

## REPURCHASE / REDEMPTION FORM

<b>For TJSB SAHAKARI BANK LTD. use only</b>		<b>RFN</b>	Date of Receipt:   D   D   M   M   Y   Y   Y   Y
INDOC NUMBER		SEQUENCE NUMBER	CPO Sr. No.
		Date :	

I/We offer the below mentioned securities for repurchase/redemption and declare that my/our account be debited by the number of securities to the extent of my/our repurchase/redemption request and proceeds be paid to me/us by cheque/bank draft. I/We hereby declare that below mentioned person(s) are the beneficial owners of the securities mentioned.

### TO BE FILLED UP BY HOLDER(S)

Account No. | | | | | | | |

Account Holder Name	First/Sole Holder
	Second Holder
	Third Holder
No. of Securities to be Repurchased / Redeemed (In figures)	
In words	Integers Fractions
Name of the Security	Face Value : Rs.
Name of Issuing Company	ISIN   IN

### HOLDER(S) SIGNATURE(S)

	Name	Signature
First/Sole Holder		
Second Holder		
Third Holder		

### For TJSB SAHAKARI BANK LTD. (use only) PARTICIPANT AUTHORISATION

Received the above mentioned securities for Repurchase/Redemption Form.

A/c. No.	ISIN   IN	Date:   D   D   M   M   Y   Y   Y   Y
Name of the First Holder		

The application form is verified with the details of the beneficial owner's account and certified that the application form is in order. The account has sufficient balances to accept the repurchase/redemption request. It is also certified that the beneficial owners signatures are verified and found in order.

The other details of the beneficial owners as extracted from the records are enclosed.

Forwarded by

For TJSB SAHAKARI BANK LTD.

### ACKNOWLEDGEMENT

To be filled up by Holder(s)

TJSB SAHAKARI BANK LTD. DP ID IN | | | | | |

TJSB SAHAKARI BANK LTD - Demat Services

Redg. Office : Madhukar Bhavan Road, No.16,Wagle Estate, Thane,(W)-400 604. Tel: 2583 8500, Fax: 2589 8550, E-mail : tjsbdemat@thane.janata.co.in Website : www.thanejanata.co.in

We hereby acknowledge the receipt of repurchase/redemption request for \_\_\_\_\_ no. of securities of \_\_\_\_\_ (security details) from \_\_\_\_\_ (Name) holding a/c no. \_\_\_\_\_ .

Authorised Signatory

Date :	D   D   M   M   Y   Y   Y   Y
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For TJSB SAHAKARI BANK LTD.  
Subject to Verification