

To be executed on No-
Judicial stamp paper of
Rs.50/-

AFFIDAVIT FOR TRANSMISSION OF SHARES

I/WE _____ RESIDENT OF _____
DECLARE AS UNDER:-

1. THAT _____ EQUITY SHARES HAVING DISTINCTIVE NOS. FROM _____ TO _____ OF THE FACE VALUE RS. 1/- EACH ARE STANDING REGISTERED IN THE NAME OF LATE _____ IN THE BOOKS OF THE M/s CITY UNION BANK LTD.
2. THAT Mr/Mrs _____ DIED ON _____
3. THAT Mr/Mrs _____ LEFT BEHIND THE FOLLOWING HEIRS.

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	To	

- 5 THAT THE ABOVE MENTIONED SHARES WERE THE SEPERATE AND SELF ACQUIRED PROPERTY OF THE DECEASED.
- 6 THAT UNDER THE HINDU SUCCESSION ACT 1956,THE PERSONS MENTIONED IN PARAGRAPH 3 ARE ENTITLED TO INHERIT THE AFORESAID SHARES JOINTLY.
- 7 THAT THE DECEASED Mr./Mrs. _____ LEFT NO OTHER HEIR/s THAN THOSE MENTIONED IN PARAGRAPH 3 OF THIS AFFIDEVIT AND THAT THE PERSONS MENTIONED IN THE SAID PARAGRAPH 3 ARE HIS ONLY HEIRS.
- 8 THAT I/WE THEREFORE REQUEST THE BANK M/s CITY UNION BANK LTD. TO TRANSMIT THE AFORESAID EQUITY SHARES STANDING REGISTER IN THE NAME OF LATE (DECEASED) _____ TO THE NAME/S OF MR/MRS _____ FOR _____ WHICH DEPENDENTS MR/MRS _____ AT SL NO ____ & _____ MENTIONED AT PARAGRAPH 3 HAVE NO OBJECTION AND WITHOUT PRODUCTION OF SUCESSION CERTIFICATE OR LETTER OF ADMINISTRATION OR PROBATE.

VERIFICATION

WE THE ABOVE NAMED PERSONS VERIFY THAT THE STATEMENTS CONTAINED IN THE ABOVE PARAGRAPHS ARE TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT NO MATERIAL HAS BEEN CONCEALED.

NAME OF THE HEIRS

SIGNATURE

- 1.
- 2.
- 3.

PLACE:
DATE:

NOTE: -
THIS AFFIDAVIT SHOULD BE VERIFIED IN THE PRESENCE OF FIRST CLASS MAGISTRATE OR A NOTARY PUBLIC. IN THE EVENT OF VERIFICATION IN THE PRESENCE OF A NOTARY PUBLIC, THE AFFIDAVIT SHOULD CONTAIN THE REQUISITE SPECIAL ADHESIVE STAMP.