

(TO BE EXECUTED ON A NON JUDICIAL STAMP PAPER OF RS.100/-)

AFFIDAVIT

I/WE, _____ S/O. / W/O. _____

_____ RESIDENT AT _____

_____ SOLEMNLY AFFIRM

AND DECLARE THAT THE CONTENTS STATED IN THE FORM ANNEXED HERETO
AND MARKED "A" IS TRUE TO MY / OUR KNOWLEDGE.

DATED _____

SIGNATURE(S)

SOLEMNLY AFFIRMED AT _____ ON THE

_____ DAY OF _____

MAGISTRATE / NOTARY PUBLIC

(TO BE EXECUTED ON A NON JUDICIAL STAMP PAPER OF RS.200/-)

INDEMNITY BOND

WHEREAS

1. I/WE, _____
AM / ARE REGISTERED IN THE REGISTER OF MEMBERS AND OTHER BOOKS OF _____
AS THE HOLDER(S) OF _____
SHARES OF THE BANK BEARING CERTIFICATE NOS. / DISTINCTIVE NOS. _____
2. IT HAS BEEN STATED TO THE BANK THAT THE CERTIFICATE(S) OF THE SAID
SHARES HAS / HAVE BEEN LOST OR MISPLACED AND THE SAME CANNOT BE FOUND.
3. I/WE, _____
HAVE APPLIED TO THE BANK FOR ISSUING DUPLICATE CERTIFICATE(S) IN
CONSIDERATION OF THE BANK AGREEING TO ISSUE DUPLICATE SHARE /
CERTIFICATE(S)
WE _____

AND

NAME OF SURETY

AND
ESTATES AND EFFECTS FROM AND AGAINST ALL ACTIONS, CAUSES, SUIT,
EXPENSES AND SUMS OF MONEY INCURRED IN RESPECT THEREOF OR OTHERWISE IN
FOR OURSELVES, OUR RESPECTIVE HEIRS, EXECUTORS AND ADMINISTRATORS DO HEREBY
ISSUANCE OF THE DUPLICATE SHARES CERTIFICATES OR ANY OF THEM OR
JOINTLY AND SEVERALLY COVENANT WITH THE COMPANY, ITS SUCCESSORS AND ASSIGNS
PERSON OR PERSONS WHOMSOEVER AND AGAINST ALL DAMAGES COSTS, CHARGES,
PROCEEDINGS, ACCOUNTS, CLAIMS AND DEMANDS WHATSOEVER ON ACCOUNT OF THE
RELATION TO THE PREMISES AND WE THE SAID _____
RESPECTIVE HEIRS EXECUTORS AND ADMINISTRATORS AND THEIR AND EACH OF THEIR
RETURN TO THE COMPANY THE ORIGINAL CERTIFICATE(S) WHEN FOUND OR TRACED AND
SHALL REQUIRE FOR THE RECOVERY THEREOF OR OTHERWISE IN RELATION TO THE
SHARE CERTIFICATE(S) AND WITHOUT SUCH DEMAND TO PRODUCE AND
THAT WE AND OUR HEIRS EXECUTORS AND ADMINISTRATORS RESPECTIVELY WILL AT ALL
THE LOSS OR NON-PRODUCTION OF THE CERTIFICATES THEREOF ON THE PART OF ANY
THE COMPANY ITS SUCCESSORS AND ASSIGNS AND THE DIRECTORS THEREOF AND THEIR
TIME AND FROM TIME TO TIME SAVE, DEFEND AND KEEP HARMLESS AND INDEMNIFIED
TO TAKE ALL ACTION SUITS AND PROCEEDINGS AT OUR OWN COST AS THE COMPANY
UNDERTAKE ON DEMAND BY THE COMPANY TO RETURN AND RE-DELIVER SUCH DUPLICATE
PREMISES.

DATE : _____ DAY OF _____

SURETY

NAME & ADDRESS

WITNESS

SHAREHOLDER(S)

WITNESS

FORM TO BE FILED BY A PERSON OR PERSONS APPLYING FOR DUPLICATE
CERTIFICATE(S) IN RESPECT OF SHARE(S) OR FOR ORIGINAL
CERTIFICATE(S) WHICH IS / ARE LOST.

