



**THE SARASWAT CO-OPERATIVE BANK LTD. (A SCHEDULED BANK)**  
 Madhushree, Plot No. 85, District Business Centre, Sector 17, Vashi, Navi Mumbai 400 073.  
 Tel.: 2788 4161/62 / 63 / 64 Fax No. 2788 4153/ 54

**50237**

Pre-printed  
Serial Nos.

**ANNEXUTE HA**

Serial No.

**REPURCHASE / REDEMPTION FORM**

PARTICIPANT NAME														
DEPOSITORY PARTICIPANT-ID														
RFN					DATE									

I/We offer the below mentioned securities for repurchase / redemption and declare that my/our account be debited by the number of securities to the extent of my / our repurchase / redemption request and proceeds be paid to me / us by cheque / bank draft. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the securities mentioned.

Account Number														
Account Holder Name														
No. of Securities to be Repurchased/Redeemed (in figure)														
in words (integers)														
and (Fractions)														
Name of the Security														
Name of Issuing Company														
Face Value														
ISIN														

Specimen Signature(s)	Name	Signature
First / Sole Holder		
Second Holder		
Third Holder		

**ACKNOWLEDGEMENT**

Serial No. **50237**      **The Saraswat Co-op Bank Ltd.**  
 (SCHEDULED BANK)  
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Participant's Name Address and ID (Pre-printed serial no.)  
 We hereby acknowledge the receipt of repurchase / redemption request for \_\_\_\_\_ no. of securities of \_\_\_\_\_ (security details) from \_\_\_\_\_ (Name) holding a/c no. \_\_\_\_\_ surrendered on \_\_\_\_\_ (date) to be delivered in market lots / jumbo

Participant's Signature \_\_\_\_\_ (Seal)

Date :