

**ANNEXURE - OB**  
(FORM FOR TRANSMISSION ALONGWITH DEMATERIALISATION )

Date : \_\_\_\_\_

To,  
The Saraswat Co-op.Bank Ltd.  
D. P. Cell (**D.P.ID - IN300829**)  
Madhushree, Plot No. 85,  
District Business Centre, Sector – 17,  
Vashi, Navi Mumbai - 400703

I/We, the undersigned, being the joint holders of the following securities along with Mr./Mrs./Ms. \_\_\_\_\_ (*name of the deceased*) wish to have the name of the deceased deleted from the security certificates. A copy of the death certificate, duly attested by a Notary Public or by a Gazetted Officer and the dematerialisation request form alongwith the physical certificates are enclosed. I/We request you to process the same and advise the Issuer/R & T Agent accordingly. The details are given below:

<b>Client Id</b>									
<b>Company Name</b>									
<b>Type of Security</b> <i>Equity/Others (please specify)</i>									
<b>Quantity</b> <b>(in figures)</b>									
<b>(in words)</b>									

<b>Sr. No.</b>	<b>Name of the survivor(s)</b>	<b>Signature(s)</b>
1.		
2.		
3.		

**(to be filled –in by the Participant)**

ISIN	I	N											
Dematerialisation Request No. (DRN) of the dematerialisation request													

**Instructions :**

1. Separate forms should be filled up for each ISIN by the survivor(s).
2. Each form should be accompanied by a copy of the death certificate, duly attested by a Notary Public or by a Gazetted Officer.