

**REPURCHASE / REDEMPTION REQUEST FORM [RRF]**

|                           |                                              |   |   |   |   |   |   |   |  |
|---------------------------|----------------------------------------------|---|---|---|---|---|---|---|--|
| Participant Name          | Mirae Asset Capital Markets (India) Pvt. Ltd |   |   |   |   |   |   |   |  |
| Depository Participant ID | 1                                            | 2 | 0 | 9 | 2 | 9 | 0 | 0 |  |

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

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

I/We offer the below mentioned **Mutual Fund (MF)** units for repurchase / redemption and declare that my/our account be debited **"All"** or **the number of MF Units** to the extent of my/ our repurchase / redemption request and proceeds be paid to me/us cheque/ bank draft. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the MF Units mentioned.

|                                                                         |                     |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------|---------------------|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| Demat Account Number                                                    | 1                   | 2 | 0 | 9 | 2 | 9 | 0 | 0 |  |  |  |  |  |  |  |
| Name of First / Sole Holder                                             |                     |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| Name of Second Holder                                                   |                     |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| Name of Third Holder                                                    |                     |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| No. of MF units to be Repurchased/Redeemed (in figures) or <b>"ALL"</b> | <b>"Amount" (₹)</b> |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| in words (integers and fractions)                                       |                     |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| Name of the security / scheme                                           |                     |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| Name of the issuing Company / AMC                                       |                     |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| Face Value                                                              |                     |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| ISIN                                                                    |                     |   |   |   |   |   |   |   |  |  |  |  |  |  |  |

**If all holdings in the Demat account are to be redeemed / repurchased, then "ALL" should be mentioned in the Quantity column.**

| <b>Specimen Signature(s)</b> | <b>Name</b> | <b>Signature</b> |
|------------------------------|-------------|------------------|
| First / Sole Holder          | _____       | _____            |
| Second Holder                | _____       | _____            |
| Third Holder                 | _____       | _____            |

**Participant Authorization**

Received the above mentioned MF Units for repurchase/ redemption from

|                             |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
|-----------------------------|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| Account No.                 |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| ISIN                        |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| Date                        | D | D | M | M | Y | Y | Y | Y |  |  |  |  |  |  |  |
| Name of First / Sole Holder |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |

The application form is verified with the details of the beneficial owner's account and certified that the application form is in order. The account has sufficient balance to accept the repurchase/ redemption request. It is also certified that the beneficial owner's signatures are verified and found to be in order.

RFN Set up Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Depository Participant's Signature** \_\_\_\_\_ **Seal** \_\_\_\_\_ **Date** \_\_\_\_\_

**Acknowledgement**

Participants Name Address and ID

We hereby acknowledge the receipt of repurchase/ redemption request for \_\_\_\_\_ no. of securities of \_\_\_\_\_ (security details) from \_\_\_\_\_ (Name) holding a/c no. \_\_\_\_\_

\_\_\_\_\_  
**Depository Participant's Signature**

\_\_\_\_\_  
**Seal**

\_\_\_\_\_  
**Date**