

Annexure - VI Bond of Indemnity to be submitted by the Claimant

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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, of Name of the Hindu Undivided F	aged years, presently residing at		and surviving member
That the HUF has investments/units in the following s		rred to as the HOF) hereby sole	emnly affirm and state on oath as under:
Scheme Name	Folio No.		No. of Units
1)	·		
2)			
3)			
4)			
2. That Mr	who was managing the affairs of the HUF a	s its the Karta, expired on .	·
the HUF have decided to dissolve / partition the HUF vide Settlement Deed / Partition Deed / Court Decree dated*. 4. That I have approached Mutual 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. In consideration therefore of Mutual Fund acceding to my request to transmit the Units in the Mutual Fund folios in my name, I/We hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless Mutual Fund, its asset management company and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which the mutual fund may suffer and/or incur by reason of acceding to and acting on my/our request as herein above mentioned. 1/ we hereby state that whatever is stated herein above are true to the best of my/our knowledge & belief. IN WITNESS WHEREOF, I/we have hereunto set my/our hand/s and seal/s this day of			
Name of the Claimant	Signed before me		of the Claimant
Place: Date :		Signature of Notary w	vith Official Seal of Notary