

Participant Name
Participant Address

Date	D	D	M	M	Y	Y	Y	Y
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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	I	N							Client ID								
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2. Account holders details

Account Holder Indicator	Name of Joint Account Holder(s)	Tick against the holder(s) who has/have deceased	
First Holder		<input type="checkbox"/>	Provide copy of death certificate duly attested by a Notary Public or by a Gazetted Officer.
Second Holder		<input type="checkbox"/>	
Third Holder		<input type="checkbox"/>	

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	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> 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		