



KARNATAKA STATE PHARMACY COUNCIL
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FORMAT OF AFFIDAVIT ON Rs.20/- NON-JUDICIAL BOND PAPER OF KARNATAKA ATTESTED BY NOTARY FOR CHANGE OF NOMINEE

AFFIDAVIT

I Sri/Smt/.....S/o/D/o Sri..... aged.....years residing at (Karnataka
Address) do hereby solemnly affirm and state as under:

1. That I am a Registered Pharmacist with a Registration certificate No: _____ dated _____ issued by the Karnataka state Pharmacy Council, Bangalore and Enrolment Certificate No; dated Issued by the Karnataka Registered Pharmacists Welfare Trust, Bangalore.
2. That I had nominated Sri / Smt..... my (relationship) _____ while enrolling my name in the 'Karnataka Registered Pharmacists Welfare Trust'.
3. Now due to changed circumstances I wish to change the nominee as Sri / Smt..... aged My (relationship) with immediate effect.
4. (If applicable) Since the nominee is a minor Sri / Smt aged..... years residing at.....
..... would be the guardian till the nominee attains majority.

Address of the nominee:
.....

I swear that I am effecting this change on my own will and swear that the information furnished above are true and correct

Witness:

Signature of the Deponent

Date:

Name:

Address:

Deponent signed before me

Seal of the Notary