FORMAT OF INDEMNITY BOND FOR TRANSMISSION OF SHARES WITHOUT PRODUCING PROBATE OF WILL / SUCCESSION CERTIFICATE / LETTERS OF ADMINISTRATION/ WILL/ COURT DECREE

(Please type this indemnity bond after carefully reading the notes mentioned below the format)

To,
The Company Secretary, Kirloskar Brothers Limited, Udyog Bhavan, Tilak Road, Pune – 411 002.
WHEREAS
(Number of shares) Equity shares bearing Distinctive numbers from to of the face value of Rs.2/- each and on which Rs.2/- per share is paid comprised in the Share Certificate No(s) of Kirloskar Brothers Limited having its registered office at Udyog Bhavan, Tilak Road, Pune- 411 002 are standing in the name of Late Shri./Smt. (name of the deceased) in the Register of Members of Kirloskar Brothers Limited. The deceased was holding shares of the following description
Folio No. Certificate Nos. Distinctive Nos. Shares covered in each certificate
WHEREAS:
Shri./Smt. (name of the deceased) expired on (date of death) leaving behind him/her the following heirs:
Sr. No. Name & Address Age Relation with the deceased Of the legal heir(s)
1.
2.
3.
AND WHEREAS :
The abovementioned shares were the separate and self acquired property of the deceased. According to the law of Intestate Succession applicable to him/her by which he/she was governed at the time of his/her death, the person(s) mentioned hereinabove is/are the only heir(s) of the deceased. He/She/They is/are entitled to inherit solely/jointly the aforesaid shares covered under Folio No held by the deceased.
NOW THEREFORE :
I/We, (name of the applicant(s) aged years, residing at (address of the applicant/s) approach the Company to transmit the shares covered under Folio No and bearing Certificate No(s) held by the deceased in my/our behalf and enter my/our name(s) in the Register of Members of the Company without production of Probate of the Will

Succession Act, 1925, as may be applicable	ificate or Will or Court Decree in terms of Indian e, from the Court of competent jurisdiction. In to transmit and register the aforesaid shares in your of the Company.
	, I/wealso request Company to dend, if any, for last 7 years covered under dother related documents.
making of payment of aforesaid unclaimethe undersigned applicant(s) he executors, administrators and assigns do he Company, its successors and assigns and agrico indemnify and keep indemnified the Compeffects, and its directors, manager, secretary a assigns from and against all actions, suits, whatsoever for or on account of the said shares	ing the shares held by the deceased, and for d dividend, if any, for last 7 years, I/We be reunder for myself/ourselves, my/our heirs, ereby jointly and severally covenant with the ee and undertake at all times save, defend and any, its successors and assigns its estate and and shareholders and their heirs, executors and proceedings, accounts, claims and demands or dividends or any part thereof or otherwise in east all losses, costs, claims, actions, demands, arising in any manner howsoever.
IN WITNESS WHEREOF I/We, the applicant(s) on this day of 20	herein has/have signed and set my/our hands
Name and address of the Applicant(s)	Signature of the Applicant(s)
1.	1.
2.	2.

3.

1.

2.

Signature of the Witness

3.

1.

2.

Place ; Date :

Name and address of Witness

SURETY

We, (name of the surety No.1) aged ye	ars, residing at (residential address of Surety No.1)	
and having business address at (office	sial address of Surety No.1), having PAN No.	
and		
(name of the surety No.2) aged years,	residing at (residential address of Surety No.2) and	
-	address of Surety No.2), having PAN No.	
	that the information mentioned by Mr./ Mrs.	
	r indemnity in relation to the application for the are true to the best of our knowledge. We bind	
. ,	, charges, costs, damages, demands, expenses and	
• •	and assigns its estate and effects and its directors,	
manager, secretary and shareholders may sustain, incur or be liable for in consequence of		
complying with the request contained above and the Company, its successors, assigns,		
directors, manager, secretary and shareholders will be entitled to realise all claims, charges, costs, damages, demands, expenses and losses from our persons and our properties, as the		
case may be.		
Place:		
Date:		
Name and Address of the Witness	Signature of the Witness	
1.	1.	
2.	2.	
Name and Address of the Surety	Signature of the Surety	
1.	1.	
2.	2.	

NOTES:

- 1. Indemnity Bond should be on Non-judicial stamp paper of Rs.500/-.
- 2. Please fill up the details as per the documents you are annexing. Please do not just type this format as it is.
- 3. It should be executed by the person who is applying for transmission.
- 4. Maximum of only three legal heirs can apply for transmission.
- 5. Indemnity Bond should be witnessed by two persons.
- 6. Two sureties are required to be furnished, who are not family members of the Applicant.
- 7. Witness and Surety have to be different individuals.
- 8. Each Surety has to attach attested copy of his PAN Card and Form 16 of the latest financial year and attested copy of his proof of identification viz. Ration Card, Election Card, Driving Licence, Passport, Electricity Bill, Telephone Bill, etc.
- 9. Indemnity Bond should be attested by Notary