



**DRAFT OF INDEMNITY BOND**

TO BE STAMPED AS PER THE STAMP LAW IN FORCE IN THE STATE  
IN CASE THE AMOUNT OF WARRANT EXCEED RS.5000/-

Date : \_\_\_\_\_

To  
Board of Directors  
(Name and Address of the Company)

Unit : \_\_\_\_\_

Folio No. \_\_\_\_\_

ISSUE OF DUPLICATE INTEREST / DIVIDEND / REDEMPTION WARRANTS / REFUND  
ORDER / PAY ORDER (delete which is not applicable)

Dear Sir/Madam,

WHEREAS :

1. In pursuance of application No. \_\_\_\_\_ Dated : \_\_\_\_\_ made by me to subscribe to the \_\_\_\_\_ shares/debentures/bonds the company of the face value of Rs. \_\_\_\_\_ the company has accepted the application and issued \_\_\_\_\_ Shares/Debentures/Bonds bearing No.(s) \_\_\_\_\_ Dated \_\_\_\_\_ The Interest/Redemption/Pay order/Dividend/Refund warrants for the period from \_\_\_\_\_ to \_\_\_\_\_ was/were posted on \_\_\_\_\_

<u>Warrant Dated</u>	<u>Warrants No.(s)</u>	<u>Amount Rs.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. A representation has been made by to the company that Interest/Redemption Warrants(s)/Dividend/Pay Order/Refund Order has/have not been received and/or misplaced/lost and that duplicate Warrant(s) may be issued.
3. The company has acceded to my/our request for issuance the of duplicate Dividend/Interest/Redemption Warrant(s)/Pay order/Refund Order in respect of the scrip No. \_\_\_\_\_ and \_\_\_\_\_

I/We do hereby agree and undertake with you as follows:

- I. I/We shall return the original dividend /Interest/Redemption/Pay order/Refund Order to the company as and when traced.



- II. I/We hereby undertake to indemnify keep the company indemnified against any loss that may be caused or likely to be caused arising out of any proceedings, claims, expenses and liabilities whatsoever which may be taken or made against company or incurred by company by reason of the issue of the duplicate warrants(s).
  
- III. I/We do hereby declare and confirm that in the event of the original and duplicate /Dividend/Interest/Redemption/Pay order/Refund warrants being encashed. I/We shall not hold the company responsible for the same and I/We hereby authorize the company to set off such excess payment from the future payments.
  
- IV. This is binding on me/us, legal representatives, executors, and successors .

**WITNESS - 1:**

**Claimant'(s) Signature :**  
(Name & Address)

1.Name : _____	Name: _____
2.Address : _____	Address: _____
_____	_____
_____	_____
3.Tel. No.: _____	_____

**WITNESS - 2:**

1.Name : \_\_\_\_\_

2.Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.Tel. No.: \_\_\_\_\_