

**Mutual Fund Restatementization Request Form [MF-RRF]**

|   |
|---|
| <b>Depository Participant Name / Address</b>    |
| (To be filled up by the Depository Participant) |

|     |      |   |   |   |   |   |   |   |   |
|-----|------|---|---|---|---|---|---|---|---|
| RRN | Date | D | D | M | M | Y | Y | Y | Y |
|-----|------|---|---|---|---|---|---|---|---|

|         |      |   |   |   |   |   |   |   |   |
|---------|------|---|---|---|---|---|---|---|---|
| RRF No. | Date | D | D | M | M | Y | Y | Y | Y |
|---------|------|---|---|---|---|---|---|---|---|

(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                 | 1 | 2 | 0 | 9 | 2 | 9 | 0 | 0 | Client ID |  |  |  |  |  |  |
| Name of First Holder  |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |
| Name of Second Holder |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |
| Name of Third Holder  |   |   |   |   |   |   |   |   |           |  |  |  |  |  |  |

| Existing Folio, If any | ISIN | Mutual Fund Name & Units Description | Quantity            |                   | Lock-in Details |             | Restatementization Request No. /RRN<br>(To be filled in by DP) |
|------------------------|------|--------------------------------------|---------------------|-------------------|-----------------|-------------|--|
|                        |      |                                      | 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.

|                    | First / Sole Holder | Second Holder | Third 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<br>(To be filled in by DP) |
|------------------------|------|--------------------------------------|---------------------|-------------------|-----------------|-------------|--|
|                        |      |                                      | In Figures (or) All | In Words (or) All | Reason          | Expiry Date |  |
|                        |      |                                      |                     |                   |                 |             |  |
|                        |      |                                      |                     |                   |                 |             |  |
|                        |      |                                      |                     |                   |                 |             |  |

**Depository Participant Seal and Signature**