

Declaration

(at the time of Demat A/c closure)

Date :

To,

Manager,

The Cosmos Co-operative Bank Ltd .

Depository Service Cell

Sub : Submission of unused Delivery Instruction Slips.

I / We _____ Wish to close my / our Demat Account No _____ I have submitted the demat account closure form with required documents.

I / We am / are hereby returning all the unused delivery instruction slips to the Bank. Yes / No.

I / We do not have unused delivery instruction slip with me / us. Yes / No.

I / We will be responsible for any financial / other loss or any consequences occurred due to non-submission of unused delivery instruction slip / DIS booklet at the time of closure of my / our demat account with the Bank.

1) First / Sole holder's Name : _____

Signature : _____

2) Second holder's Name : _____

Signature : _____

3) Third holder's Name : _____

Signature : _____

(Signature of all holders required)