Annexure ·	- 18.3
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# Mutual Fund Restatementization Request Form [MF-RRF]

(To be filled up by the Depository Participan	itory Participant Name / Address		-		-		-		_
RRN	Date	D	D	M	М	Y	Y	Y	1
RRF No.	Date	D	D	M	M	Y	Y	IY	1

(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:

DFID	
Name of First Holder	
Name of Second Holder	The second s
Name of Third Holder	

Existing	ISIN	Mutual Fund Name & Units Description	Quantity		Lock-in	Details	Bestelan station
Folio, If any			In Figures (or) All	In Words (or) All	Reason	Expiry Date	Restatementization Request No. /RRN (To be filled in by DP)
	-						

> 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**

### Acknowledgement Receipt

Existing	ISIN	ISIN Fund Name In & Units Figure	Quantity		Lock-in	Details	Destation
Folio, If any			In Figures (or) All	In Words (or) All	Reason	Expiry Date	Restatementization Request No. /RRN (To be filled in by DP)
						1	

## **Depository Participant Seal and Signature**