Individual Affidavit to be given by EACH Legal Heir

(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.

| | | | | # | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------|-----------------------------------------|--|
| son / daughter of | | | | | |
| esiding at | | | | | |
| lo hereby solemnly affirm and state on oath as follows. | | | | | |
| Гhat Mr./Mrs | | | | @ | |
| "the deceased Unitholder") held the following units in _ | | | Mutual Fund in | his / her name as | |
| ingle holder / joint holder: | | | | | |
| Scheme Name | | Folio No. | | No. of units held | |
| | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| , | | | | | |
| Please 	any of the following (as applicable) | | | | | |
| □ That the aforesaid deceased Unitholder(s) died leaving | behind him/her, the following persons | as the only surviving h | eirs. | | |
| □ That the aforesaid deceased Unitholder(s) died <i>testate</i> * | | | | g heirs as per the | |
| Succession Certificate* / Legal Heirship Certificate* dated | | | | | |
| at the time of his/her death and without registering any no | | | | | |
| □ That the aforesaid deceased Unitholder died <i>testate</i> , lea | aving behind him/her, the following pers | sons as the legatees as | per Probated Wil | 1 dated | |
| and without registering any nominee. * A notarised copy of the Succession Certificate* / Legal Heir | nshin Cartificato* / Drahatad Will is atta | abad bararrith | | | |
| | - | | | | |
| Name of the Legal Heir | Address | PAN | Age | Relation with the Deceased | |
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| * strikeout whichever is not applicable # = Name of the | legal heir @ = Name of the decease | ed unit holder \$ | Name of the Gu | ardian | |
| 11 | C | | ······································ | | |
| That among the aforesaid legal heirs, Master / Kum. | | | | aged | |
| years is a minor and is being represented by Mr./Ms. | | | | | |
| | | | | | |
| eing his / her father / mother / legal guardian. | | | | | |
| also indemnify the Mutual Fund and | its AMC and authorized Registrar throu | igh a separate Indemn | ity letter with this | d party Sureties. | |
| , | | 8 | | i j i i i i i i i i i i i i i i i i i i | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Signature of the Deponent: χ | | | | |
| | Signature of the Deponent: X | | | | |
| bereby solemply affirm and state that what is stated ber | VERIFICATION | | e or original atte | ested conv of the | |
| | VERIFICATION rein above is true and correct. The orig | ginal Death Certificat | • | | |
| ertificate and nothing has been concealed therein and that w | VERIFICATION rein above is true and correct. The orig | ginal Death Certificat | • | | |
| certificate and nothing has been concealed therein and that w | VERIFICATION rein above is true and correct. The orig | ginal Death Certificat | • | | |
| certificate and nothing has been concealed therein and that w of the deceased. | VERIFICATION rein above is true and correct. The orig | ginal Death Certificat to rights and benefits o | of the abovement | | |
| certificate and nothing has been concealed therein and that w of the deceased. | VERIFICATION rein above is true and correct. The originative are competent to contract and entitled Signature of the Deponent: X | ginal Death Certificat to rights and benefits o | of the abovement | | |
| certificate and nothing has been concealed therein and that w of the deceased. | VERIFICATION rein above is true and correct. The origination of the original set of th | ginal Death Certificat to rights and benefits o | of the abovement | | |
| certificate and nothing has been concealed therein and that w of the deceased. | VERIFICATION rein above is true and correct. The originative are competent to contract and entitled Signature of the Deponent: X | ginal Death Certificat to rights and benefits o | of the abovement | | |
| I hereby solemnly affirm and state that what is stated her certificate and nothing has been concealed therein and that w of the deceased. Solemnly affirmed at Place: | VERIFICATION rein above is true and correct. The originative are competent to contract and entitled Signature of the Deponent: X | ginal Death Certificat to rights and benefits o | of the abovement | | |

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