REPURCHASE / REDEMPTION REQUEST FORM

Particip	bant	Nam	е		THE SARASWAT CO.OP. BANK LTD												
Deposi	tory	Parti	cipar	t ID				1	3	(0		5	8	5	0	0
RFN									DATE								

I/We offer the below mentioned securities for repurchase/ redemption and declare that my/our account be debited the number of securities to the extent of my/ our repurchase/ redemption request and proceeds be paid to me/us cheque/ bank draft. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the security mentioned.

Account Number							1	3	0	5	8	5	0	0								
Account Holder Name																						
No. of Securities to be Repurchased/I							Rede	eme	d(in	figu	res)											
in words																						
(integers)																						
and																						
(Fractions)																						
Name of the security																						
Name of the issuing Company																						
Face Value																						
ISIN																						
Specimon Signature(s)								Na	m 0						6	iana	tur	_				

Specimen Signature(s)

<u>Name</u>

<u>Signature</u>

First/ Sole Holder

Second Holder

Third Holder

Participant Authorization

Account No.	1	3	0	5	8	5	0	0								
ISIN																
Date	D		D		Μ		Μ		Y		Y		Y		Y	
Name of the firs	t															
Holder																

The application form is verified with the details of the beneficial owner's account and certified that the application form is in order. The account has sufficient balance to accept the repurchase/ redemption request. It is also certified that the beneficial owner's signatures are verified and found in order.

The other details of the beneficial owners as extracted from the records are enclosed.

Forwarded by	– Name		
	Signature	Seal	
		Acknowledgement	
Participants Na	ame Address and ID		
		repurchase/ redemption request for rom	
Depository P	articipant's Signature	Seal	Date

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