

Saraswat Co-operative Bank Ltd.

(Scheduled Bank)

 110-111 & 129-131, Vyapar Bhavan, 1st floor, 49, P.D'mello Road, Carnac Bunder, Masjid, Mumbai 400009.
 Tel. : 22 23480039-41 Fax : 22 23480043

Annexure 7.2
TRANSMISSION REQUEST FORM
 (In case of death of one / more of the joint holders)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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 (Please fill all the details in **Block Letters** in English)

To,

Depository Participant Name
Address

Dear Sir / Madam,

 I / We, the joint holder(s) / Successors request you to **transmit** the securities balance from:

DP ID											Client ID									
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To

DP ID											Client ID									
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 Due to the death of -----
 -----(Name of the deceased account holder(s)).

Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

	First / Sole Holder	Second Holder
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s)		

=====(Please tear here)=====

Acknowledgement Receipt
Application No.
Date: -

We hereby acknowledge the receipt of the following instructions for transmission from:

DP ID											Client ID									
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To

DP ID											Client ID									
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Surviving Holder(s) Name(s)	
First/Sole Holder	Second Holder
Documents Submitted	

Subject to verification.

Depository Participants Seal & Signature