Affidavit

I [Donor	nent/legal heir]					
son/daughter/spouse of [Deceased name] residing						
at[Place/	/address]					
do hereb	y solemnly affirm and state on oath a	as under:				
That Mr.	/ Mrs			[Deceased name]		
the deceased was holding a Demat client ID/account no						
Participa	nt having DP ID 1208160 The said	d deceased was h	olding t	the following securities:		
Sr No.	Name of Company Kindly Fill Se		Det	ISIN No. of securities(Quantity)		
[Kindly select option 1 if the value is above 15 lakhs or option 2 if the value is below 15 lakhs.]						
That the aforesaid deceased holder died <i>intestate</i> leaving behind him/her, the following persons as the only surviving heirs as per the Succession Certificate/ Legal Heirship Certificate (or its equivalent certificate) /Court Decree dated/according to the Law of Intestate Succession by which he/she was governed at the time of his/her death and without registering any nominee. OR That the aforesaid deceased holder died leaving behind the following persons as the legatees as per the Will/ Probated Will/ Letter of Administration dated and without registering any nominee. [A copy of the Succession Certificate*/ Probate of Will*/ Will*/ Letter of Administration*/ Legal Heirship Certificate*(or its equivalent certificate)*/ Court Decree* is attached herewith]						
Sr No.	Name of the Legal Heir(s) (Including claimants and non claimants)	Relationship with the Deceased	Age	Address and contact details		
1						
2						
3						
4						
5						
1. That among the aforesaid legal heirs Master / Kumari [Applicant/Legal heir] aged years is a minor and he / she is being represented by his / her father/mother legal guardian Mr. / Mrs. [Guardian name]						

2. That all the legal heirs of my deceased [Deceased name] _	have
applied to ZERODHA to register the aforesaid securities in my/a Letter of Indemnity in favour of the Participant/CDSL holdin	our individual/joint beneficial owner account and have executed
	Signature of the Deponant/applicant/claiment/legal heir
VERIFI	CATION
	bove is true and correct and nothing has been concealed therein d benefits of the above mentioned securities of the deceased.
Solemnly affirmed	
Date: Place:	
Signed k	actoro mo
Signed t	pefore me
Full Name and Address of Magistrate /Notary: :	
PIN	
Registration No:	
Date:	
Place:	
	(Signature of Notary with Official Seal of Notary)
Use space below to affix:	
Notarial Stamp	Official Seal of Notary