

## Nomination Form



CDSL

(Annexure 3.2)

To,  
Saraswat Co-operative Bank Ltd.  
Demat Department  
110-111 & 129-131, Vyapar Bhavan,  
1st floor, 49, P.D'mello Road, Carnac Bunder,  
Masjid, Mumbai 400009.

Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Dear Sir/ Madam,

- I/We hereby confirm that I/We **do not wish to** appoint any nominee in my **Demat Account** and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

|           | First/Sole Holder | Second Holder | Third Holder |
|-----------|-------------------|---------------|--------------|
| Name      |                   |               |              |
| Signature |                   |               |              |

Note: Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / opt out nomination.]

- I/We **nominate** the following person/s who is entitled to receive all Assets / security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

| <b>BO Account Details</b>       |   |   |   |   |   |   |   |   |           |  |  |  |
|---------------------------------|---|---|---|---|---|---|---|---|-----------|--|--|--|
| DP ID                           | 1 | 3 | 0 | 5 | 8 | 5 | 0 | 0 | Client ID |  |  |  |
| Name of the Sole / First Holder |   |   |   |   |   |   |   |   |           |  |  |  |
| Name of Second Holder           |   |   |   |   |   |   |   |   |           |  |  |  |
| Name of Third Holder            |   |   |   |   |   |   |   |   |           |  |  |  |

| Nomination Details   | Nominee 1 | Nominee 2 | Nominee 3 |
|--|-----------|-----------|-----------|
| Nominee Name :   |           |           |           |
| *First Name:   | .....     | .....     | .....     |
| Middle Name:   | .....     | .....     | .....     |
| *Last Name   | .....     | .....     | .....     |
| *Percentage of allocation of securities:                                     |           |           |           |
| <input type="checkbox"/> Equally [If not equally, please specify percentage] | %         | %         | %         |
| Or   |           |           |           |

|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> <b>Share of each Nominee</b> |  |  |  |
|---|--|--|--|

Any odd lot after division shall be transferred to the first nominee mentioned in the form

| Nomination Identification Details-[Please tick any one of following and provide details of same]  | Nominee 1 | Nominee 2 | Nominee 3 |
|---|-----------|-----------|-----------|
| <input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN<br><input type="checkbox"/> Aadhaar<br><input type="checkbox"/> Saving Bank account no.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID<br>[Optional Fields] |           |           |           |

|  |       |       |       |
|--|-------|-------|-------|
| *Address:  |       |       |       |
| *City:   |       |       |       |
| *State:  |       |       |       |
| *Pin:  |       |       |       |
| *Country:  |       |       |       |
| Mobile / Telephone No:<br>[Optional Fields]  |       |       |       |
| Email ID:<br>[Optional Fields]   |       |       |       |
| Fax No:<br>[Optional Fields]   |       |       |       |
| *Relationship with the BO:   |       |       |       |
| <b>To be filled only if nominee(s) is a minor:</b>   |       |       |       |
| Date of birth (mandatory if<br>Nominee is a minor):  |       |       |       |
| Name of the Guardian of<br>Nominee (if the nominee is<br>minor): *First Name:  | ..... | ..... | ..... |
| Middle Name:   | ..... | ..... | ..... |
| *Last Name   | ..... | ..... | ..... |
| *Address of the Guardian<br>of nominee:  |       |       |       |
| *City:   |       |       |       |
| *State:  |       |       |       |
| *Country:  |       |       |       |
| *Pin:  |       |       |       |
| Age:   |       |       |       |
| Mobile / Telephone No:<br>[Optional Fields]  |       |       |       |
| Email ID:<br>[Optional Fields]   |       |       |       |
| Fax No:<br>[Optional Fields]   |       |       |       |
| *Relationship of the<br>Guardian with the Nominee:   |       |       |       |
| Guardian Identification<br>details – [Please tick any<br>one of following and provide<br>details of same]<br><input type="checkbox"/> Photograph & Signature<br><input type="checkbox"/> PAN<br><input type="checkbox"/> Aadhaar<br><input type="checkbox"/> Saving Bank account no.<br><input type="checkbox"/> Proof of Identity<br><input type="checkbox"/> Demat Account ID<br>[Optional Fields] |       |       |       |

Note : Residual securities: incase of multiple nominees, remaining after distribution of securities as per percentage of allocation shall be transferred to the first nominee.

**\* Marked is Mandatory field**

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature [in both the cases i.e. nomination / opt out nomination.]

|                        |                 |
|------------------------|-----------------|
| Details of the Witness |                 |
|                        | Witness Details |
| Names of Witness       |                 |
| Address of Witness     |                 |
| Signature of Witness   |                 |

This nomination shall supersede any prior nomination made by the account holder(s), if any.

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

|           | First/Sole Holder | Second Holder | Third Holder |
|-----------|-------------------|---------------|--------------|
| Name      |                   |               |              |
| Signature |                   |               |              |

**(To be filled by DP)**

Nomination Form accepted and registered wide Registration No. \_\_\_\_\_

dated \_\_\_\_\_

For Saraswat Co-operative Bank Ltd.  
(Authorised Signatory)

----- (Please Tear here) -----

## ACKNOWLEDGEMENT RECEIPT

Received nomination from : \_\_\_\_\_

|                         |  |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |  |
|-------------------------|--|---|---|---|---|---|---|---|---------------|---|---|---|---|---|---|---|---|--|
| DP ID                   | 1  | 3 | 0 | 5 | 8 | 5 | 0 | 0 | Client ID     |   |   |   |   |   |   |   |   |  |
| Name                    |  |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |  |
| Address                 |  |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |  |
| Nomination in favor of  |  |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |  |
| <b>First - Nominee</b>  |  |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |  |
| <b>Second - Nominee</b> |  |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |  |
| <b>Third - Nominee</b>  |  |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |  |
| No Nomination           | <input type="checkbox"/> Would like to opt out nomination. |   |   |   |   |   |   |   |               |   |   |   |   |   |   |   |   |  |
| Registration No.        |  |   |   |   |   |   |   |   | Registered on | D | D | M | M | Y | Y | Y | Y |  |

**Depository Participant Seal and Signature**

