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,
The Mehsana Urban Co. Op. Bank Ltd.
Head Office, Urban Bank Road, Highway,
Mehsana - 384002

Date	D	D	M	M	Y	Y	Y	Y
DP ID	I	N	3	0	4	1	6	6
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 appointing new Karta as per following details [Please tick]	☐

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Details of Newly Appointed Karta

a) Name of New Karta			Photograph of new Karta of HUF
b) Date of Birth		c) Gender (Please tick)	
d) PAN		☐ Male ☐ Female	
e) Aadhaar			

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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]

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						
4						

7	Name of new Karta	Signature of New Karta

Maker : Checker : Ref. :