

# Annexure 1(C)

Sample of letter to be sent by nominee / legal heir of deceased MFD to MF clients of deceased MFD for change of ARN code

On the Distributor's Letter Head

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

To,

Name &

Address of Investor:  
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Dear Sir/ Madam,

**Sub:: Change of distributor code (ARN) in respect of your Mutual Fund Folios**

At the outset, I would like to thank you for being a valued mutual fund investor and client of late Mr./ Ms. \_\_\_\_\_ who has unfortunately passed away on DD-MMM-YYYY.

I, Mr./Ms. \_\_\_\_\_ being his/her nominee / legal heir, have decided to carry on his/her mutual fund distribution business under my AMFI Registration number (ARN) \_\_\_\_\_ so that I may continue to service his/her clients, subject to their concurrence.

In this regard, I have requested all the respective asset management companies (AMCs) to replace the ARN code of the deceased distributor in the MF folios of all his/her mutual fund clients (including yourself) under all the schemes of the respective mutual funds with my ARN \_\_\_\_\_.

Once the respective AMCs complete the necessary action in this regard, the ARN / distributor code of the deceased distributor will be replaced by my ARN \_\_\_\_\_ in all of your mutual fund folios linked to your PAN \_\_\_\_\_ and going forward, I will be servicing you in respect of all your mutual fund investments made by you under the ARN of the late Mr./ Ms. \_\_\_\_\_.

If you do not wish to shift your MF holdings/folios under my distributorship / ARN and instead wish to shift to some other mutual fund distributor, OR wish to SWITCH your units to Direct Plan, you are requested to write to the concerned mutual funds/ AMCs accordingly within 15 days from the date of this letter /email i.e. by DD-MMM-YYYY.

Kindly note that if the AMC(s) do not receive any written communication from you in this regard within 15 days i.e., by DD-MMM-YYYY, it will be deemed that you have no objection for the proposed change of distributor / ARN code and the concerned AMC/RTA shall proceed with the change the ARN code in your mutual fund folios, i.e., the distributor code (ARN - \_\_\_\_\_) of the deceased distributor in your existing MF folio/s and all your existing SIP/ STP mandates, if any, shall be replaced with my ARN \_\_\_\_\_.

On change of the ARN in your folios, you will receive an appropriate communication from the concerned AMC/RTA giving details of your accounts/folios which are mapped to my ARN.

**Kindly note that if you are agreeable to the aforesaid change of distributor / ARN code in respect of your MF holdings/folios to my ARN \_\_\_\_\_, then no action is required from you.**

If you choose to shift your mutual fund holding / folios under my/our ARN to some other mutual fund distributor of your choice, you need to submit a written request to the concerned mutual fund / RTA specifying the name and ARN the mutual fund distributor within 15 days of this email.

If you decide to Switch your unitholding to Direct Plan, you need to submit a Switch request to the concerned mutual fund/RTA, to shift the mutual fund units in all your folios to Direct Plan within 15 days of this email/letter. Please note that the Switch transaction to Direct Plan shall be processed by the mutual fund at applicable NAV as per the applicable cut-off timing regulations for MF transactions as per the date and time of receipt of the switch request. Please also note that as per current Income Tax laws, switching of Units from a Regular Plan to a Direct Plan within the same mutual fund scheme is subjected to Capital Gains Tax, even though there is no cashflow involved.

I look forward to your patronage and will be happy to provide my services in respect of all your mutual fund investments.

