





**Annexure - I : New Bank Mandate Details with Attestation from Bank Branch Manager**

*<To be given on Bank’s Letter Head> or  
<Bank Branch seal, employee name and number seal should be affixed>*

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that

Mr. / Ms. <sup>(#)</sup>

*Claimant’s Name*

S/o or D/o

residing at

is holding the following account in our bank and branch

Bank Name

Branch Name

Bank A/c No

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A/c Type (Please )

Savings  Current  NRE  NRO  FCNR  Others.....

MICR Code  
(09 digit)

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IFSC Code  
(11 digit)

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Signature of the above A/c holder as  
per Bank’s records

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Signature of the Bank Manager:

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Bank & Branch Seal  
With employee name and number

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Date:

Place:

*(#) = Name of the claimant*



(To be signed jointly by all the Legal Heirs)

**ANNEXURE - II: Indemnity Bond by All Legal Heir/s Confirming Claimant/s with respect to Transfer of the Mutual Fund Units held by the Deceased Unit Holder without production of Legal Representation**

**(In case of Transmission of Mutual Fund Units held by a Single Holder/ on death of all unit holders in case of Joint Holding and where there is no nomination has been registered).**

I/We do hereby solemnly affirm and sincerely state on oath as follows,

I/We state that “Mr. / Ms. <sup>(\*)</sup> \_\_\_\_\_” passed away on \_\_\_\_\_ and he/she was holding the following Mutual Fund Units:

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units HEld

The aforesaid unit holder died intestate /without registering any nominee/s in folio/s.

We further inform you that he / she left behind him/her only surviving heirs and next of kin, the following persons according to the Law of Intestate Succession application to him/her by which he/she governed at the time of his/her death.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have, therefore, approached you with a request to transfer the aforesaid Mutual Fund units in the name of the undersigned “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_” on my/our behalf without insisting of production of a succession certificate or an order of the court of competent jurisdiction for which we or any one on our behalf execute an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration therefore of my/our request to transfer above said Mutual Fund units to the name of the undersigned “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_”. I / we hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my/our request, transferring the said Mutual Fund units as herein above mentioned, to the undersigned “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_” without insisting on production of a succession certificate or an order of the court of competent jurisdiction.

IN WITNESS WHEREOF THE said “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_” have here unto set their respective hands and seals this \_\_\_\_\_ day of \_\_\_\_\_.

Signed and delivered by the said legal heir/s.

1. _____	_____
2. _____	_____
3. _____	_____
(Name & Address of the Legal Heirs)	Signature of the Legal Heirs

1. _____	_____
2. _____	_____
Sureties Name & Address [Mandatory]	Sureties Signature

<sup>(\*)</sup> = Name of the deceased unit holder

<sup>(#)</sup> = Name of the claimant/s



**Annexure - III: Individual Affidavits by the Legal Heirs**

(In case of Transmission of Mutual Fund Units held by a Single Holder / on death of all unit holders in case of Joint Holding and where there is no nominee registration)

(#) \_\_\_\_\_ ” son / daughter / spouse of \_\_\_\_\_  
\_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly affirm and sincerely state on oath as follows.

That Mr. / Mrs. .<sup>(\*)</sup> \_\_\_\_\_ ” the deceased was holding the following mutual fund units in his /her name as single holder/joint holders:

Sl. No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Hold

That the deceased had died intestate on \_\_\_\_\_ for which we are attaching a Death Certificate.

The following are the only legal heir(s) of late Mr. / Mrs. .<sup>(\*)</sup> \_\_\_\_\_ ” for which we are attaching a Legal Heirship Certificate/ Succession Certificate.

Sl. No.	Name of the Legal Heirs	Address	Age	Relationship with the deceased
1				
2				
3				

That out of aforesaid legal heirs Master / Kumari. \_\_\_\_\_ Aged \_\_\_\_\_ years is a minor and he / she is being represented by Mr. / Ms. <sup>(5)</sup> \_\_\_\_\_ ” who is none other than his / her father / mother as natural guardian.

We also confirm that there is no other legal heir as stated above to the deceased,<sup>(\*)</sup> \_\_\_\_\_ ”

We also indemnify the concerned mutual fund and its authorized Registrar and Transfer Agent in a separate indemnity letter with a third party sureties.

**DEPONENT SIGNATURE:** \_\_\_\_\_

**VERIFICATION**

We hereby solemnly affirm and state on oath that what is stated herein above is true and correct Original Death Certificate or original attested copy of the death certificate. and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mentioned mutual fund units of the deceased.

Solemnly affirmed at  
Signed before me at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary with Official Seal of Notary

**Note:** 1. Each deponent shall sign separate affidavits.

<sup>(#)</sup> = Name of the legal heir; <sup>(\*)</sup> = Name of the deceased unit holder; § Name of the Guardian



**Annexure - IV: Indemnity Bond with Respect to Change of Karta /  
Transfer of the Mutual Fund Units held by the Deceased Karta  
(To be signed by all the coparceners including the new Karta)**

I/We do hereby solemnly affirm and sincerely state on oath as follows:

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Held

I/We inform you that “Mr. / Ms. <sup>(\*)</sup> \_\_\_\_\_” passed away on \_\_\_\_\_ and he was the Karta of the HUF and holding the following Mutual Fund Units:

I /We inform you that the following are the only living members of the \_\_\_\_\_  
(Name of the HUF) and that there are no other members / coparceners for the said HUF:

<u>Sl.No.</u>	<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>
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- 1
- 2

I /We further inform you that Mr. “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_” is the senior most coparcener of the HUF/ is the new Karta duly appointed by all the members.

I/We have, therefore, approached you with a request to replace the name of the deceased Karta with the name of the new Karta Mr. “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_” for which I /We execute an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration thereof my / our request to replace the name of the Karta in the above said Mutual Fund units in the place of deceased Karta I/We hereby agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my/ our request.

IN WITNESS WHEREOF THE said “Mr. / Ms. <sup>(s)</sup> \_\_\_\_\_”has here unto set their respective hands and seals this \_\_\_\_\_ day of \_\_\_\_\_.

Signed and delivered by the said applicant. (Name of new Karta)

1. \_\_\_\_\_

Name & Address of members of the HUF	Signature of the members of the HUF
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1. \_\_\_\_\_

2. \_\_\_\_\_

Sureties Name and Address [Mandatory]	Sureties Signature
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Date: \_\_\_\_\_

Place: _____	Signature of notary [With name and seal]
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Add additional lines wherever applicable

<sup>(\*)</sup> = Name of the deceased Karta [Unit Holder]; <sup>(#)</sup> =Name of the new Karta; <sup>(s)</sup> = Name of the members of HUF