Note: To be executed in the presence of a Public Notary/Gazetted Officer

## Bond of Indemnity to be furnished jointly by all Legal Heir(s) including the Claimant(s) (To be submitted on Non-judicial Stamp Paper of appropriate value)

[For Transmission of Securities on death of Sole Securities' Holder, where no nomination has been registered]

| I/We do I                                | hereby solemnly affirm                       | n and state on oath as follows   | :          |                          |              |       |
|--|--|--|------------|--------------------------|--------------|-------|
| That Mr. securities                      |  | Name of the deceased hol   | der        | was holdi                | ng the follo | owing |
| Sr. No                                   | ISIN   | Name of Company  | No. of     | f Securities             |              |       |
|  |  |  |            |                          |              |       |
| nominee                                  | , leaving behind him/hws of intestate succes | older died <i>intestate</i> on<br>er the following persons as the<br>sion applicable to him/her by | ne only su | rviving legal h          | eirs, accor  | ding  |
| Name of the Legal<br>Heir(s)/Claimant(s) |  | Address and contact details  |            | Relationship Deceased    | p with       | the   |
| 1  |  |  |            |                          |              |       |
| 2  |  |  |            |                          |              |       |
| 3  |  |  |            |                          |              |       |
| 4  |  |  |            |                          |              |       |
|  |  | OR   |            |                          |              |       |
| leaving b                                |  | older died on<br>llowing persons as the only<br>on.  |            |                          |              |       |
|  | the Legal<br>Claimant(s)                     | Address and contact details  | Age        | Relationship<br>Deceased | with         | the   |
| 1  |  |  |            |                          |              |       |
| 2  |  |  |            |                          |              |       |
| 3  |  |  |            |                          |              |       |

| Securities Limited (Name of the DP) with a request of the undersigned Mr. /Ms. heir(s)/claimant(s)]without insisting on production of a Successio Administration or any Court order, for which we ex on relying on the information herein given by us, bel   | ecute an indemnity as is herein contained and |  |  |  |  |  |
|--|---|--|--|--|--|--|
| In consideration therefore of my/our request to train name of the undersigned Mr. /Ms. [Name(s) of the le  |   |  |  |  |  |  |
| I/We hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless, [Axis Securities Limited and NSDL /CDSL ] and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which they may suffer and/or incur by reason of transferring the said securities as herein above mentioned, at my/our request to the undersigned Mr./Ms.[Name(s) of the legal heir(s)/claimant(s)] |   |  |  |  |  |  |
| IN WITNESS WHEREOF the said 1) Mr. /Ms   | (Name and signature of the witness)           |  |  |  |  |  |
| And 2) Mr. /Ms Name and signature their respective hands and seals this day of delivered by the said legal heir/s.   |   |  |  |  |  |  |
| Name the Legal Heirs   | Signature of the Legal<br>Heirs               |  |  |  |  |  |
|  | 1.00  |  |  |  |  |  |
| 1  | X   |  |  |  |  |  |
| 2  | X<br>X  |  |  |  |  |  |
|  |   |  |  |  |  |  |
| 3  | X   |  |  |  |  |  |
| 2  (*) = Name of the deceased security holder (#)  Signed befor  | X X = Name of the claimant/s                  |  |  |  |  |  |
| 2  (*) = Name of the deceased security holder (#)  | X X = Name of the claimant/s                  |  |  |  |  |  |
| 2  (*) = Name of the deceased security holder (#)  at:  Signed before  | X X = Name of the claimant/s                  |  |  |  |  |  |