APPENDIX - 18

[Under the Bye-law No. 34]

FORM OF INDEMNITY BOND

Application for Membership by the Heir of the Deceased Member of the Society.

(To be given on Stamp Paper of Rs. 200 or to be affixed with adhesive stamps of the same denomination)

(To be given where there are more nominees than one)

1. Indian i	I, Shri/Shrimati residing at an nhabitant state as under:
	Shri/Shrimati residing at was mber of the Co-operative Housing Society Ltd, having address at She/he was holding Share Certificate No
	fully paid up shares of rupees fifty each, bearing distinct numbers from to (both inclusive).
	The said Shri/Shrimati was holding the flat / tenement No on on the building No. of the constructed on the plot of land, bearing No situated at
4. persons	The said Shri/Shrimati had nominated the following under Rule 25 of the Maharashtra Co-op Societies Rules, 1961
	i) Shri/Shrimati
	ii) Shri/Shrimati
	iii) Shri/Shrimati
	iv) Shri/Shrimati
5. society.	I am duly authorised by the above nominees to make an application $*$ ':-membership of the My name appears first in the said nomination Letter
6.	The said Shri/Shrimati died on or about
membe	According to the Bye-law No. 34 of the said Society, I am entitled to make ar application for ership of the said society and for transfer of the said shares and interest of the said deceased or in the said flat / tenement to my names Accordingly, I have made an application for membership aid society and for transfer of the shares and the interest of the said deceased member in the said, ement to my name.
equitab	I hereby indemnify and keep indemnified the said society and its office-bearers -against any claim, d, suit or other legal proceedings by other nominee/nominees claiming either lawfully and/or ly through the said deceased Shri/Shrimati

I further declare and undertake to bear all expenses, costs, charges in respect of any such claim, demand, suit and/or legal proceedings which may be filed by other nominee/ nominees either lawfully and/or equitably claiming through the said deceased member of the society.

9. I am fully aware of the fact that the society admits me as its member in place of the said deceased member of the society only on the basis of the indemnity and undertaking furnished by me.		
Place:		
Date:		
	Signature of Applicant	
	Signature of nominees other than applicant	
	1)	
	2)	
	3)	
Witnesses:-		
1) Name	1) Signature of the Witness	
Address		
2) Name	2) Signature of the Witness	
Address		
Place:		
Date:		