

Form 34

APPLICATION FOR CLOSING AN ACCOUNT

(For Beneficiary Account Only- NSDL)

| | | | | | | | | |
|------|---|---|---|---|---|---|---|---|
| Date | D | D | M | M | Y | Y | Y | Y |
|------|---|---|---|---|---|---|---|---|

To,
Saraswat Co-op. Bank Ltd.
110-111, 129-131, Vyapar Bhavan,
1st Floor, 49, P.D Mello Road,
Carnac Bunder,
Mumbai 400 009

1. I / We hereby request you to close my / our account with you as per following details:

| Name of the holder(s) | |
|-----------------------|--|
| Sole / First Holder | |
| Second Holder | |
| Third Holder | |

2. Reason/s for Closure of depository account : _____

3. Client ID (of account to be closed) :

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

4. Please tick the applicable options (s)

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Option A [There are no balances / holdings in this account] | | | | | | | | | | | |
| <input type="checkbox"/> Option B [Transfer the balances / holdings in this account as per details given] | <input type="checkbox"/> Transfer to my / our own account (<i>Provide target account details and enclose Client Master Report of Target Account</i>) | | | | | | | | | | |
| | <input type="checkbox"/> Transfer to any other account (<i>Submit duly filled Delivery Instruction Slip signed by all holders</i>) | | | | | | | | | | |
| Target Account Details | | | | | | | | | | | |
| <input type="checkbox"/> NSDL | DP ID <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | |
| <input type="checkbox"/> CDSL | Client ID <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | |
| <input type="checkbox"/> Option C [Rematerialise / Reconvert (<i>Submit duly filled Remat / Reconversion Request Form – for mutual fund units</i>)] | | | | | | | | | | | |

5. Signature(s)

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

(For official use)

Date of Receipt at Branch : _____

Branch Stamp : _____

Name and Signature of Branch Official : _____
=====

| Acknowledgement | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|
| We hereby acknowledge the receipt of your request for closing the following Account subject to verification : | | | | | | | | | | | | | | | | | | | | | |
| DP ID <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | Client ID <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Name of Sole / First Holder | | | | | | | | | | | | | | | | | | | | | |
| Name of Second Holder | | | | | | | | | | | | | | | | | | | | | |
| Name of Third Holder | | | | | | | | | | | | | | | | | | | | | |
| Signature of the Authorised Signatory | Seal/Stamp of Participant | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | | | | | |

REQUEST FOR DEMAT A/C CLOSURE

Date: _____

_____ Branch

Dear Sir/Madam,

Re: Demat Account no. _____

I/We request you to close the abovesaid demat account on account of the following reason -
(Please ✓ whichever is applicable)

- Account shifted to another Bank
- Better services offered by another competing Bank/Broker DP.
- Not satisfied with ATM service.
- Death of Account Holder.
- SB/CA/Loan/RD account closed.
- Inconvenient to operate due to medical reason.
- NIL holding
- Not satisfied with Service/Not Interested
- Not satisfied with Demat Charges
- Shift of Residence/Office
- Branch Timing not suitable

Declaration: I/We hereby declare that I/We have paid all the Demat charges of the Bank and wish to close above mentioned demat account.

Thanking you,
Yours truly,

(1st Holder)

(2nd Holder)

(3rd Holder)

.....
(For official use)

We confirm that all the demat charges of above mentioned account have been recovered at our end.

Name & Sign of the Branch Manager: _____

Branch Seal & Stamp of Branch Manager: _____