

# **ANNEXURE B**

|     | Transn                                                                                                                                                                                                                                                         | nission Docun                    | nents Matrix ·         | - Ready Reckone                                   | er                                                       |                        |                  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------|------------------|
| Sr. | Documents required for Transmission                                                                                                                                                                                                                            | Transmission<br>Holders          | to Surviving           | Sole Holder /<br>All Joint                        | Sole Holder /<br>All Joint                               | Karta of HUF decease   |                  |
| No. |                                                                                                                                                                                                                                                                | 2nd or 3rd<br>Holder<br>deceased | 1st Holder<br>deceased | holders<br>deceased &<br>Nomination<br>registered | holders<br>deceased &<br>Nomination<br>NOT<br>registered | New Karta<br>Appointed | HUF<br>Dissolved |
| 1   | Prescribed Transmission Request Form                                                                                                                                                                                                                           | √<br>Form T1                     | √<br>Form T2           | √<br>Form T3                                      | √<br>Form T3                                             | √<br>Form T4           | √<br>Form T5     |
| 2   | Death Certificate of deceased Unit<br>Holder/s / Karta in original or Photocopy<br>duly attested by a Notary Public or a<br>Gazetted Officer.                                                                                                                  | $\checkmark$                     | $\checkmark$           | $\checkmark$                                      | $\checkmark$                                             | $\checkmark$           | $\checkmark$     |
| 3   | Copy of Birth Certificate (in case the Claimant is a minor)                                                                                                                                                                                                    | NA                               | $\checkmark$           | $\checkmark$                                      | $\checkmark$                                             |                        | $\checkmark$     |
| 4   | KYC of the Claimant / New Karta /<br>Guardian (in case of nominee /claimant<br>being a minor / of unsound mind).                                                                                                                                               | √*                               | √*                     | $\checkmark$                                      | $\checkmark$                                             | $\checkmark$           | $\checkmark$     |
| 5   | Cancelled cheque leaf with name and<br>bank account number pre-printed OR<br>copy of bank statement / Photocopy of<br>Bank Passbook with current entries (not<br>older than 3 months) attested by a<br>Notary Public or a Gazetted Officer or<br>Bank Manager. | $\checkmark$                     | 1                      | V                                                 | $\checkmark$                                             | V                      | 1                |
| 6   | Bank Attestation of Signature of the<br>Claimant/ Guardian (in case the Claimant<br>is a minor) by the Bank Manager as per<br>Annexure-I where Transmission value<br>upto ₹200,000:                                                                            | NA                               | NA                     | $\checkmark$                                      | ~                                                        |                        | $\checkmark$     |
| 7   | Bank's letter certifying / attesting the<br>signature and details of new Karta in the<br>bank account of the HUF as per<br>Annexure-1a                                                                                                                         | NA                               | NA                     | NA                                                | NA                                                       | $\checkmark$           | NA               |
| 8   | Attestation of Signature of the Claimant<br>by a Notary Public or a Judicial<br>Magistrate First Class, if the<br>Transmission value in more than<br>₹200,000: (in the space provided in TRF)                                                                  | NA                               | NA                     | $\checkmark$                                      | $\checkmark$                                             | NA                     | $\checkmark$     |

