



Declaration Form for opting out of nomination

To Saraswat Co-operative Bank Ltd.(Scheduled Bank) 110-111 & 129-131, Vyapar Bhavan, 1st floor, 49, P.D'mello Road, Carnac Bunder,Masjid, Mumbai 400 009. Tel. : 22 23480039-41 Fax : 22 23480043	Date	D	D	M	M	Y	Y	Y	Y

DP ID	NSDL <input type="checkbox"/>	I	N	3	0	0	8	2	9
	CDSL <input type="checkbox"/>	1	3	0	5	8	5	0	0

Client ID (only for Demat account)									
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Sole/First Holder Name	
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Second Holder Name	
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Third Holder Name	
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I/We hereby confirm that I/ We do not wish to appoint any nominee(s) in my / our demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account.

Name and Signature of Holder(s)*

1. _____ 2. _____ 3. _____

Details of Witness

Name : _____

Address : _____

Signature : _____

*Signature of witness, along with name and address is required, if the account holder(s) affixes thumb impression, instead of signature.

(For official use)

Name and Signature of Branch Official : _____

Branch Stamp : _____ Date of Receipt at Branch: _____