If you have any queries, please feel free to contact me on my Tel./ Mobile no: \_\_\_\_\_  
or Email ID: \_\_\_\_\_

Thanking you,

Yours sincerely,

\_\_\_\_\_  
Name of Nominee / legal of the deceased distributor [ARN \_\_\_\_\_ ]

# Annexure 2

## Application form for Transfer of AUM [To be submitted by Transferor Distributor]

Please complete the relevant sections legibly in black / dark blue ink and in BLOCK LETTERS

To,  
NAME of the AMC

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Sir/Madam,

- 1) I/We, the below mentioned Transferor distributor, hereby request you to shift the folios of all the unitholders in Regular Plan of all the Schemes in your fund house linked to my/our ARN to the ARN of the below mentioned Transferee distributor:

Transfer of AUM	Name	ARN
From: (Transferor)		
To: (Transferee)		
<b>Reason for transfer*:</b> (Please ✓ whichever is applicable )		
<input type="checkbox"/> Individual distributor merging his MF distribution business into/with a partnership firm* / Pvt. Ltd.*		
<input type="checkbox"/> Partnership firm converting itself into LLP <input type="checkbox"/> Exit of Partners / Dissolution of partnership firm		
<input type="checkbox"/> Merger of companies / entities <input type="checkbox"/> De-merger of companies / entities		
<input type="checkbox"/> Transfer of business to family member <input type="checkbox"/> Transfer of business to an associate distributor		
<input type="checkbox"/> Conversion of Pvt. Ltd. co. to Public Ltd. co. <input type="checkbox"/> Conversion of Public Ltd. co. to Pvt. Ltd. co.		
<input type="checkbox"/> Transferor Distributor will be working as sub-distributor of the Transferee MFD		
<input type="checkbox"/> Transferee distributor, who is a sub-distributor of Transferor (Principal) distributor, is moving out of the tie-up with the principal distributor.		
<input type="checkbox"/> Winding up of business / Voluntary cessation / Retirement		
<input type="checkbox"/> Others _____		
* Please delete whichever is not applicable.      Please attach supporting document for reason for transfer of AUM		

- 2) I/we hereby understand and agree that the AMC shall effect the transfer of AUM subject to the below mentioned conditions –

- a) The ARNs of both transferor and transferee distributor are valid as on date, both are KYD-compliant and have furnished all annual Declaration of Self-Certification (DSC) due till date.
- b) The transfer of assets will be carried out for all folios under Transferor-ARN holder\* /OR  
The transfer of assets will be carried out for all folios/AUM under Transferee-ARN holder\*<sup>@</sup>  
who is a sub-distributor Transferor-ARN holder.      \* Please delete whichever is not applicable.

<sup>@</sup> In case a sub-distributor under a Principal ARN holder is moving out of the tie-up with the principal distributor, partial AUM transfer is permitted / may be requested. In such a case both the principal distributor and the sub-distributor need to certify to the AMC that the entire AUM of the sub-distributor is being transferred).

- 3) I/We hereby agree and declare that after the transfer of AUM, I/we shall cease to operate under my/our ARN and shall surrender my/our ARN to CAMS-AMFI unit for cancellation within 15 days of AUM transfer and submit a copy of the ARN cancellation letter to the respective RTAs\*\*

\*\*Not applicable where the Transferor distributor is the principal distributor who will continue to operate under his/her/its ARN.  
Please delete if not applicable.

- 4) I / We confirm and certify that I/we have informed all my/our mutual fund clients through email / letters about the proposed change of distributor / ARN code in respect of their folios under my/our ARN and the reason for the same, along with the details of the new (transferee) distributor who will be servicing them after the change of distributor code in their folios. A specimen of the email/letter is attached herewith along with the list of investors with their Folio no. and PAN.
- 5) I / We further certify that, I/we have informed the clients that if they do not wish to transfer their MF holdings/folios to ARN \_\_\_\_\_ of the aforesaid transferee distributor, and wish to shift to some other mutual fund distributor or investment adviser of their choice, OR wish to SWITCH the units to Direct Plan, they are requested to inform the concerned mutual funds/ AMCs accordingly through a written communication within 15 days from the date of the letter /email. I/We have also mentioned that if the AMC does not receive any written communication from the investor in this regard within 15 days from the date of the email/letter, it will be deemed that the investor has no objection to the proposed change in ARN, and the concerned AMC(s) shall proceed with the change of ARN code in their folios.

In this regard, I undertake to notify the AMC/RTA immediately if any of the clients convey their objection to the proposed change to me directly.

