

TRANSMISSION REQUEST FORM
(In case of death of the sole holder)

| | | | | | | | | | | |
|-----------------|--|------|---|---|---|---|---|---|---|---|
| Application No. | | Date | D | D | N | M | Y | Y | Y | Y |
|-----------------|--|------|---|---|---|---|---|---|---|---|

(Please fill all the details in **Block Letters** in English)

To

The Saraswat Co Op Bank Ltd.
Madhushree Plot no 85
District Business Centre Sector 17
Vashi Navi Mumbai 400 703

Dear Sir / Madam,

I, Successor/ Guardian of the successor (in case of Minor) request you to **transmit** the following securities due to the death of account holders(s):

Name of the deceased BO:

Account Number of the deceased BO:

| | | | | | | | | | | | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|
| DP ID | | | | | | | | | | | Client ID | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|

Kindly transmit all securities balance in the deceased BO's account mentioned above to the below mentioned account.

Successor BO Account Number

| | | | | | | | | | | | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|
| DP ID | | | | | | | | | | | Client ID | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | |

Details of Transmission

| Sr. No | Name of the Security | ISIN | Quantity of securities to be transmitted |
|--------|----------------------|------|--|
| | | | |
| | | | |
| | | | |

Attach an annexure duly signed by account holders(s) if the space above is insufficient.

(Successors / Heirs / Nominees)

| | First / Sole Holder | Second Holder | Third Holder |
|-----------|---------------------|---------------|--------------|
| Name | | | |
| Signature | | | |

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

Acknowledgement Receipt**Application No.****Date: -**

We hereby acknowledge receipt of the following instructions for transmission from the deceased BO account as per details given on the transmission form.

Account number of the deceased BO

| | | | | | | | | | | | | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|
| DP ID | | | | | | | | | | | Client ID | | | | | | | |
|-------|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|

Successor BO Name(s)

| | First/Sole Holder | Second Holder | Third Holder |
|---------------------|-------------------|---------------|--------------|
| Documents Submitted | | | |

Subject to verification.

Depository Participants Seal & Signature