	Mutu	al Fund Res	tatement	tization R	equest Fo	orm [MF-I	RRF] 	
				icipant Nan	ne / Address	S		
(To be filled	d up by the De	epository Particip	ant)					
RRN					Date	D D	M M Y Y Y Y	
•					•	<u> </u>		
RRF No.	1				Date	D D	M M Y Y Y Y	
combination	n of Names an	nd for different R	RTAs).		J	·	eparate RRF for different	
I/We reque	I/We request you to convert (Restatementize) the Mutual Fund Units held in my/our demat account:  DP ID Client ID Client ID							
Name of Firs	L st Holder	<del></del>		Cilei	ול זט			
Name of Sec								
Name of Thir								
Finting	ISIN	Mutual	Quantity		Lock-in Details		Doctotomontication	
Folio, If any	Folio, If	Fund Name & Units Description	In Figures (or) All	In Words (or) All	Reason	Expiry Date	Restatementization Request No. /RRN (To be filled in by DP)	
		Description.	(OI) All	(OI) AII				
	<del> </del>	<u> </u>		<del>                                     </del>	<u> </u>	<u> </u>		
<ul> <li>Attach an annexure (duly signed by account holder(s)) in the above format if the space is not sufficient.</li> <li>If all holdings in the demat account are to be restatementized, then "ALL" should be mentioned in the Quantity column.</li> <li>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.</li> </ul>								
NI			First / Sole Holder		Second Holder		Third Holder	
Name								
Signature wit	:h DP							
Signature with RTA								
RRF Set up Date: Time:  Depository Participant Seal and Signature								
=====	======	:======	===(Please	e tear here)	======	:======		
			Acknowle	edgement R	eceipt			
We hereby Mr./Mrs./Ms	-	the receipt of					(Restatementization) by	
F. Cation of		Mutual	Quantity		Lock-in Details		Doctotom cutication	
Existing Folio, If any	ISIN	Fund Name & Units Description	In Figures (or) All	In Words (or) All	Reason	Expiry Date	Restatementization Request No. /RRN (To be filled in by DP)	

**Depository Participant Seal and Signature**