INDEMNITY BOND FOR ISSUE OF DUPLICATE BOND CERTIFICATE

(To be executed on Non-Judicial Stamp Paper : Rs. 100/- as per Indian Stamp Act 1899)

I, _____S/o, _____resident of _____Is the holder of

the under noted IFCI Infra Bonds .: -

Bond Type	Folio No.	No. of	Certificate	Distinctive Nos.
		Bonds	No.	From To
Infra Bonds				
Series-				

The Bond Certificate(s) in respect of the said Bond(s) has / have been lost / misplaced. I / We have not / nor has any person by my / our order in any manner disposed of / parted with or pledged the said Bond certificate(s), or assigned my / our interest therein or any part thereof to any person. I / We am / are the sole and absolute owner(s) of the Bond(s) covered by the said bond certificate(s) or cause the same to be surrendered to the company, if and when the same is / are found.

In consideration of the company so ding, I / We, do hereby indemnify the company and bind myself / ourselves, my / our heirs, successors, assigns, executors and administrators to pay all claims, charges, costs, damages, demands, expenses and losses which the said company may sustain, incur or be liable for in consequences of having issued duplicate Bond Certificate(s) at my / our above said request. The company may realise the said claims, charges, costs, damages, demands, expenses and loses whatsoever from me / us personally or my / our heirs, successors, assigns, executors and administrators or my / our properties as the case may be.

I / We, the undersigned, certify that the above facts are true and bind me / ourselves to make good all claims, charges, costs, damages, demands, expenses and losses which the said company may sustain incur or be liable for in consequence(s) of complying with the request contained above and they will be entitled to realise all claims, charges, costs, damages, demands, expenses and losses whatsoever from my / our persons or my / our heirs successors, assigns executors and administrators or my / our properties, as the case may be.

In witness whereof, I / we signed this Thousand and .	day of	Two
	Signature of :	
	Holder(s)	
	Name & Address	
Signature of :	Signature of :	
Witness No.1	Witness No.2	
Name & Full	Name & Full	
Address	Address	
Date :		

Place :

Place :

We, the undersigned certify that the above facts are true and bind ourselves as sureties to make good all claims, charges, costs, damages, demands, expenses and loses whatsoever which the said in consequences of complying with the request contained above and the IFCI Ltd. will be entitled to realise all claims, charges, costs, damages, demands, expenses and loses from our persons or our properties as the case may be.

Signature of	Signature of
Surety No.1	Surety No.2
Name & Full	Name & Full
Address	Address
Signature of :	Signature of :
Witness No.1	Witness No.2
Name & Full	Name & Full
Address	Address
Date :	

SURETY FORM "S" (Form to be signed by Surety proposed for Indemnity agreement) <u>Private & Confidential</u>

NAME OF SURETY (in full) :	
PERMANENT RESIDENTIAL A	ADDRESS :
AGE: Year: Per	nanent Income Tax No.:
* A person cannot stand as Surety Spouse / family member (Fill any one or more of the foll boxes whichever is applicable)	evidence
A Details of Employmen 1) Name of Employer 2) Place of Employme 3) Annual Salary - 4) Other emoluments AND / OR	:
	undivided Hindu hether consisting
 Situation Value Annual ren Reference from Banke 	etter :
	business owned (absolutely the and not as a partner
 Nature of E and locatio Annual turn Annual Pro Reference I 	n nover :
Date :2012	
Witnessed by :	Signature of Surety Signed in the presence of
Full Name and Address of Bank Manager/Notary Public	(Bank Manager/Notary Public)