

Annexure - III

Individual Affidavit to be given by **EACH** Legal Heir

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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 NO NOMINATION has been registered)

Each Deponent (legal heir) shall sign separate Affidavits.

,		* , son / daugnter	OT	
resident of				do hereby
solemnly affirm and state on oath as follows.				
That Mr./Mrs.		@ ("the decease)	d I Initholder") he	eld the following units in
	ll Fund in his / her name as single holder / i		d Offittiolder) fie	
	Truna irriis / nor name as single noder / j	onit noider.		
Scheme Name		Folio No.		No. of units held
1.				
2.				
3.				
Please (✓) any of the following (as applicable)				
☐ That the aforesaid deceased Unitholder(s) died lea	ving behind him/her, the following persons	as the only surviving he	eirs.	
That the aforesaid deceased Unitholder(s) died test. / Legal Heirship Certificate* dated registering any nominee. *				
That the aforesaid deceased Unitholder died testate and without registering any nominee. *	e, leaving behind him/her, the following per	sons as the legatees a	s per Probated V	Vill dated
A notarised copy of the Succession Certificate* / Lega	Il Heirship Certificate* / Probated Will is	attached herewith.		
Name of the legal heir/s	Address	PAN	Age	Relationship with the Deceased
1.				
2.				
3.				
4.				
* strikeout whichever is not applicable	# = Name of the legal heir @ =	Name of the decea	sed unit holde	r \$ Name of the Guardian
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.				
I also indemnify the	Mutual Fund and its AMC and auth	orized Registrar throug	jh a separate Ind	lemnity letter with third party Sureties.
	Signature of the Deponent: X			
	VEDIEICATION			
hereby solemnly affirm and state that what is stated here	VERIFICATION	acth Cartificate or orig	inal attacted con	over of the death cortificate and nothing he
peen concealed therein and that we are competent to cont				
Solemnly affirmed at	Signature of the Depo	nent: X		
	Signed before me			
	•			
Disease				
Place:		Signature of No	tary with Official	Seal of Notary& Regn. No.
Date :			,	