

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

Participant Name														
Depository Participant ID														
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														
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: \_\_\_\_\_

<b>Depository Participant's Signature</b>	<b>Seal</b>	<b>Date</b>
=====	=====	=====

**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. \_\_\_\_\_

_____	_____	_____
<b>Depository Participant's Signature</b>	<b>Seal</b>	<b>Date</b>