- 6) I/We further declare and certify that the proposed transfer of assets is not being done to circumvent any legal or regulatory obligation and / or AMFI guideline / requirements.
- 7) I/We undertake to inform the concerned platforms / service providers regarding the AUM transfer for the existing SIP/STPs routed through MFU/ Exchange/ Online platforms (*if applicable*).
- 8) I / We request the AMC to de-link / de-map the EUINs (as per list attached) currently mapped to my/our ARN, and link /map the said EUINs to the ARN of the transferee MFD/ARN.\*\*
- 9) I/We am/are aware and agree that in case there is any deficiency or discrepancy in the information provided herein and the supporting documents submitted herewith, my application is liable to be rejected by the AMC/RTA.
- 10) I/We understand that AMCs / RTA will not be obliged to address any queries or complaints arising due to this ARN Code change request.
- 11) I/We hereby declare that the information furnished herein is complete and correct in all respects and I/we shall forthwith communicate any change in the information furnished to the AMC/RTA.
- 12) I/We hereby indemnify the AMC against any loss or damages arising due to any claims or disputes made by any investor or Sub-distributor on account of the AMC effecting the transfer of AUM.

Thanking you,

Signature of Transferor Distributor

**Checklist of Documents to be submitted:**

- 1)  Supporting document for reason for transfer of AUM
- 2)  Sample of the letter / email sent to the clients intimating about the proposed AUM transfer / change in ARN with date of communication.
- 3)  Proof of dispatch of letters/e-logs of emails.
- 4)  List of investors to whom the intimation has been sent (along with their Folio nos. and PAN)
- 5)  List of EUIN holders to be de-linked / de-mapped from the ARN of the transferor MFD/ARN holder and to be mapped / linked to ARN of the transferee MFD/ARN.

*\*\*Delete if not applicable*

# **Annexure 3**

On Transferor MFD's letter head

To,  
CAMS / KFinTech

Dear Sir/ Madam,

**Sub: Application for Transfer of AuM from** ARN \_\_\_\_\_ to ARN \_\_\_\_\_

This is to inform you that I/ we have decided to –

transfer / merge my/our mutual fund distribution business /AUM under ARN \_\_\_\_\_ to \_\_\_\_\_ Name of the Transferee Distributor having ARN \_\_\_\_\_ fully\* / partially\*.

OR

become a sub-distributor of \_\_\_\_\_ Name of the Transferee Distributor and shall be integrating my/our mutual fund distribution business under my ARN \_\_\_\_\_ into his/her/their ARN \_\_\_\_\_.

In this regard, please find attached herewith my/our application for transferring my/our AUM under my/our ARN \_\_\_\_\_ in respect of mutual fund folios of my/our clients to the ARN \_\_\_\_\_ of \_\_\_\_\_ Name of the Transferee Distributor in the prescribed form addressed to the concerned mutual funds / AMCs listed below along with the requisite supporting documents as prescribed in this regard .

Sr.#	Name of Mutual Fund	Sr.#	Name of Mutual Fund
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

(please attach additional sheet if necessary)

Please acknowledge receipt and take necessary action to effect the change in ARN at the earliest.

Yours sincerely,

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

ARN: \_\_\_\_\_

*\*Delete whichever is not applicable; Partial transfer of AUM is permitted only in case of transfer of AUM from a Principal MFD to a sub-distributor who has decided to exit from the tie-up with the Principal MFD.*

# Annexure 4

## Declaration to be submitted by Transferee Distributor

Please complete the relevant sections legibly in black / dark blue ink and in BLOCK LETTERS

To,

NAME of the AMC \_\_\_\_\_

Date	D	D	M	M	Y	Y	Y	Y
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Sir/ Madam,

This is with reference to the Application form for Transfer of AUM of the unitholders in Regular Plan in all the Schemes in your fund house submitted by the Transferor distributor, namely, \_\_\_\_\_ (ARN \_\_\_\_\_ )  
(Name & ARN of transferor distributor)

to ARN \_\_\_\_\_ of \_\_\_\_\_,  
(Name & ARN of transferee distributor)

the undersigned transferee distributor.