\*If not KYC compliant



# **Supporting Legal Documents**

| Sr.<br>No. | Documents required for Transmission                                                                                                                                       | Transmission<br>Surviving H                              | olders                    | Sole Holder /<br>All Joint<br>holders  | Sole Holder /<br>All Joint<br>holders         | Karta of HU            | F deceased       |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------|----------------------------------------|-----------------------------------------------|------------------------|------------------|
|            |                                                                                                                                                                           | 2 <sup>nd</sup> or 3 <sup>rd</sup><br>Holder<br>deceased | 1st<br>Holder<br>deceased | deceased &<br>Nomination<br>registered | deceased &<br>Nomination<br>NOT<br>registered | New Karta<br>Appointed | HUF<br>Dissolved |
| (i)#       | Indemnity Bond duly signed and executed by<br>all legal heir/s confirming the claimants<br>(Annexure II) - duly notarised                                                 | NA                                                       | NA                        | NA                                     | $\checkmark$                                  | NA                     | NA               |
| (ii)       | Individual Affidavit by all legal heir/s<br>(Annexure III ) - duly Notarised                                                                                              | NA                                                       | NA                        | NA                                     | $\checkmark$                                  | NA                     | NA               |
|            | Transmission value upto ₹200,000:                                                                                                                                         |                                                          |                           |                                        |                                               |                        |                  |
| (iii)      | Document evidencing relationship of the<br>claimant/s with the deceased unitholder/s                                                                                      | NA                                                       | NA                        | NA                                     | $\checkmark$                                  | NA                     | NA               |
|            | NOC from other Legal Heirs (Annexure – IV)                                                                                                                                | NA                                                       | NA                        | NA                                     | $\checkmark$                                  | NA                     | NA               |
|            | Any appropriate document evidencing relationship of the new Karta and the other coparceners with the deceased Karta.                                                      | NA                                                       | NA                        | NA                                     | NA                                            | $\checkmark$           | NA               |
| (iv)       | Transmission value is more than ₹200,000:                                                                                                                                 |                                                          | 1                         |                                        | 1                                             | 1                      |                  |
|            | (i) Notarised copy of the Probated Will OR                                                                                                                                | NA                                                       | NA                        | NA                                     | $\checkmark$                                  | NA                     | NA               |
|            | <ul> <li>(ii) Notarised copy Legal Heir certificate or<br/>Succession certificate issued by a<br/>competent court OR</li> </ul>                                           |                                                          |                           |                                        |                                               |                        |                  |
|            | (iii) Notarised copy Letter of Administration,<br>in case of an intestate Succession                                                                                      |                                                          |                           |                                        |                                               |                        |                  |
|            | Notarized copy of –                                                                                                                                                       | NA                                                       | NA                        | NA                                     | NA                                            | NA                     | $\checkmark$     |
|            | Deed of Settlement or Deed of Partition or<br>Decree of the relevant competent Court                                                                                      |                                                          |                           |                                        |                                               |                        |                  |
|            | In case of no surviving co-parceners and the transmission value is more than ₹200,000 OR where there is an objection from any surviving members of the HUF                | NA                                                       | NA                        | NA                                     | NA                                            | $\checkmark$           | NA               |
| (v)        | Indemnity bond signed by all co-parceners including the new Karta (Annexure V)                                                                                            | NA                                                       | NA                        | NA                                     | NA                                            | $\checkmark$           | NA               |
| (vi)       | Indemnity bond signed by the Claimant,<br>where there is no surviving co-parcener or the<br>HUF has been dissolved/partitioned after<br>demise of the Karta (Annexure VI) | NA                                                       | NA                        | NA                                     | NA                                            | NA                     | $\checkmark$     |

# In case the claimant produces any one of the documents mentioned at (iv) above, where transmission value is more than ₹ 2 Lakhs, then indemnity bond as mentioned at point no (i) would not be required

Note - All the supporting documents should be either notarized or a notarised copy duly attested by a Gazetted Officer with the Name, seal, signature and designation of the attesting official. For HUF, HUF seal to be affixed on all the documents.

Annexure 1a

### Bank Attestation of Account Details & Account-holder's signature

(where aggregate value of investment under all folios is up to ₹2 lakhs)

{To be issued on the Bank's Letter Head

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below }

Date: DD/MM /YYYY

\_\_\_\_\_ branch

# **TO WHOMSOEVER IT MAY CONCERN**

This is to certify that Mr. / Ms.

is a customer of our bank, namely, \_\_\_\_\_

Name of the bank

having the following Bank Account:

Account number

A/C type □Savings □Current □NRO □NRE □NRNR □Others (Pl. specify)

9-Digit MICR No.

11-Digit IFSC

#### His/her address, as per our Bank records, is as follows:

| City | PIN | State |
|------|-----|-------|
|      |     |       |

#### **Signature Verification by Bankers**

| Signature of the above customer in the<br>box alongside, verified & validated with<br>his/her specimen signature as per Bank's<br>records | Signature of the client                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
|                                                                                                                                           |                                                 |
|                                                                                                                                           | Signature of the bank official with Bank's Seal |
| Name* of the attesting Bank Official                                                                                                      |                                                 |
| Designation*                                                                                                                              |                                                 |
| Employee Code*                                                                                                                            |                                                 |
| Telephone Number*                                                                                                                         |                                                 |

\* Mandatory

### Bank Attestation of Account Details & signature of the New Karta of the HUF

{To be issued on the Bank's Letter Head

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below}

Date: DD/MM /YYYY

HUF

branch

# **TO WHOMSOEVER IT MAY CONCERN**

 This is to certify that ,
 Name of the HUF

 has the below-mentioned the Bank Account with our bank, namely,
 Name of the bank & branch

| Account number                                            |                       |  |  |  |
|-----------------------------------------------------------|-----------------------|--|--|--|
| A/C type $\Box$ Savings $\Box$ Current $\Box$ Others (Pl. | □Others (Pl. specify) |  |  |  |
| 9-Digit MICR No.                                          | 11-Digit IFSC         |  |  |  |

