



FORM 40 - REQUEST FOR CHANGE OF NAME OF KARTA

(to be given by new karta and other surviving members of HUF in the event of death of Karta)

To, Saraswat Co-op Bank Ltd. 110-111 and 129-131 Vyapar Bhavan, 1st Floor, 49, P.D'Mello Road, Carnac Bunder, Masjid Mumbai -400009 Tel.: 22 23480039-41, Fax No. 22 23480043		Date	D	D	M	M	Y	Y	Y	Y
		DP ID	I	N	3	0	0	8	2	9
		Client ID								
		Name of HUF								
1	Name of Deceased Karta									
2	Death certificate of Karta is enclosed (<i>Original / Notarized / attested by gazette officer / attested by New Karta subject to verification with the original / death certificate downloaded from the online portal of Government carrying digital or facsimile signature of the issuing authority</i>) [Please tick]	<input type="checkbox"/>								
3	I/We intend to continue the HUF in its current status even after the sad demise of Karta [Please tick]	<input type="checkbox"/>								
4	I/We do not have any objection whatsoever in appointing new Karta as per following details [Please tick]	<input type="checkbox"/>								
Details of Newly Appointed Karta (<i>Please tick</i>) <input type="checkbox"/> eldest coparcener <input type="checkbox"/> a coparcener appointed by an agreement reached amongst all the coparceners										
5	a) Name of New Karta							Photograph of new Karta of HUF		
	b) Date of Birth				c) Gender (<i>Please tick</i>)					
	d) PAN				<input type="checkbox"/> Male <input type="checkbox"/> Female					
	e) Aadhaar									
We state that the below list of surviving members is complete and exhaustive, and does not leave out any member of the HUF. We confirm that this list is accurate in all respect whatsoever. We also state that all the information provided herein is complete and accurate in all respect and that all the members of the HUF are fully aware of the above request made to the Participant and there is no pending dispute, difference, objection or claim to the same among any of the members of the HUF in this regard. List of Surviving members of HUF [<i>In case space for providing list of surviving member is not sufficient please use separate sheet</i>]										
Sr. No.	Name of Coparcener / Member	Date of Birth (DD/MM/YY)	Gender	Relation with Karta	Coparcener/ Member (please specify)	Signature & Date (in case of minor to be signed by Guardian)				
1										
2										
3										
4										
5										
Name of new Karta						Signature of New Karta				