

**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, KIFS TRADE CAPITAL PRIVATE LIMITED B/81-82, Pariseema Complex, C.G. Road, Ellisebridge, Ahmedabad. Pin 380006.	Date	D	D	M	M	Y	Y	Y	Y	
	DP ID	I	N	3	0	1	4	8	5	
	Client ID									
	Name of HUF									
1	Name of Deceased Karta									
2	Death certificate of Karta is enclosed (<i>Original/ Notarized / attested by gazette officer</i>) [<i>Please tick ✓</i>]									
	Date of Deceased Karta									
3	I/We intend to continue the HUF in its current status even after the sad demise of Karta [<i>Please tick ✓</i>]									
4	I/We do not have any objection whatsoever in appointing new Karta as per following details [<i>Please tick ✓</i>]									
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 [<i>Please tick ✓</i>]	Male			Female					
	d) PAN									
e) Aadhaar										
6	<p>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.</p> <p>List of Surviving members of HUF [<i>In case space for providing list of surviving member is not sufficient please use separate sheet</i>] Please see next / back page (Page No. 2) and provide all details.</p>									
7										
	Name of new Karta				Signature of New Karta					

Notes:1. This request form should be signed by the surviving joint holder(s)/ legal heir(s) /legal representative(s)/ nominee, as the case may be.
2. * Strike off whichever is not applicable.

FOR OFFICE USE ONLY**Date: / /201**

At DPM:-

Entered By _____

Released By _____

DPM Instruction No. _____

List of Surviving members of HUF [In case space for providing list of surviving member is not sufficient please use separate sheet] Please provide all details.					
Sr. No.	Name of Coparcener / Member	Date of Birth (DD/MM/YY)	Coparcener/ Member (please specify)	Signature & Date (in case of minor to be signed by Guardian)	Photograph of Coparcener / Member
		Gender Male / Female			
		Relation with Karta			
6	1	Date			
		Gender			
		Relation			
	2	Date			
Gender					
Relation					
3	Date				
	Gender				
	Relation				
4	Date				
	Gender				
	Relation				
7					
	Name of new Karta			Signature of New Karta	