In this regard I/we confirm/undertake as follows –

- 1) I/We am/are empaneled with your AMC as a distributor w.e.f. \_\_\_\_\_, and my/our ARN is valid as on date.
- 2) I/we am/are KYD-compliant and have furnished all annual Declaration of Self-Certification (DSC) due till date.
- 3) I/We further declare and certify that the proposed transfer of assets is not being done to circumvent any legal or regulatory obligation and / or AMFI guideline / requirements.
- 4) I/we hereby agree and declare that after the transfer of AUM, I/we shall operate as sub-distributor of the Transferee distributor and shall not do any business independently under my/our ARN. \*
- 5) I / we request the AMC to link / map the EUINs (as per list attached) currently mapped to the ARN of the Transferor distributor to my my/our ARN, and de-link /de-map the said EUINs from the ARN of the transferor MFD.\*
- 6) I/We understand that the AMCs / RTA will not be obliged to address any queries or complaints arising due to the ARN Code change request.
- 7) I/ we undertake to comply with all the applicable AMFI guidelines/ circulars w.r.t. Transfer of AuM, and the terms and conditions of empanelment of the AMC.

Thanking you,

Signature of Transferor Distributor
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*\*Delete if not applicable*

# Annexure 5

## Application form for Transfer of AUM from ARN of deceased Distributor to ARN of Nominee / Legal Heir

Please complete the relevant sections legibly in black / dark blue ink and in BLOCK LETTERS

To,  
NAME of the AMC \_\_\_\_\_

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

Sirs,

- 1) I, Mr./Ms. \_\_\_\_\_ am the registered nominee\* / legal heir\* of the deceased mutual fund distributor, Mr./Ms. \_\_\_\_\_ (ARN \_\_\_\_\_) who expired on DD-MMM-YYYY. A copy of his/her death certificate is attached herewith.
- 2) I have already notified AMFI/CAMS to take note of his/her demise and to cancel his/her ARN on \_\_\_\_\_.
- 3) I am registered with AMFI as a distributor under ARN \_\_\_\_\_, which is valid up to DD-MMM-YYYY.
- 4) I wish to carry on the mutual fund distribution business of the aforesaid deceased distributor as his/her nominee\* / legal heir\* and shift the AUM/clientele under his/her ARN to my ARN, so that I can service the clients, subject to the concurrence of the concerned clients.
- 5) In this regard, the NOC\*\* from the other surviving legal heirs of the deceased distributor is attached herewith.
- 6) Accordingly, I hereby request you to replace the ARN code in the MF folios of all the unitholders currently linked to ARN \_\_\_\_\_ of the abovenamed deceased distributor under all the MF schemes of your fund house with my ARN \_\_\_\_\_ as his/her nominee / legal heir.
- 7) I hereby confirm that I have informed all the clients of the deceased distributor through emails / letters about the proposed change of distributor / ARN code in respect of their MF folios and the reason for the same. I have also informed them that I shall be servicing them after the change of distributor code and have shared my contact details and my ARN with them. A specimen of communication sent to the clients is attached herewith along with the list of the investors to whom the same has been sent, mentioning their Folio no. and PAN.
- 8) I further certify that, I have informed the clients that if they do not wish to transfer their MF holdings/folios under my ARN, and wish to shift to some other mutual fund distributor, OR wish to SWITCH the units to Direct Plan, they are requested to inform the concerned mutual funds/ AMCs accordingly through a written communication within 15 days from the date of the letter /email, and that if the AMC does not receive any written communication from the investor in this regard within 15 days from the date of the email/letter, it will be deemed that the investor has no objection to the proposed change in ARN, and the concerned AMC(s) shall proceed with the change of ARN code in their folios. In this regard, I undertake to notify the AMC/RTA immediately if any of the clients convey their objection to the proposed change to me directly.
- 9) I am aware and agree that in case of any deficiency or discrepancy in the information provided herein and/or the supporting documents submitted herewith, my application is liable to be rejected by the AMC/RTA. I also understand that AMCs / RTA will not be obliged to address any queries or complaints arising due to this ARN Code change request.
- 10) I hereby declare that the information furnished herein is complete and correct in all respects and I shall forthwith communicate any change in the information furnished to the AMC/RTA.
- 11) I hereby indemnify the AMC against any loss or damages arising due to any claims or disputes made by any investor or Sub-distributor on account of the AMC effecting the transfer of AUM.