As per our Bank records, Mr./Ms., <u>Name of the Karta</u>

is the registered Karta of the abovenamed HUF and the address of the said HUF is as follows:

| City | PIN | State |
|------|-----|-------|
|      |     |       |

#### **Signature Verification by Bankers**

| Signature of the abovenamed customer in<br>the box alongside, verified & validated<br>with his/her specimen signature as per<br>Bank's records | Signature of the registered Karta |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
|                                                                                                                                                |                                   |

Signature of the bank official with Bank's Seal

| Name* of the attesting Bank Official |  |
|--------------------------------------|--|
| Designation*                         |  |
| Employee Code*                       |  |
| Telephone Number*                    |  |

\*mandatory

## Annexure II

#

#

<sup>#</sup>, have hereunto set their

# Bond of Indemnity to be furnished jointly by all Legal Heirs including the Claimant

(To be submitted on Non-judicial Stamp Paper of appropriate value)

#### [For Transmission of Units without production of Legal Representation on death of Sole Unit Holder or all Unit Holders in case of Joint Holding, where no nomination has been registered] (where aggregate value of investment under all folios is up to ₹2 lakhs)

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

| That Mr./Ms. | Name of the deceased unit holder | was holding the Units in fol | lowing schemes/folios : |
|--------------|----------------------------------|------------------------------|-------------------------|
| S            | cheme Name                       | Folio No.                    | No. of units held       |
| 1            |                                  |                              |                         |
| 2            |                                  |                              |                         |
| 3            |                                  |                              |                         |
| 4            |                                  |                              |                         |

That the aforesaid unit holder died *intestate* on \_\_\_\_\_\_, without registering any nominee/s leaving behind him/her the following persons as the only surviving legal heirs, according to the Law of Intestate Succession applicable to him/her by which he/she was governed at the time of his/her death.

| Name of the Claimant/s | Address | Age | Relationship with the Deceased |
|------------------------|---------|-----|--------------------------------|
| 1                      |         |     |                                |
| 2                      |         |     |                                |
| 3                      |         |     |                                |
| 4                      |         |     |                                |

Therefore, I/We, the deponent/s herein has/have, approached \_\_\_\_\_\_Mutual Fund\_with a request to transfer the aforesaid Units in the name of the undersigned Mr./Ms. \_\_\_\_\_\_

on my/our behalf, without insisting on production of a Succession Certificate or the order of a competent court, 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/transmit the above said Mutual Fund units to the name of the undersigned Mr./Ms.

I/We hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless, the aforesaid 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 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.

without insisting on production of a Succession Certificate or an order of the court of competent jurisdiction.

IN WITNESS WHEREOF the said Mr./Ms.

respective hands and seals this day of \_

| Name the Legal Heirs | Signature of the Legal Heirs |
|----------------------|------------------------------|
| 1                    | X                            |
| 2                    | X                            |
| 3                    | X                            |

(\*) = Name of the deceased unit holder (#) = Name of the claimant/s

### 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 claimant herein 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.

| S.No | Sureties Name & Address (Mandatory) | Signature of the Surety |
|------|-------------------------------------|-------------------------|
| 1.   |                                     |                         |
|      |                                     |                         |
|      |                                     |                         |
| 2.   |                                     |                         |
|      |                                     |                         |
|      |                                     |                         |

## Signed before me

at: \_\_\_\_\_

on : \_\_\_\_\_

Signature of Notary / JMFC

Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.:

Note: This indemnity is to be executed in the presence of a Judicial Magistrate first class OR a Public Notary

Annexure III

### Individual Affidavits to be given by ALL the Legal Heirs

#### (For Transmission of Units on death of Sole Unit Holder / all Unit Holders in case of joint holding, where <u>NO NOMINATION has been registered</u>)

Each Deponent (legal heir) shall sign separate Affidavits.

