|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DP Logo | **FORM 41- NAME DELETION IN JOINT ACCOUNT UPON DEATH** | | | | | | |  | | |
|  |  | | | | | | |  | | |
| Participant Name  Participant Address | | Date | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |

1. **Account holders 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 |  |  |

1. **Updation of Address and bank details (To be filled if first holder has deceased)**
2. **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 |  |

1. **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 |  |

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

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