New Bank Mandate details with attestation from Bank Branch Manager

<To be given on Bank's Letter Head> or with <Bank Branch seal, employee name and number seal>

TO WHOMSOEVER IT MAY CONCERN

This is to certify Mr. / Mrs. (#)	
S/o or D/o	·
residing at	:
roolanig at	•
is holding the f	ollowing account in our bank and branch:
Bank Name	÷
Branch Name	:
Bank A/c No.	
A/c Type (Pls E	☑): ☐Savings ☐Current ☐NRE ☐NRO ☐FCNR ☐Others
MICR Code (9 Digit)	
IFSC Code (11 Digit)	
MICR Code:	
IFSC Code:	
Signature of th as per Bank's r	e above A/c holder records
Signature of Ba	ank Manager
Bank & Bi employee nam	ranch Seal With
omproyee nam	
Date:	Place:

^{(#) =} Name of the Nominee / Claimant

INDEMNITY BOND WITH RESPECT TO TRANSFER OF THE MUTUAL FUND UNITS HELD BY THE DECEASED HOLDER WITH PRODUCTION OF LEGAL REPRESENTATION.

(In case of Transmission of Mutual Fund Units held by a Single Holder/ on death of all unit holders in case of Joint Holding and where there is <u>nominee registration</u>)

I/We inform	you that "Mr. / Ms.	(+)			passed	
away on		and he/sl	he was holding th	ne following Mutua	al Fund Units:	
S. No.	Name of Mutual Fund	Scheme	Name	Folio No	No. of Units Hel	
	er inform you that he nis/ her name.	e/she has nominat	ed me/us as the	e nominee of the	e mutual fund units	
I/We have, name of the	therefore, approache undersigns	d you with a requ	est to transfer th	e aforesaid Mutu	al fund units in the	
"Mr.		/		Ms.	(#)	
defended, h claims, action and/or incur mentioned,	s. I/We hereby furth armless you and you ons, demands, risks, by reason of your, ato my / our name/s we competent jurisdiction	r successors and a charges, expense at my request, trai vithout insisting on	assigns for all tines, damages, etc nsferring the said	ne hereafter agair ., whatsoever wh d mutual fund un	nst all losses, costs, nich you may suffer its as herein above	
IN WITNESS WHEREOF THE said "Mr. / Ms. (#) their respective hands and seals this			aay of " have here unto set			
Signed and	delivered by the said	applicant/s				
1				· · · · · · · · · · · · · · · · · · ·		
2		·····				
3 Nan	ne & Address of Nomi	inee(s)	Signature o	f the Nominee(s)		
Date:						
				of the Notary with		

^{(+) =} Name of the deceased unit holder