Thanking you,

Signature of Transferor Distributor
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\* Delete whichever is not applicable.

\*\* NOC of other surviving legal heirs of the deceased is not applicable in case the claimant (transferee distributor) is the nominee,

**Checklist of Documents to be submitted:**

- 1)  Death certificate of the deceased MFD
- 2)  NOC of other legal heirs (not applicable if the transferee MFD is the Nominee)
- 3)  Sample of email / letter sent to the clients about the proposed change of distributor /ARN
- 4)  Proof of dispatch of letters/e-logs of emails
- 5)  List of investors to whom the intimation has been sent (along with their Folio no. and PAN)



## Annexure 6

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

### **Format of NOC from other legal heir(s) of deceased distributor for Transfer of AUM of the deceased distributor in favour of one of the legal heirs**

#### **DECLARATION**

I/We, the legal heir(s) / nominee of late Mr. / Ms. Name of the deceased ARN Holder,  
declare as follows –

- (i) That the abovenamed deceased person was registered with AMFI under ARN \_\_\_\_\_ and was empanelled with  
Name of the AMC as a distributor for promoting mutual fund schemes:
- (ii) That the abovenamed distributor died intestate on DD / MM / Y Y Y Y without making any nomination\*/ naming Mr./Ms.  
Name of the nominee as his/her Nominee\*.
- (iii) That I / We are the legal heir(s) / Nominee of the abovenamed deceased distributor, apart from the Claimant, Mr. / Ms.  
Name of the claimant under whose ARN, the AUM is sought to be transferred who is the daughter\* /son\*/ spouse\*/  
of the deceased distributors under whose ARN the AUM of the deceased ARN holder is sought to be transferred.

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

(iv) I / We hereby declare that, I / we do not wish to make any claim/right over the Assets under Management (AUM) standing to the credit of the abovenamed deceased distributor and I / we hereby willfully relinquish & renounce all my /our rights in respect of thereof and shall have no legal claim upon said AUM and/or the trail commission in respect thereof in favour of abovenamed claimant Ms./Mr. \_\_\_\_\_.

(v) Accordingly, I / we declare that I / we have NO OBJECTION WHATSOEVER in \_\_\_\_\_ (Name of the AMC)  
transferring the AUM in respect of the abovenamed distributor in favour of the aforesaid Mr. / Ms. \_\_\_\_\_ (Name of the claimant  
under whose ARN, the AUM is sought to be transferred).

(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) \_\_\_\_\_

#### **VERIFICATION**

We hereby solemnly affirm and state that what is stated herein above is true to our knowledge and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mutual fund units.

Solemnly affirmed at \_\_\_\_\_

Deponent(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

#### **Signed before me**

Place \_\_\_\_\_

Date DD / MM / YYYY

-----  
Signature of Notary with Official Seal of Notary

\*delete whichever is not applicable.

# Annexure 7

## **Individual Affidavits to be given by all the Legal Heirs**

(Affidavit-cum-NOC for Transmission of AUM on death of an ARN Holder)

*Each Deponent (legal heir) shall provide separate affidavit*

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

1) That Mr./Ms. \_\_\_\_\_ Name of the deceased MFD  
was registered with AMFI under ARN \_\_\_\_\_ and was empanelled with \_\_\_\_\_ Name of the AMC  
as a distributor for promoting mutual fund schemes.

