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

-----Tear Here-----

**CERTIFICATE BY THE SOCIETY**

Certified that particulars of the nomination have been recorded in our books vide nomination form No. \_\_\_\_\_  
 Name of the Member : \_\_\_\_\_  
 Membership Number : \_\_\_\_\_  
 Employee Number : \_\_\_\_\_  
 Name of the Branch : \_\_\_\_\_  
 Name of the Nominee : \_\_\_\_\_  
 Place : Bengaluru

For S.B.M. Employee's Co-op. Credit Society Ltd.,

**Chief Executive Officer**