## FORM 40- REQUEST FOR CHANGE OF NAME OF KARTA



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



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Religare Broking Limited Club 125 (Tower A) A-3,4 & 5,		Date DP ID	D	D	M	M	Y	Y	Y	Y		
Club 125 (Tower A) A-3,4 & 5, Sector- 125, Noida-201301 (U.P.)			I	N	3	0	1	7	7	4		
Ph.: 0120-4866666,			Citem ID									
Fax: 0120-4866275			Name of HU									
1	Name	of Deceased Karta		·								
2	Death	certificate of Karta is	enclosed ( <i>Original</i> /	/Notarized /	attested	by gaz	ette offi	cer) [Plea	ase tic	k]		
3	I/We i	ntend to continue the	HUF in its current s	tatus even a	fter the s	sad den	nise of K	arta [Ple	ase ti	ck]		
4	4 I/We do not have any objection whatsoever in appoiniting new Karta as per following details [Pleas							Please				
5	tick] Details of Newly Appointed Karta											
	a) Name of New Karta											
	b) Da	ate of Birth		c) Gender (Please tick)						Photograph of new		
	d) PA	AN	Male Female					Karta of HUF				
	e) Aa	adhaar										
	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											
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