To be executed on Non-Judicial stamp paper of Rs.100/-

INDEMNITY BOND FOR TRANSMISSION OF SHARES

I/We ------ Resident of (full address) ------ declare as under that ______equity shares having distinctive numbers from ______ to ______(***) of the face value of Rs._____ stand registered in the name of Late ______ in the books of M/s ------, who died on ______ leaving behind him the following.

Sr No	Name of the heir/s	Age	Relation with the deceased	Signature

Details of the Shares (****)

Sr No	Folio No	Certificate No/s	Distinctive no.		Shares
			From	То	

The above mentioned shares are the separate and self –acquired property of the deceased. Under the Hindu Succession Act, 1956, the persons mentioned above his/her only heirs are entitled to inherit the aforesaid shares.

I/We therefore, request the Bank to transmit the aforesaid shares standing registered in the name of the Late Mr./ Mrs. ________, in my name/our names and also to pay me dividend payable/accrued benefits declared by the Company without production of Succession Certificate or Letters of Administration or Probate.

In Consideration of the above having agreed to comply with my request on my executing a bond in favour of the Bank, I, the applicant, hereunder for myself, my heirs, executors, administrators and assigns to hereby jointly and severally covenant with the Bank, its successors and assigns that we and each of our heirs, executors, administrators and assigns will, on the Bank transferring the said shares / debentures into my name and paying to me the dividends already due, at all times save, defend and keep indemnified the Bank its successors and assigns, its estate and effects, and the Directors, Manager, Company Secretary and Shareholders of the Bank, their heirs, executors and assigns from and against all actions, causes of actions, suits, proceedings, accounts, claims and demands whatsoever for or on account of the said shares / debentures of the dividends of any part thereof, or otherwise in connection with the same and from and against all claims, damages, costs, charges, expenses and losses arising in any manner howsoever.

In witness whereof I/We, the applicant/s herein have signed and set my hand on this day _____ of (Month) _____, 20____.

WITNESSES: NAME, ADDRESS AND SIGNATURE

1		Signature
Place : Date :	(Signature of all Claimant(s))	
	ADDRESS OF THE CLAIMANT/S	:

I/We, the undersigned, certify that the above facts are true and bind myself/ourselves as surety/sureties to make good all claims, charges, costs, damages, demands, expenses and losses which the said company may sustain, incur or become liable for in consequence of claims, charges, costs, damages, demands, expenses and losses from our persons or our properties, as the case may be.

SURETY

NAME:

ADDRESS:

Surety Signature:

Place:

Date