Saraswat Co-operative Bank Ltd. (Scheduled Bank)



Declaration Form for opting out of nomination

Date						D	M	M		Υ	Υ		Υ		Υ
DP ID		SDL [] [1	_	N 3	3	0 5		0	8 5		2		9
		DSL _		1	+	3	0	5		8	5	+	0		0
Client ID (only for Demat account)															
Sole/First Holder Name															
Second Holder Name															
Third Holder Name															
I/We hereby confirm that I/ We do not wish to appoint any nominee(s) in my / our 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.															e e o
Name and Signature of Holder(s)*															
12					3										
Details of Witness															
Name :															
Address:															
Signature :															
*Signature of witness, along with name and address is required, if the account holder(s) affixes thumb impression, instead of signature.															
	(For official use)														
Name and Signature of Branch	Officia	al:													
Branch Stamp :	Branch Stamp : Date of Receipt at Branch:														
				(Pleas	se Tear	r here)									
				,			Rece		_			-			
Received Opting Out of Nomination Fo		- 1911			 		- 1333	- 1							
NSDL DP ID I N 3	0	0	8	2	9		Client ID								
CDSL DP ID 1 3 0	5	8	5	0	0		ment ID								
Name of holder															
Address of holder															