

Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____									
Bank Name	_____									
Branch Name	_____									
Bank Branch Address	_____									
City	_____	State	_____	Country	PIN code	_____	_____	_____	_____	_____

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
 - In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

d. Signature of surviving joint holder(s)

	First / Sole Holder	Second Holder
Name(s) of the surviving holder(s)	_____	_____
Signature(s) of the demat account holder [s] / surviving holder(s)	_____	_____

===== (Please tear here) =====

Acknowledgement Receipt

Application No.

Date: -

We hereby acknowledge the receipt of the following instructions for deletion of deceased holder's name from the demat account on account of death:

DP ID	_____	Client ID	_____
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To

DP ID	_____	Client ID	_____
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Surviving Holder(s) Name(s)	
First/Sole Holder	Second Holder
_____	_____
Documents Submitted	

Subject to verification.

Depository Participants Seal & Signature