2) That the aforesaid ARN holder died intestate on \_\_\_\_\_, leaving behind him/her the following persons as the only surviving legal heirs, as per the Succession Certificate\* / Legal Heirship Certificate\* dated \_\_\_\_\_ / according to the Law of Intestate Succession applicable to him/her by which he/she was governed at the time of his/her death, without registering any nominee/s \*/ naming Mr./Ms. \_\_\_\_\_ Name of the nominee as his/her Nominee\*

OR

2) That the aforesaid deceased ARN holder 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 legal heirs/s	Address	Age	Relationship with the Deceased
1.			
2.			
3.			
4.			

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.

4) That I / We am/are the legal heir(s)\* / Nominee\* of the abovenamed deceased distributor, apart from the Claimant, Mr. / Ms. \_\_\_\_\_ Name of the claimant under whose ARN, the AUM is sought to be transferred who is the daughter\* /son\*/ spouse\* of the deceased distributor, and under whose ARN the AUM of the deceased ARN holder is sought to be transferred.

5) I / We hereby declare that I / we do not wish to make any claim/right over the Assets under Management (AUM) standing to the credit of the abovenamed deceased distributor and I / we hereby willfully relinquish & renounce all my /our rights in respect of thereof and shall have no legal claim upon said AUM and/or the trail commission in respect thereof in favour of abovenamed claimant Ms./Mr. \_\_\_\_\_.

6) Accordingly, I / we declare that I / we have NO OBJECTION WHATSOEVER in \_\_\_\_\_ (Name of the AMC) transferring the AUM in respect of the abovenamed distributor in favour of the aforesaid Mr. / Ms. \_\_\_\_\_ Name of the claimant under whose ARN, the AUM is sought to be transferred.

7) I also indemnify the \_\_\_\_\_ Mutual Fund and its AMC through a separate Indemnity letter.

8) I / We hereby state that whatever is stated hereinabove are true to the best of my/our knowledge.

Signature of the Deponent: \_\_\_\_\_

\* ~~strikeout whichever is not applicable~~ # = Name of the legal heir \$ Name of the Guardian

### **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 I am competent to contract and entitled to rights and benefits of the abovementioned AUM of the deceased ARN holder.

Solemnly affirmed at \_\_\_\_\_ Signature of the Deponent: \_\_\_\_\_

### **SIGNED BEFORE ME**

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

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

\_\_\_\_\_

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

# Annexure 8

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

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

For Transfer of AUM without production of Legal Representation on death of ARN Holder where no nomination has been registered).

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

That Mr./Ms. \_\_\_\_\_ Name of the deceased MFD

was registered with AMFI under ARN \_\_\_\_\_ and was empanelled with \_\_\_\_\_ Name of the AMC as a distributor for promoting mutual fund schemes.

That the aforesaid ARN 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.

Sr. No.	Name of the legal heirs/s	Address	Age	Relationship with the Deceased

Therefore, I/We, the deponent/s herein has/have, approached \_\_\_\_\_ AMC with a request to pay the unpaid commission amounts, if any, in respect of the deceased and also transfer the AUM in respect of the deceased to ARN - \_\_\_\_\_ of Mr./Ms \_\_\_\_\_

without insisting on 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 abovementioned request to pay the unpaid commission / transfer the AUM in respect of ARN - \_\_\_\_\_ of the deceased to ARN - \_\_\_\_\_ of Mr./Ms. \_\_\_\_\_, I/We hereby jointly and severally 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. \_\_\_\_\_,  
\_\_\_\_\_, &  
\_\_\_\_\_,  
#

have hereunto set their respective hands and seals this day of \_\_\_\_\_.

Signed and delivered by the said legal heir/s.

Sr.#	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

### SIGNED BEFORE ME

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

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 (JMFC) or a Public Notary*

# Annexure 9

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

{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

### TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. \_\_\_\_\_

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

Name of the bank

\_\_\_\_\_ branch

having the following Bank Account:

Account number	
A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> 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 box alongside, verified & validated with his/her specimen signature as per Bank's 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	