

Mutual Fund Restatementization Request Form [MF-RRF]

(To be filled up by the Depository Participant)

RRN		Date					2	0		
RRF NO.		Date					2	0		

(To be filled by the BO. Please fill all the details in BLOCK LETTERS in English. Fill up a separate RRF for different combination of Names and for different RTAs).

I/We request you to convert (Restatementize) the Mutual Fund Units held in my/our demat account:

DP ID		Client ID								
Name of the Sole / First Holder										
Name of the Second joint Holder										
Name of the Third joint Holder										

Existing Folio, If any	ISIN	Mutual Fund Name & Units Description	Quantity		Lock-In Details		Restatementization Request No. / RRN
			In Figures (or) All	In Words (or) All	Reason	Expiry Date	

- Attach an annexure (duly signed by account holder(s)) in the above format if the space is not sufficient.
- If all holdings in the demat account are to be restatementized, then "ALL" should be mentioned in the Quantity column.

Declaration by BO(s): 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.

	1 st Holder	2 nd Holder	3 rd Holder
Name			
Signature with DP			
Signature with RTA			

RRF Set up Date:

Time:

Depository Participant Seal and Signature

----- (Please tear here) -----

Acknowledgement Receipt

We hereby acknowledge the receipt of the following MF units requested for conversion (Restatementization) by Mr./Mrs./Ms. _____ having BOID _____ with us.

Existing Folio, If any	ISIN	Mutual Fund Name & Units Description	Quantity		Lock-In Details		Restatementization Request No. / RRN
			In Figures (or) All	In Words (or) All	Reason	Expiry Date	

Depository Participant Seal and Signature