RR Equity Brokers Private Limited
412-422, Indraprakash Building, 21, Barakhamba Road, New Delhi-1100
Telephone: +91-11-44441111 Email: dp@rrfcl.com

Restatementization Request Form [MF-RRF]

(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	4	2	3	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 (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 (To be filled in by DP)
			In Figures (or) All	In Words (or) All	Reason	Expiry Date	

Depository Participant Seal and Signature