

From,

Date:

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To,

**The Branch Manager,
Sir M. Visvesvaraya Co-operative Bank Ltd.,
Shankarpuram Branch,
Bangalore - 560 004.**

Sir,

Mandate relating to Joint Deposit Account in the name of _____

We refer to our application form for opening a Joint Term Deposit Account in your Branch/our Joint Term Deposit Account bearing No. _____ already opened with you.

We hereby Mandate your Bank to accede to a request for premature closure of our above Joint Term Deposit Account by the surviving Depositor/s in the event of unfortunate death of one of the Joint Depositor/s, without seeking the concurrence of the legal heirs of the deceased Joint Depositor/s.

Our above mandate is irrevocable unless signed by all the Joint Depositors.

Yours sincerely,

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(Signatures of all Joint Depositors)