

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)

I/We, the below mentioned surviving co-parcener(s) of _____ *Name of the Hindu Undivided Family* _____ HUF, (hereinafter referred to as “the HUF”) hereby solemnly affirm and state on oath as follows –

(i) The HUF has investments in the following Schemes / folios of _____ Mutual Fund:

Scheme Name	Folio No.	No. of Units
1.		
2.		
3.		
4.		

(ii) The Karta of the above HUF, Mr. _____, who was managing the affairs of the HUF, expired on _____ and the persons mentioned below are the only living member(s) of the HUF:

Name of the coparcener(s)	Address	Date of Birth	Relation with the deceased Karta
1.			
2.			
3.			
4.			

(iii) I/We further affirm jointly and singly that Mr./Ms. _____ is the senior most coparcener of the HUF / is the new Karta duly appointed by all the surviving members of the HUF.

(iv) I/We have, therefore, approached you with a request to replace the name of the deceased Karta with the name of Mr./Ms. _____ as the new Karta of the HUF in your records 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.

(v) In consideration therefore of _____ Mutual Fund acceding to my/our request to replace 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, harmless _____ Mutual 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 acting on my/our request as herein above mentioned.

I / we hereby state that whatever is stated herein above are true to the best of my/our knowledge & belief.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand/s and seal/s this ____ day of _____

Signed and delivered by

Name the Coparcener/s	Signature
1.	
2.	
3.	
4.	

SURETY

I/we, the undersigned Surety, certify that the above facts are true to the best of my/our knowledge and bind myself/ourselves as Surety to make good all claims, charges, costs, damages, demands, expenses and losses which the _____ Mutual Fund, its successors and assigns may sustain, incur or be liable for in consequence of complying with the request contained above of the coparceners hereinabove and the said Mutual Fund and its successors, assigns will be entitled to claim and realise all claims, charges, costs, damages, demands, expenses and losses from me or from my properties, as the case may be.

Sr. No.	Sureties Name & Address (Mandatory)	PAN	Signature of the Surety
1.			X
2.			X

Signed before me	
Place: _____	----- Signature of Notary with Official Seal of Notary
Date : _____	