

FORM 40 - REQUEST FOR CHANGE OF NAME OF KARTA

(to be given by new karta and other surviving members of HUF in the event of death of Karta)

Kotak Mahindra Bank Limited at Kotak Infinity, Demat Operations, 6th Floor, Zone IV,
Building No. 21, Off Western Express Highway, General A K Vaidya Marg, Malad (East), Mumbai 400 097.

DP ID								Client ID						Date	D	D	M	M	Y	Y	Y	Y																																									
Name of HUF																																																															
1.	Name of Deceased Karta																																																														
2.	Death certificate of Karta is enclosed (Original/ Notarized / attested by gazette officer) [Please tick]																				<input type="checkbox"/>																																										
3.	I/We intend to continue the HUF in its current status even after the sad demise of Karta [Please tick]																				<input type="checkbox"/>																																										
4.	I/We do not have any objection whatsoever in appointing new Karta as per following details [Please tick]																				<input type="checkbox"/>																																										
Details of Newly Appointed Karta															Photograph of new Karta of HUF (signed across)																																																
a) Name of New Karta																																																															
5.	b) Date of Birth										<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">D</td><td style="width:20%;">D</td><td style="width:20%;">M</td><td style="width:20%;">M</td><td style="width:20%;">Y</td><td style="width:20%;">Y</td><td style="width:20%;">Y</td><td style="width:20%;">Y</td> </tr> </table>											D	D	M	M	Y	Y	Y	Y	c) Gender (Please tick)																																	
D	D	M	M	Y	Y	Y	Y																																																								
d) PAN																						<input type="checkbox"/> Male <input type="checkbox"/> Female																																									
e) Aadhaar																																																															
<p>We state that the below list of surviving members is complete and exhaustive, and does not leave out any member of the HUF. We confirm that this list is accurate in all respect whatsoever. We also state that all the information provided herein is complete and accurate in all respect and that all the members of the HUF are fully aware of the above request made to the Participant and there is no pending dispute, difference, objection or claim to the same among any of the members of the HUF in this regard.</p> <p>6. List of Surviving members of HUF [In case space for providing list of surviving member is not sufficient please use separate sheet]</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">Sr. No.</th> <th style="width:25%;">Name of Coparcener / Member</th> <th style="width:15%;">Date of Birth (DD/MM/YY)</th> <th style="width:10%;">Gender</th> <th style="width:15%;">Relation with Karta</th> <th style="width:15%;">Coparcener/ Member (please specify)</th> <th style="width:20%;">Signature & Date (in case of minor to be signed by Guardian)</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>																						Sr. No.	Name of Coparcener / Member	Date of Birth (DD/MM/YY)	Gender	Relation with Karta	Coparcener/ Member (please specify)	Signature & Date (in case of minor to be signed by Guardian)	1							2							3							4							5						
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