| I,                                                                     |            | #                      |
|------------------------------------------------------------------------|------------|------------------------|
| son / daughter of                                                      |            |                        |
| residing at<br>do hereby solemnly affirm and state on oath as follows. |            |                        |
| That Mr./Mrs.                                                          |            | @                      |
| ("the deceased Unitholder") held the following units in                | Mutual Fun | d in his / her name as |
| Scheme Name                                                            | Folio No.  | No. of                 |

| Scheme Name | Folio No. | No. of<br>units held |  |
|-------------|-----------|----------------------|--|
| 1)          |           |                      |  |
| 2)          |           |                      |  |
| 3)          |           |                      |  |

□ That the aforesaid deceased Unitholder(s) died *intestate* leaving behind him/her, the following persons as the only surviving heirs as per the Succession Certificate\* / Legal Heirship Certificate\* dated \_\_\_\_\_\_ / according to the Law of Intestate Succession by which he/she was governed at the time of his/her death and without registering any nominee. \*

OR

That the aforesaid deceased Unitholder died *testate*, leaving behind him/her, the following persons as the legatees as per the Probated Will dated \_\_\_\_\_\_ and without registering any nominee. \*

A notarised copy of the Succession Certificate\* / Legal Heirship Certificate\* / Probated Will is attached herewith.

| Name of the Claimant/s                              | Address | Age | Relation with<br>the Deceased |
|-----------------------------------------------------|---------|-----|-------------------------------|
| 1)                                                  |         |     |                               |
| 2)                                                  |         |     |                               |
| 3)                                                  |         |     |                               |
| That among the aforesaid legal heirs, Master / Kum. | ·       |     | aged                          |
| years is a minor and is being represented by Mr./Ms |         |     |                               |

being his / her father / mother / legal guardian.

I also indemnify the \_\_\_\_\_\_ Mutual Fund and its AMC and authorized Registrar through a separate Indemnity letter with third party Sureties.

Signature of the Deponent:  $\chi_{-}$ 

### VERIFICATION

I hereby solemnly affirm and state that what is stated herein above is true and correct. The 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 abovementioned mutual fund units of the deceased.

Solemnly affirmed at

Signature of the Deponent:  $\chi_{-}$ 

#### Signed before me

Place: \_\_\_\_\_\_
Date : \_\_\_\_\_

Signature of Notary with Official Seal of Notary& Regn. No.

\* strikeout whichever is not applicable

# = Name of the legal heir @ = Name of the deceased unit holder \$ Name of

# Annexure - IV

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

### **No-Objection Certificate from the Legal Heir(s)**

#### Format of NOC from other Legal Heir(s) for Transmission of Units in favour of the Claimant wherein the Sole Holder OR all Joint Holders in the folio(s) are deceased <u>WITHOUT REGISTERING ANY NOMINATION</u>

# **DECLARATION**

(i) That the abovenamed deceased Unitholder was holding Units in the following Schemes/ folios of Mutual Fund in his / her name as single holder/joint holder:

| Scheme Name | Folio No. | No. of units held |
|-------------|-----------|-------------------|
| 1)          |           |                   |
| 2)          |           |                   |
| 3)          |           |                   |

(ii) That the deceased had died intestate on DD/MM/YYYY .and without registering any nominee.

(iii) That I / We are the legal heir(s) of the deceased unit holder, apart from the Claimant, Mr. / Ms.

who has applied for transmission of the aforesaid Units.

| Name of the Legal Heirs | Address | Age | Relationship with the deceased |
|-------------------------|---------|-----|--------------------------------|
| 1)                      |         |     |                                |
| 2)                      |         |     |                                |
| 3)                      |         |     |                                |

(iv) I / we hereby declare that, I / we do not desire to make any claim in respect of the title to the aforesaid Units held by the deceased and I / we hereby willfully relinquish & renounce all my /our rights in respect of the aforesaid Units and shall have no legal claim upon said Units in future.

(v) Accordingly, I / we declare that I / we have NO OBJECTION WHATSOEVER in \_\_\_\_\_\_\_ Mutual Fund transmitting the aforesaid Units in favour of Mr. / Ms. \_\_\_\_\_\_.

