Annexure HA

REPURCHASE / REDEMPTION FORM

Participant's Name, Address & DP ID (Pre-printed)

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Serial No (Pre I						Date:					
the number of abank account de	pelow mentioned se securities to the ex etails available in the wners of the securit	tent of a	my/our re sitory sys	purchase	/ redemp	tion req	uest and r	nake the	payment a	as per the	
Client ID											
Sole/First Hol	der Name										
Second Holde	r Name										
Third Holder	Name										
Type of Security			MF Units/Others (please specify)								
ISIN	Mutual Fund / Issuer Name	Units_ Amou Units_	Amount				Redemption		nase / st Number) Participant)		
		Units_ Amou	nt								
same format ma 2. If 'Units' and	se the space is foun ay be attached. d 'Amount' both are mount based' option	e mentio	oned, the	request w	rill be pro	cessed b	ased on th			ails in the	
Holder(s)			Signature(s)								
Sole/First Hol	der										
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Third Holder											

rial No (pre-printed) e hereby acknowledge the receipt of following request(s) for repurchase / redemption from Mr/ having DP ID and Client ID ISIN	Acknowledgement										
ISIN Mutual Fund / Issuer Name All Units/No. of Units/Amount (Rs.) (Please mention as applicable) Units Amount Units Amount Units Amount Participant's Stamp & Date	rial No (pre-printed)										
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