1. FULL NAME OF THE SHAREHOLDER(S) :
HOLDER(S) :

2. NO. OF SHARE(S) : EQUITY
HELD BY THE SHARE : SHARES
HOLDER(S) :

3. NO. OF SHARES :
AND CERTIFICATE NOS. AND :
DISTINCTIVE NOS. IN RESPECT :
OF WHICH CERTIFICATE(S) IS / :
ARE LOST :

4. WHEN WERE THE SHARE :
CERTIFICATE(S) LOST OR FOUND TO :
BE MISSING :

5. BRIEF PARTICULARS OF THE :
CIRCUMSTANCES REGARDING LOSS :
OF THE SHARE CERTIFICATE(S) :

6. WERE ANY SIGNED TRANSFER DEEDS :
LOST WITH THE MISSING SHARE :
CERTIFICATE(S)? IF SO, GIVE :
FULL PARTICULARS. :

7. WERE THE SHARE :
SOLD, MORTGAGED, PLEDGED OR :
OTHERWISE DISPOSED OFF :
EITHER BY THE SHARE :
HOLDER, APPLICANT OR BY ANY :
OTHER PERSON? IF SO, GIVE FULL :
PARTICULARS. :

CONTD...2

8. WAS A DILIGENT SEARCH MADE FOR :
THE MISSING CERTIFICATE(S)? :

9. IF THE BOARD OF DIRECTORS OF :
THE BANK IS PREPARED TO :
ISSUE DUPLICATE SHARE :
CERTIFICATE(S) IS :
ARE THE APPLICANT(S) PREPARED :
TO FULFILL THE CONDITIONS :
PRELIMINARY TO THE ISSUE OF :
DUPLICATE CERTIFICATE(S) VIZ. :
ADVERTISEMENT AND EXECUTION OF :
AN INDEMNITY WITH APPROVED :
SURETY OR SURETIES. :

DATE :

ADDRESS: _____

(SIGNATURE OF THE APPLICANTS)

N.B : THE DELIVERY TO THE BANK OF THIS FORM DULY FILED IN
SHALL NOT IN ANY WAY AFFECT THE BANK'S RIGHT TO
REFUSE THE APPLICATION ALTOGETHER OR TO INSIST ON THE
FULFILLMENT OF ADDITIONAL CONDITIONS TO THOSE STATED IN
COLUMN 9 ABOVE BEFORE GRANTING THE APPLICATION.

(Form to be signed by Surety proposed for Indemnity Agreement)

Private & Confidential!!

NAME OF SURETY : _____
(in full)

PERMANENT RESIDENTIAL _____
ADDRESS : _____

_____ Pin _____

AGE _____ years Permanent Income Tax No: _____

*A person cannot stand as Surety for Spouse/family member

Furnish documentary evidence

(Fill any one or more of the following, whichever is applicable)

(A) Details of Employment/Occupation

- 1. Name of employer: _____
- 2. Place of employment : _____
- 3. Annual Salary : _____
- 4. Other emoluments : _____

AND/OR

(B) Details of Immovable property owned
(absolutely in own name and not a a member of a joint & undivided Hindu family. Specify whether consisting of houses or mere lands)

- 1. Within Municipal Limits : _____
- 2. Situation : _____
- 3. Value : _____
- 4. Annual rent realized : _____

Sir,

The following have to be executed as per the attached procedure as explained therein.

1. Affidavit in Rs.100/- non-judicial stamp paper
2. Indemnity in Rs.200/- non-judicial stamp paper
3. Application for obtention of duplicate shares
4. Form to be signed by Surety proposed for Indemnity Agreement
5. Attested copy of Complaint filed with the Local Police regarding loss of shares
6. Bank has to publish a Notice in News papers for the lost share certificates. Towards Advertisement expenses a Demand Drat favouring ANDHRA BANK has to be attached for the value as given below:

Market value of shares in Rupees (as on the date of the indemnity)	Advertisement expenses to be recovered (DD to be obtained for Rs.)
10,001 to 20,000	1,000
20,001 to 40,000	1,500
40,001 to 75000	2,000
75,001 to 1,00,000	2,500
1,00,000 and above	4,000

A Police complaint has to be lodged with the local police about loss of share certificates, duly mentioning the folio number and no. of shares. An acknowledgement obtained from the said Police Station of having received the complaint should also be enclosed to the procedure attached.

The duly executed indemnity, affidavit, surety form, questionnaire along with the Police complaint acknowledgement may be sent to us.

On receipt of the same, the same will be processed and may be considered for issuance of duplicate shares.

Please note that the said procedure takes atleast three months period from the date of receipt of your letter at our end.

with regards
mbd ho hyd

Our Address:
Andhra Bank
Merchant Banking Division, Head Office
Dr. Pattabhi Bhavan, 5-9-11, Saifabad
Hyderabad-500 004.. Ph: 040-23252371

Our Registrar's Address

M/s. MCS Limited
Unit: Andhra Bank
Kashiram Jamnadas Bldg
Office No.21/22 Ground Floor
5, P.D."Mello road (Ghadiyal Godi)
MUMBAI-400 009.
TEL:022-23726253/54/55