

AFFIDAVIT CUM BOND OF INDEMNITY

THIS AGREEMENT made the _____ day of _____ Two Thousand and _____ BETWEEN
_____ residing at _____

_____ (hereinafter referred to as the applicant/s) of the first part and UTI Mutual Fund/Specified Undertaking of Unit Trust of India(hereinafter referred to as UTIMF/SUUTI) of the second part, WHEREAS the Certificate/s No(s) _____ bearing distinctive No.(s) _____ for _____ units standing in the name(s) of _____ in the register of the unitholders of the UTIMF/SUUTI and WHEREAS the applicant/s has/have represented to the UTIMF/SUUTI that the said certificate(s) has/have been lost / misplaced / stolen / destroyed and the applicant/s has / have not been able to trace it/them though diligent search has been made therefor. The applicants have further stated that they have not sold, transferred, pledged or otherwise dealt with these certificates. AND WHEREAS the applicant(s) is/ are desirous of having duplicate(s) of the certificate in respect of those units and WHEREAS the UTIMF/SUUTI has agreed to issue duplicate(s) of the certificate(s) on the said applicant(s) agreeing to indemnify the UTIMF/SUUTI as hereinafter mentioned NOW THIS AGREEMENT WITNESSETH that in consideration of UTIMF/SUUTI having agreed to issue duplicate certificate(s) for the said units/shares the applicant(s) does / do hereby for himself / herself / themselves and his / her / their respective heirs, executors and administrators jointly and severally covenant with the UTIMF/SUUTI that the applicant(s) , his / her / their heirs, executors or administrators or any one of them will indemnify the UTIMF/SUUTI or their successors against all costs and expenses and all losses or damages which may be incurred or suffered by the UTIMF/SUUTI or their successors in consequence or by reason of the UTIMF/SUUTI issuing duplicate(s) as aforesaid or by reason of two certificates for the same units/shares namely original and duplicate being outstanding at the same time.

SIGNED & SEALED & DELIVERED By:

Applicant/s Name

Applicant/s Signature

- 1.
- 2.
- 3.
- 4.

Signature of witness:

Name:

Occupation:

Address :

Before Me (with seal)

Place:

Date :

[To be executed before stipendiary Magistrate / civil judge / labour court judge / Munsif of civil court / presiding officer of labour court / presiding officer of income tax tribunal or Customs tribunal or sales tax tribunal / Tehsildar / Talukdar / Mamlatdar / Notary Public/Honorary Magistrate/Gazetted officer of Central or State Government/Post Master of Post Office(permanent employee in charge of Post Office)/Chief Representative of UTI Mutual Fund/Manager of Nationalised Bank/M.P or M L A]