

No-Claim Indemnity Bond

Format

To Whomsoever It May Concern

I/We, **[Name of Claimant(s)]**, S/o/D/o/W/o **[Father's/Husband's Name]**, residing at **[Address]**, do hereby declare and undertake as follows:

*Whereas **[details regarding property/policy/claim, e.g., Policy No/Share Certificate/Account No.]** was held by **[Name of Deceased]**, who expired on **[Date]** at **[Place]**.*

And whereas I/we am/are the legal heir(s)/nominee(s) of the deceased as per the legal heirship certificate/nomination and have not made any claim, nor has any claim been made by any other person, in respect of **[property/share/policy]**.

Now therefore, I/We hereby request that the said **[property/share/policy]** may be transferred/delivered in my/our name(s), and in consideration thereof, I/we for myself/ourselves, my/our heirs, executors, administrators and assigns, do hereby indemnify and agree to keep indemnified **[Concerned Organization/Authority]** and its directors, officers, successors and assigns from and against all actions, claims, demands, proceedings, losses, damages, charges and expenses which may be made or brought against or suffered or incurred by them by reason of acceding to my/our above request.

I/We further undertake that if any claim is made hereafter by any other person(s) regarding the said **[property/share/policy]**, I/we shall settle the same without involving **[Concerned Organization/Authority]** in any manner.

Place:

Date:

Signature of Deponent(s)

[Name(s)]

Witnesses:

1. Name: _____ Address: _____
2. Name: _____ Address: _____

Important Notes:

- This bond should be executed on appropriate non-judicial stamp paper as per local laws.
- It must be signed by the claimant(s) and attested by two witnesses.
- Details such as names, addresses, and claim particulars must be filled accurately.
- Submitting a false declaration may lead to legal consequences including criminal proceedings.
- Check specific requirements from the concerned authority before submission.