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

| Deponent's Signature/s : 1) 2)3 | 3) |
|---------------------------------|----|
|---------------------------------|----|

|                          | VERIFICATIO     | DN                                                                                            |
|--------------------------|-----------------|-----------------------------------------------------------------------------------------------|
|                          |                 | true to our knowledge and nothing has been concealed benefits of the above mutual fund units. |
| Solemnly affirmed at     |                 |                                                                                               |
| Deponent(s) (1)          | (2)             | (3)                                                                                           |
|                          | Signed before 1 | ne                                                                                            |
|                          |                 |                                                                                               |
| Place<br>Date DD/MM/YYYY |                 |                                                                                               |
|                          |                 | Signature of Notary with Official Seal of Notary                                              |

## 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 <u>Name of the Hindu Undivided Family</u> 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<br>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.

| S.No. | Sureties Name & Address (Mandatory) | Signature of the Surety |
|-------|-------------------------------------|-------------------------|
| 1.    |                                     |                         |
|       |                                     | X                       |
|       |                                     |                         |
| 2.    |                                     |                         |
|       |                                     | X                       |
|       |                                     |                         |

Signed before me

Place: \_\_\_\_\_\_
Date : \_\_\_\_\_

Signature of Notary with Official Seal of Notary

# **Annexure VI**

# Bond of Indemnity to be submitted by the Claimant on dissolution of HUF or where there are no surviving members after demise of the Karta

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

| I,        | aged                                                                                                                                                                                                                                                                         | •                                        | presently residing at<br>Name of the Hindu |  |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------|--|--|
| Und       | divided FamilyHUF, (hereinafter referred to as "the HUF") here                                                                                                                                                                                                               |                                          |                                            |  |  |
| 1.        | That the HUF has investments/units in the following schemes/folios:                                                                                                                                                                                                          |                                          |                                            |  |  |
|           | Scheme Name                                                                                                                                                                                                                                                                  | Folio No.                                | No. of Units                               |  |  |
|           | 1)                                                                                                                                                                                                                                                                           |                                          |                                            |  |  |
|           | 2)                                                                                                                                                                                                                                                                           |                                          |                                            |  |  |
|           | 3)                                                                                                                                                                                                                                                                           |                                          |                                            |  |  |
|           | 4)                                                                                                                                                                                                                                                                           |                                          |                                            |  |  |
| 2.        | That Mr who was ma<br>Karta, expired on                                                                                                                                                                                                                                      | anaging the affa                         | irs of the HUF as its the                  |  |  |
| 3.        | That after the death of the abovenamed Karta, the aforesaid HUF surviving coparcener except myself * OR as the surviving members partition the HUF vide Settlement Deed / Partition Deed / Court De                                                                          | s of the HUF have                        | decided to dissolve /                      |  |  |
| 4.        | That I have approachedM<br>aforesaid Units / proportional units as per the Settlement Deed / Par<br>(hereinafter referred to as "the Units' in my name, in yo<br>as is herein contained and on relying on the information herein give                                        | rtition Deed / Cou<br>ur records for whi | ch I execute the indemnity                 |  |  |
| 5.        | That I agree and undertake to provide all necessary documents as m<br>Mutual Fund for processing my rec                                                                                                                                                                      | • • •                                    |                                            |  |  |
| In c      | consideration therefore of Mutual                                                                                                                                                                                                                                            | Fund acceding t                          | o my request to transmit                   |  |  |
|           | Units in the Mutual Fund folios in my name, I/We hereby jointly and                                                                                                                                                                                                          |                                          |                                            |  |  |
| ma<br>den | emnify and keep indemnified, saved, defended, harmless<br>nagement company and its successors and assigns for all time here<br>nands, risks, charges, expenses, damages, etc., whatsoever which the n<br>acceding to and acting on my/our request as herein above mentioned. | eafter against all lo                    |                                            |  |  |
|           |                                                                                                                                                                                                                                                                              |                                          |                                            |  |  |
| 1/1       | we hereby state that whatever is stated herein above are true to the                                                                                                                                                                                                         | best of my/our kn                        | lowledge & belief.                         |  |  |
| IN        | WITNESS WHEREOF, I/we have hereunto set my/our hand/s and                                                                                                                                                                                                                    | seal/s this                              | lay of                                     |  |  |
| Sig       | ned and delivered by the within named                                                                                                                                                                                                                                        |                                          |                                            |  |  |
| Nan       | ne of the Claimant                                                                                                                                                                                                                                                           | Sign                                     | ature of the Claimant                      |  |  |
|           | Signed before me                                                                                                                                                                                                                                                             |                                          |                                            |  |  |
|           | Signed before me                                                                                                                                                                                                                                                             |                                          |                                            |  |  |
| Pla       | ce:                                                                                                                                                                                                                                                                          |                                          |                                            |  |  |
| Da        | te :                                                                                                                                                                                                                                                                         |                                          |                                            |  |  |
|           |                                                                                                                                                                                                                                                                              |                                          |                                            |  |  |

Signature of Notary with Official Seal of Notary