

FORM 40 - REQUEST FOR CHANGE OF NAME OF KARTA

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



To, Depository Back Office, 67, Sonawala Building, Opp. Stock Exchange Building, B. S. Marg, Fort, Mumbai - 400 023		Date	D	D	M	M	Y	Y	Y	Y
		DP ID	I	N						
		Client ID								
		Name of HUF								
1	Name of Deceased Karta									
2	Death certificate of Karta is enclosed (Original/ Notarized / attested by gazette officer) [Please tick]	<input type="checkbox"/>								
3	I/We intend to continue the HUF in its current status even after the sad demise of Karta [Please tick]	<input type="checkbox"/>								
4	I/We do not have any objection whatsoever in appointing new Karta as per following details [Please tick]	<input type="checkbox"/>								
5	Details of Newly Appointed Karta		Photograph of new Karta of HUF							
	a) Name of New Karta									
	b) Date of Birth									c) Gender (Please tick)
	d) PAN									<input type="checkbox"/> Male <input type="checkbox"/> Female
	e) Aadhaar									
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 among any of the members of the HUF in this regard.										
List of Surviving members of HUF [In case space for providing list of surviving member is not sufficient please use separate sheet]										
6	Sr. No.	Name of Coparcener / Member	Date of Birth (DD/MM/YY)	Gender	Relation with Karta	Coparcener/ Member (please specify)	Signature & Date (in case of minor to be signed by Guardian)			
	1									
	2									
	3									
7	Name of new Karta		Signature of New Karta							