

ANNEXURE - II

(To be given by the Nominee/s)

## INDEMNITY BOND WITH RESPECT TO TRANSFER OF THE MUTUAL FUND UNITS HELD BY THE DECEASED HOLDER WITH 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 <u>nominee registration</u>)

I/We do he	reby Solemnly affirm and since	erely state on oath a	s follows,	
I/We inforr he/she was	n you that "Mr./Ms. <sup>(*)</sup> holding the following Scheme	Units:	" passed away o	on and
Sr. No	Scheme Name	Folio No	No. of Units Hold	d
	ner inform you that he/she h his/ her name.	nas nominated me/u	is as the nominee of t	the mutual fund units
	therefore, approached you we undersigns	rith a request to tra	nsfer the aforesaid Mu	itual fund units in the
"Mr. / Ms.	#)			"
jurisdiction	sisting of production of a su for which I /We execute an in n by us believing the same to b	demnity as is herein		
I/We agree unit holder defended, claims, act and/or incu mentioned,	ation therefore of my / our rectoreceive the said units only r/s. I/We hereby further agreements you and your successions, demands, risks, charges ur by reason of your, at my recompetent jurisdiction.	as an agent and trust ee and undertake sors and assigns for s, expenses, damags equest, transferring	stee for the legal heirs to indemnify and keel all time hereafter ages, etc., whatsoever the said mutual fund	or legatees of the said p indemnified, saved, ainst all losses, costs, which you may suffer units as herein above
IN WITNESS	WHEREOF THE said "Mr. / Ms.	(#)		
			" has/have h	here unto set their
respective	hands and seals this	dav of		

Signed and delivered by the said applicant/s	
Name & Address of Nominee (S)	Signature of the Nominee(s)
Date:	
Place:	Signature of Notary [with Name and Seal]
(*) =Name of the decease Unit Holder/s	(#) =Name/s of the claimant/s