ANNEXURE V

Indemnity Bond for Change of Karta in respect of MF Units upon demise of the Karta

[To be submitted in non-judicial stamp paper as per the value prescribed by the respective State subject]

(To be signed by all the co-parceners including the new Karta)

Name 1. 2. 3.	Scheme Name Karta of the above HUF, Mr. was managing the affairs of the ow are the only living member(s) of the of the coparcener(s) e of the coparcener(s)	<u>*</u>	Folio		No. of Units ersons mentioned Relation with the deceased Karta				
2. 3. 4. i) The who belo Name 1. 2. 3.	o was managing the affairs of the ow are the only living member(s) of the e of the coparcener(s)	he HUF:	S	Date of	Relation with the				
3. 4. i) The who belo Name 1. 2. 4.	o was managing the affairs of the ow are the only living member(s) of the e of the coparcener(s)	he HUF:	S	Date of	Relation with the				
4. i) The who belo Name 1. 2. 3.	o was managing the affairs of the ow are the only living member(s) of the e of the coparcener(s)	he HUF:	S	Date of	Relation with the				
i) The who belo Name 1.	o was managing the affairs of the ow are the only living member(s) of the e of the coparcener(s)	he HUF:	S	Date of	Relation with the				
who belo Name 1. 2. 3. 4.	o was managing the affairs of the ow are the only living member(s) of the e of the coparcener(s)	he HUF:	S	Date of	Relation with the				
Name 1. 2. 3. 4.	ow are the only living member(s) of the of the coparcener(s)	he HUF:	s	Date of	Relation with the				
Name 1. 2. 3. 4.	e of the coparcener(s)		S		Relation with the deceased Karta				
1. 2. 3. 4.		Addres	S		deceased Karta				
2. 3. 4.									
3. 4. ii) I/Wo									
3. 4. ii) I/Wo									
4.									
4.									
iii) I/We									
ii) I/We									
ii) I/We					1				
Mr./ Kart	e have, therefore, approached you wit/Ms. ta of the HUF in your records for which the herein given by us believing	ch I/We execute an indemnity			as the r				
the i	In consideration therefore ofMutual Fund acceding to my/our request to replate the name of the Karta in the aforesaid Mutual Fund folios in the place of deceased Karta, I/We hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmlessMutual Fund and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which the mutual fund may suffer								
and/	or incur by reason of acceding to and a	acting on my/our request as her	ein above men	tioned.					
/ we her	reby state that whatever is stated her	ein above are true to the best	of my/our kno	owledge &	belief.				
N WITN	NESS WHEREOF, I/we have hereun	ato set my/our hand/s and seal	/s this d	ay of					
igned ar	nd delivered by								
	Name the Coparcener/s				Signature				
1.									
2.									
2									
3.									

SURETY

I/we,	the undersig	gned Su	rety, certify	y that the	above fa	icts are tr	ue to the	e best	of my/c	ur kno	wledge	and b	ind my	self/ou	rselves
as S	Surety to	make	good all	claims,	charges	s, costs,	dama	ges,	demand	ls, ex	penses	and	losses	whice	ch the
				Mut	ual Fund	l, its suc	cessors	and	assigns	may s	ustain,	incur	or be	liable	for in
conse	equence of c	omplyi	ng with the	request	contained	d above o	of the co	parce	ners he	reinabo	ve and	the sa	id Mu	tual Fu	nd and
its su	iccessors, as	signs w	ill be entitle	ed to clai	m and rea	alise all c	claims, c	charge	es, costs	, damag	ges, de	mands	, expen	ses and	losses
from	me or from	my pro	perties, as	the case i	may be.										
	T														_
S.No).	Sureties Name & Address (Mandato										Signat	ure of th	ie Surety	Y
1.															
									X						
2.															
									X						
Signed before me															
D.I															
Place															
Date	:														

Signature of Notary with Official Seal of Notary