

**UTI MUTUAL FUND/SPECIFIED UNDERTAKING OF UTI  
LETTER TO BE COMPLETED AND SIGNED BY SURETY FOR ISSUE OF DUPLICATE  
UNIT CERTIFICATE OF FACE VALUE OF RS.50,000/- AND ABOVE/S SETTLEMENT  
OF CLAIM TO UNITS OF DECEASED UNITHOLDERS**

From

To

\_\_\_\_\_  
(Name)

UTI Mutual Fund/Specified Undertaking of UTI

\_\_\_\_\_  
(Address)

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Dear Sir,

I, the undersigned, Shri / Smt \_\_\_\_\_ beg to inform you that I am prepared to execute an Indemnity Bond in favour of the UTI MF/SUUTI to enable it to settle the claim\* without insisting on legal evidence of title in favour of \_\_\_\_\_ issue a duplicate unit certificate for unit certificate reported lost in respect of Unit Certificate No. \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
(Name of Unit Holder)

Consequently I have filled in the questionnaire form given below:

Questions	Answer
(1) Are you related to the unitholder / claimant? If so, state your relationship with him/her.	(1) _____
(2) What is your present occupation and permanent address?	(2) _____
(3) What is your approximate monthly income and what are the sources?	(3) _____
(4) What property moveable or immovable	(4) (a) Shares _____ Value _____ (b) Bank A/c _____ Value _____ (d) Any other assets _____ Value _____
(5) Is the property free from encumbrance?	(5) _____

I do hereby solemnly assure the UTIMF/SUUTI that I have thoroughly understood and correctly answered the above

Witness \_\_\_\_\_

NAME

\_\_\_\_\_  
Signature of the Declarant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Declarant

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Name of Declarant's Father

\_\_\_\_\_  
Occupation or Designation of Declarant

\_\_\_\_\_  
Present Address

N.B. : This application should be witnessed by a Magistrate(stipendary or honorary), NotaryPublic, Gazetted Officer of the Central or State Government, an Officer of the Reserve Bank of India, Industrial Development Bank of India, Secretary/ Agent/Manager of a Public Sector Bank, State Co-operativeBank, Member of Parliament, Member of State Legislative Assembly.

\* (This form can be used both in cases of issue of duplicate unit certificate and also settlement of claim in respect of units held by deceased unit holders, by striking out the inapplicable words.)