FORM 41

REQUEST FOR NAME DELETION IN JOINT ACCOUNT UPON DEATH

V MATHRAN & CO PRIVATE LIMITED 204 VAISHNO CHAMBERS, 6 BRABOURNE ROAD KOLKATA 700001									Serial No.										
									DPID	I	N	3	0	5	0	5	8		
Date	D	D	M	M	Y	Y	Y	Y											

Client ID								
Sole/First Holder Name								
Second Holder Name								
Third Holder Name								

I/We, the undersigned, being the surviving holder(s) in the joint account, hereby request you to delete the name of the deceased account holder(s), and continue to maintain the account in the sole or joint surviving names in the same order and update the details in the account, as per details given below:

1. Account Number

DP ID		N							Client ID									

2. Account Holder Details:

Account Holder Indicator	**Name of Joint Account Holder(s)**	**Tick against the holder(s) who has/have deceased**	
First Holder		☐	Provide copy of death certificate duly attested by a Notary Public or by a Gazetted Officer.
Second Holder		☐	
Third Holder		☐	

3. Updation of Address and bank details (To be filled if first holder has deceased)

(a) Address details of first holder (submit proof of address)

Residence Address (Local)							
City/town/village		PIN Code		State		Country	
Correspondence/ Foreign Address							
City/town/village		PIN Code		State		Country	

(b) Bank details of first holder (submit proof of bank details)

Bank account type ☐ Savings Account ☐ Current Account ☐ Others (Please specify)_____							
Bank Name		Bank Account no.					
MICR Code		IFSC					
Branch Address							
City/town/village		PIN Code		State		Country	

4. Signature of surviving joint holder(s**)**

Sr. No.	**Name of the Surviving Joint Holder(s)**	**Signature**
1		
2		

For Office Use

Serial Number(s) of DIS Issued		Book Number	
Signature and Name of Official (with Date)			