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 oa	ath 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 sche	emes.	
☐ 2) That the aforesaid ARN holder died intest legal heirs, as per the Succession Certificate*/L applicable to him/her by which he/she was go	egal Heirship Certificate* dated/ accord overned at the time of his/her death, without registering	
Name of the nominee	a	s his/her Nominee*
OR		
Will dated and without reg	died testate, leaving behind him/her, the following person istering any nominee. *	
A notarised copy of the Succession Certificate*	* / Legal Heirship Certificate* / Probated Will is attached	
Name of the legal heirs/s	Address	Age Relationship w the Deceased
2.		
3.		
4.		
3) That among the aforesaid legal heirs, Maste	er / Kum.	d years is a minor and is
being represented by Mr./Ms. being his / her father / mother / legal guard 4) That I / We am/are the legal heir(s)* / Nom	lian. $\frac{1}{2}$ ninee* of the abovenamed deceased distributor, apart from	n the Claimant, Mr. / Ms.
	who nder whose ARN the AUM of the deceased ARN holder is	o is the daughter* /son*/ is sought to be transferred.
to the credit of the abovenamed deceased of	vish to make any claim/right over the Assets under Ma distributor and I / we hereby willfully relinquish & rend claim upon said AUM and/or the trail commission in	ounce all my /our rights in
6) Accordingly, I / we declare that I / we have transferring the AUM in respect of the above	we NO OBJECTION WHATSOEVER inovenamed distributor in favour of the aforesaid Mr. / M	Name of the AMC
under whose ARN, the AUM is sought to be transfer		Name of the claimant
7) I also indemnify the	Mutual Fund and its AMC through a se	eparate Indemnity letter.
8) I / We hereby state that whatever is stated	d hereinabove are true to the best of my/our knowledge	e.
* strikeout whichever is not applicable # = Name	Signature of the Deponent: Xe of the legal heir \$ Name of the Guardian	
	VERIFICATION	
•	stated herein above is true and correct. The original Deathen concealed therein and that I am competent to contract an ARN holder.	_
Solemnly affirmed at	Signature of the Deponent:	
	SIGNED BEFORE ME	
Place.		

Date:

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