

MUTUAL FUND RESTATEMENTIZATION REQUEST FORM (MF-RRF)

										(For	office u	se only)			
RRF No.										RF	RN				
Date D	ate DD-MM-YYYY							Date D D - M M - Y Y							YYY
Fo be filled by the BC								RRF for different com	bination of N	Names and fo	or differen	t RTAs).			
DP ID	1 2	0	9	5	6	0	0	Client ID							
Name of First	/ Sole Hol	der													
Name of Sec	ond Holder														
Name of Thir	d Holder														
Name of the	Company														
Lock-in Reas	on								Lock-	in Expiry	Date	D	D -	MM	- 2 0 Y
Existing Folio	sting Folio ISIN		Mutual Fund Name & Unit Description					Quantity Quantity (Figure) (words)					Restatementization Request No. /RRN (To be filled in by DP)		
		signed b	у ассоц	ınt hold	er(s)) in	the abo	ove form	at if the space is	not suffic	cient.					
If all holdings i	n the demat	accoun	t are to	be resta	atement	ized, th	en "ALL	" should be men	tioned in	the Quan	tity colu	irriri.			
If all holdings i	n the demat	accoun			atement e Holde		en "ALL		tioned in to		tity colu			Third Hol	der
If all holdings i	n the demat	accoun					en "ALL				tity colu	IIIII.	-	Third Hol	der
		accoun					en "ALL				tity colu		-	Third Hol	der

I/We hereby declare that the abovementioned MF units are registered in my/our name(s) and are not already Restatementized and no Statement of Account issued against these MF units. I/We also hereby declare that the units requested by me/us for conversion into Statement of Account form are free from any lien or charge or encumbrance and represent the bonafide units of the Issuer to the best of my/our knowledge and belief.







412, Zircon Plus, Opp. Avalon Business Hub, B/S Ankur School, Ambatalavdi, Karargam, Surat - 395004

DP Seal/Stamp with signature



