

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,		•	presently residing as	
Una	divided Family HUF, (hereinafter referred to as "the HUF") HUF.			
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 Karta, expired on			
3.	That after the death of the abovenamed Karta, the aforesaid HUF stands dissolved, as there are no other surviving coparcener except myself * OR as the surviving members of the HUF have decided to dissolve / partition the HUF vide Settlement Deed / Partition Deed / Court Decree dated*.			
4.	That I have approachedMutual Fund with a request to transmit the aforesaid Units / proportional units as per the Settlement Deed / Partition Deed / Court Decree dated(hereinafter referred to as "the Units") in my name, in your records for which I execute the indemnity as is herein contained and on relying on the information herein given by me believing the same to be true.			
5.	That I agree and undertake to provide all necessary documents as may be required by Mutual Fund for processing my request as aforesaid.			
the inde ma den	Units in the Mutual Fund folios in my name, I/We hereby jointle emnify and keep indemnified, saved, defended, harmless magement company and its successors and assigns for all time hands, risks, charges, expenses, damages, etc., whatsoever which the acceding to and acting on my/our request as herein above mentioned.	y and severely agree a Note the mutual fund may suf	Iutual Fund, its asset sses, costs, claims, actions,	
I / v	we hereby state that whatever is stated herein above are true to	the best of my/our kno	owledge & belief.	
	WITNESS WHEREOF, I/we have hereunto set my/our hand/s	·		
11 (Williams Williams Williams		., 01	
Sig	ned and delivered by the within named			
Nam	ne of the Claimant	Signa	ture of the Claimant	
	Signed before m	ie		
Pla	ice:			
Dat	te :			
		Signature of No	otary with Official Seal of Notary	