

AFFIDAVIT

For 'Change of Nominee'

I Sri / Smt.....S/o / D/o Sri.
aged.....years residing at

..... 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:
.....

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

Witness

Signature
Date;
Name:
Address:

Deponent