ICICI Bank Demat Services

ICICI Bank Limited, CPC-Demat Services, Ground Floor, B-Wing, Autumn Estate, Chandivali Farm Road, Opp. Mhada Colony, Chandivali, Andheri (East), Mumbai - 400072.
(Important Note : Please do not send requests directly to this address. Kindly route all your requests through the nearest ICICI Bank Demat Servicing Branches)

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)

Date D D M M Y Y Y Y DP ID 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] ☐

3. I/We intend to continue the HUF in its current status even after the sad demise of Karta [Please tick] ☐

4. I/We do not have any objection whatsoever in appoinitng new Karta as per following details [Please tick] ☐

5. Details of Newly Appointed Karta

a) Name of New Karta

b) Date of Birth D D M M Y Y Y Y

c) Gender (Please tick) ☐ Male ☐ Female

d) PAN

e) Aadhaar

Photograph of new Karta of HUF

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						

V - June 2018

Name of new Karta _____

Signature of New Karta _____

Acknowledgement

We have received a form for Request for change of name of Karta

DP ID Client ID

Demat Account Holder's Name _____

Received by _____

Bank Official Signature _____ Branch _____ SR No _____

Date D D M M Y Y Y Y