(To be given by the Nominee)

ANNEXURE – II: 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 nominee)

I/We do hereby Solemnly affirm and sincerely state on oath as follows,

I/We inform you that "Mr. / Ms. (*) _____"passed away on_____ and he/she was holding the following Mutual Fund Units:

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Hold

I /We further inform you that he/she has nominated me/us as the nominee of the mutual fund units standing in his/ her name.

I/We have, therefore, approached you with a request to transfer the aforesaid Mutual fund units in the name of the undersigned "Mr. / Ms. (#) _____"without insisting of production of a succession certificate or an order of the court of competent jurisdiction 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.

In consideration therefore of my / our request to transfer above said Mutual Fund units to my/our name "Mr. / Ms. (#)_____"I/We hereby agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your 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 request, transferring the said mutual fund units as herein above mentioned, to my / our name "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. (#) _____"has here unto set their respective hands and seals this _____ day of _____.

Signed and delivered by the said applicant

1._____ _____

2._____ _____

3._____ _____

Name & Address of Nominee(s) Signature of the Nominee(s)

Date: _____

Place: _____ _____

Signature of Notary [with Name and Seal]

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