



KARNATAKA STATE PHARMACY COUNCIL

514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104

Ph: 080-23404000, 23383142

E-mail: kspcreg@gmail.com, Web: www.kspcdic.com

Format of Indemnity Bond to be Typed on Rs.100/- Non-Judicial Bond Paper attested by Notary for Death Claims by the Legal Heirs of the Registered Pharmacists incase Registered Pharmacists and Nominee has Expired

INDEMNITY BOND

This Indemnity Bond is executed on this _____ day of _____, 2018 at _____

I, Mr./Ms. _____, father/mother son/wife/daughter of Mr. _____, is/ are/ legal heirs of the deceased _____ who was enrolled in the KARNATAKA PHARMACY COUNCIL REGISTERED PHARMACISTS WELFARE TRUST (in short TRUST) bearing No. _____.

Now I/we made application for getting the death claim amount as per the nomination made by deceased _____, who died on _____ to above trust.

I /we represent on behalf of the other family member/s/minor children/s to the trust.

I /we produce all the relevant documents with pertaining to my/our family for getting the amount from trust.

NOW THEREFORE this Deed witnesses and it is agreed to and undertaken by me/by us to safeguard the interests of the Trust and to keep trust harmless against any claim or demand made or proceedings initiated by any one claiming under the deceased Sri/Smt _____ against the trust in respect of monetary benefit of the Trust given to the legal heir/Indemnifier herein, on which the trust in the event of the any claim, damages, interest or, cost thereof will be bear and solve by the Indemnifier on his/her /their costs.

I /we are not suppressed any information to the trust which is within our knowledge and information and documents produced by me/us.

IN WITNESS WHEREOF this Deed has been executed at _____ by the aforesaid, in the presence of witnesses.

INDEMNIFIER

Witnesses:

1.

2.