

**Individual Affidavits to be given by ALL the Legal Heirs**

**(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.*

I, \_\_\_\_\_ #  
son / daughter of \_\_\_\_\_  
residing at \_\_\_\_\_  
do hereby solemnly affirm and state on oath as follows.

That Mr./Mrs. \_\_\_\_\_ @  
("the deceased Unitholder") held the following units in \_\_\_\_\_ Mutual Fund in his / her name as  
single holder / joint holder:

Scheme Name	Folio No.	No. of units held
1)		
2)		
3)		

That the aforesaid deceased Unitholder(s) died *intestate* leaving behind him/her, the following persons as the only surviving heirs as per the Succession Certificate\* / Legal Heirship Certificate\* dated \_\_\_\_\_ / according to the Law of Intestate Succession by which he/she was governed at the time of his/her death and without registering any nominee. \*

OR

That the aforesaid deceased Unitholder died *testate*, leaving behind him/her, the following persons as the legatees as per the Probated Will dated \_\_\_\_\_ and without registering any nominee. \*

A notarised copy of the Succession Certificate\* / Legal Heirship Certificate\* / Probated Will is attached herewith.

Name of the Claimant/s	Address	Age	Relation with the Deceased
1)			
2)			
3)			

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 authorized Registrar through a separate Indemnity letter with third party Sureties.

Signature of the Deponent: X \_\_\_\_\_

**VERIFICATION**

I hereby solemnly affirm and state that what is stated herein above is true and correct. The original Death Certificate or original attested copy of the death certificate and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the abovementioned mutual fund units of the deceased.

Solemnly affirmed at \_\_\_\_\_ Signature of the Deponent: X \_\_\_\_\_

**Signed before me**

Place: \_\_\_\_\_

Date : \_\_\_\_\_

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

\* *strikeout whichever is not applicable*

# = Name of the legal heir    @ = Name of the deceased unit holder    \$ = Name of the Guardian