

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

**Depository Participant Name / Address**

(To be filled up by the Depository Participant)

RRN		Date	D	D	M	M	Y	Y	Y	Y
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RRF No.		Date	D	D	M	M	Y	Y	Y	Y
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(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 (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**