## Letter of Indemnity

To, The Saraswat Co-op Bank Ltd. Madhushree, Plot No.85 District Business Center, Sector 17, Vashi Navi Mumbai – 400 703

Navi Mumbai – 400 703						
Dear Sirs,						
	urities standing in the name	of —				
I/We hereby inform you that M	Ir./Mrs	the deceased, was				
holding a Client account no	nolding a Client account no with					
Participant having DP ID	The said dece	ased BO was holding the following				
securities:						
ISIN	Name of Company	Number of securities				
The said deceased died intestate without leaving a Will on the day of						
We further inform you that he/she left behind him/her only surviving heirs and next of kin, the following persons according to the Law of Intestate Succession application to him/her by which						
he/she was governed at the time of his/her death.						
(a) (b) (c)						
.,						
We have, therefore, approached you with a request to transfer the aforesaid securities in the name						
of the undersigned Mr. / Mrs. / Ms on my/our behalf without						
insisting on the production of a Succession Certificate or an Order of the Court of competent						
jurisdiction and you have kindly agreed to do so on my/our executing an indemnity as is herein						
contained and on relying on the information herein given by us believing the same to be true.						

In consideration, theref	fore, of your having at ou	ur request agreed to tra	insfer securities to the name of
the undersigned		, I / we hereby jo	pintly and severely agree and
undertake to indemnify	y and keep indemnified,	saved, defended, harn	nless you and your successors
and assigns for all time	e hereafter against all lo	sses, costs, claims, act	ions, demands, risks, charges,
expenses, damages, e	etc., whatsoever which	you may suffer and/or	r incur by reason of your, at
my/our request, transf	ferring the said securiti	es as herein above m	nentioned, to the undersigned
	W	vithout insisting on	production of a Succession
Certificate or an Order	of the Court of compete	nt jurisdiction.	
IN WITNESS WHEREOF	F THE said [Name(s) c	have	e here unto set their
respective hands and s	[Name(s) c seals this	of applicant(s)] day of	of
Signed, sealed and deli	ivered by the said applica	nt	
Signature(s) of applicar	nt(s)		
SURETY			
I, the undersigned, cer	tify that the above facts	are true to the best of	my knowledge and bind myself
as surety to make goo	od all claims, charges, co	osts, damages, demand	ds, expenses and losses which
the Participant/CDSL, it	ts successors and assigns	s may sustain, incur or	be liable for in consequence of
complying with the req	uest contained above of	the applicant(s) herein	and the Participant / CDSL and
its successors, assigns	s will be entitled to clai	im and realize all clai	ms, charges, costs, damages,
demands, expenses and	d losses from me or from	my properties, as the	case may be.
Signature of Surety	:		
Name	:		
Address	:		
Date:			<del></del>
Place:		(Signature of Magis	strate/Notary)

Full Name and Address of Magistrate /Notary:					
Name	:				
Address	:				
		PIN			
Registration No	:				
Use space below to affix:					
Notari	al / Cou	urt Fee Stamp		al Seal of hte / Notary	

**Note**: This indemnity is to be executed in the presence of a first class or stipendiary Magistrate / Public notary / Judicial.

		Annexure 7.3
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