

Please fill this form and submit it to your nearest branch for availing the SMS Alert Facility for your demat account

APPLICATION FORM FOR SMS ALERT FACILITY

The Branch Manager

The Saraswat Co.op. Bank Ltd.

_____ Branch

I/We wish to avail the SMS Alert facility on my/our mobile number provided in the registration form.

I/We provide the following information for the purpose of **REGISTRATION / MODIFICATION**.
(Please strike off whichever is not applicable)

DP ID

I N 3 0 0 8 2 9

Demat Account Number

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(Please write your 8 digit Client ID)

	Name of the A/c Holder	Mobile No.	Signature
First Holder			
Second Holder			
Third Holder			

Acknowledgement

Received the application from Mr./Ms. _____ for enrollment of SMS Alert Facility.

DP ID : IN300829

Client ID : _____

Date : _____

Participant Stamp
(with Signature & Date)