



KARNATAKA STATE PHARMACY COUNCIL

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

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FORMAT OF INDEMNITY BOND TO BE TYPED ON Rs.100/- NON-JUDICIAL BOND PAPER AND ATTESTED BY NOTARY FOR DEATH CLAIM INCASE OF EARLIER NOMINEES DEATH

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.