

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
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I/We, the undersigned, being the surviving holder(s) in the joint account, hereby request you to delete the name of the deceased account holder(s), and continue to maintain the account in the sole or joint surviving names in the same order and update the details in the account, as per details given below:

Further, I/We confirm that DP/NSDL will not be held liable for any impact on the pending requests related to i.e. demat / remat / conversion / re-conversion / repurchase / tender-offer etc. due to deletion of the name and monitoring of all such pending requests, if any will be done by us.

1. Account Number

DP ID	I	N	3	0	0	8	2	9	CLIENT ID								
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2. Account holders details

Account Holder Indicator	Name of Joint Account Holder(s)	Tick against the holder(s) who has/have deceased	
First Holder		<input type="checkbox"/>	Original death certificate or copy of death certificate attested by the joint account holder(s) subject to verification with the original or copy of the death certificate duly attested by a notary public or by a gazetted officer or death certificate downloaded from the online portal of Government carrying digital/facsimile signature of the issuing authority
Second Holder		<input type="checkbox"/>	
Third Holder		<input type="checkbox"/>	

3. Updation of Address and bank details (To be filled if first holder has deceased)

(a) Address details of first holder (submit proof of address)

Residence Address (Local)							
City/ town/village		PIN Code		State		Country	
Correspondence/ Foreign Address							
City/ town/village		PIN Code		State		Country	

(b) Bank details of first holder (submit proof of bank details)

Bank account type	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Others (Please Specify) _____
Bank Name		Bank Account no.	
MICR Code		IFSC	
Branch Address			
City/ town/village		PIN Code	
		State	
		Country	

4. Signature of surviving joint holder(s)

Sr. No.	Name of the Surviving Joint Holder(s)	Signature
1		
2		

(For office use)

Date of Receipt at Branch : _____ Branch Stamp : _____

Name of Branch Official : _____

Signature of Branch Official : _____