Letter of Indemnity

To, The Saraswat Co-op Bank Ltd. Madhushree, Plot No.85 District Business Center, Sector 17, Vashi Navi Mumbai – 400 703

Navi Mumbai – 400 703						
Dear Sirs,						
	urities standing in the name					
I/We hereby inform you that M	Mr./Mrs	the deceased, was				
		a Depository				
Participant having DP ID	The said dece	eased BO was holding the following				
securities:						
ISIN	Name of Company	Number of securities				
The said deceased died intestate without leaving a Will on the day of						
We further inform you that h	e/she left hehind him/her only	surviving heirs and next of kin the				
We further inform you that he/she left behind him/her only surviving heirs and next of kin, the following persons according to the Law of Intestate Succession application to him/her by which						
he/she was governed at the time of his/her death.						
, and the second						
(a)	 					
(b)						
(c)						
		er the aforesaid securities in the name				
		on my/our behalf without				
		an Order of the Court of competent				
jurisdiction and you have kindly agreed to do so on my/our executing an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.						
contained and on relying on the	e information nerein given by us	believing the same to be true.				

In consideration, there	efore, of your having at o	ur request agreed to trans	sfer securities to the name of
the undersigned	· · · · · · · · · · · · · · · · · · ·	, I / we hereby joir	ntly and severely agree and
undertake to indemni	fy and keep indemnified.	saved, defended, harmle	ess you and your successors
and assigns for all tin	ne hereafter against all lo	osses, costs, claims, actio	ns, demands, risks, charges,
expenses, damages,	etc., whatsoever which	you may suffer and/or	incur by reason of your, at
my/our request, tran	sferring the said securit	ies as herein above mei	ntioned, to the undersigned
		without insisting on pr	roduction of a Succession
Certificate or an Order	r of the Court of compete	ent jurisdiction.	
IN WITNESS WHEREC	OF THE said	have h	nere unto set their
respective hands and	[Name(s)	have hof applicant(s)] day of	of
respective namus and	Scals tills	day or	
Signed, sealed and de	elivered by the said application	ant	
			
Signature(s) of applica	ant(s)		
SURETY			
I, the undersigned, ce	ertify that the above facts	are true to the best of m	y knowledge and bind myself
as surety to make go	ood all claims, charges, c	osts, damages, demands	, expenses and losses which
the Participant/CDSL,	its successors and assign	s may sustain, incur or be	e liable for in consequence of
complying with the re-	quest contained above of	the applicant(s) herein ar	nd the Participant / CDSL and
its successors, assign	ns will be entitled to cla	aim and realize all claims	s, charges, costs, damages,
demands, expenses a	nd losses from me or fron	n my properties, as the ca	se may be.
Signature of Surety	:		
Name	:		
Address	:		
	 		
Date:			
Place:		(Signature of Magistr	ate/ Notary)

Full Name and	Address	of Magistrate / Notary:			
Name	:				
Address	:				
		PIN			
Registration No	:				
Use space below to affix:					
Notaria	al / Cou	urt Fee Stamp		al Seal of te / Notary	

Note: This indemnity is to be executed in the presence of a first class or stipendiary Magistrate / Public notary / Judicial.

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