ANNEXURE C

Reconversion Request Form for conversion of Mutual Fund Units held in Dematerialised form to Statement of Account form (*Pre-printed serial nos.*)

Го							Date	DD)	MM	YYYY	
DP ID (ne (Pre printed) Pre printed) ress (Pre printed	l)			_			1				
Ve here	by declare that t	he below mentioned	account may b	e debited to	the extent	of my/ou	reconversion	request and	d equiva	alent units i	nto Stateme	
count f	orm be issued fo	r the same. I/We he	reby declare th	at the below	v mentioned	units are	registered in t	the name(s)) of belo	w mention	ed person(s)	
				Clie	ent Details							
Client II)											
		Sole/First holder						•				
Name of the account		Second holder										
older(s	s)	Third holder										
tails o	f Units:											
lutual	Fund Name											
		Free Units			Locked-in	Lloito						
		Free Offics			Lockeu-iii	Ullits						
Sr. No.	ISIN		Unit Description		Quantity	Details of Lock-in (if applicable)		(if	Reconversion reques number (RRN) (To be filled in by			
							Reason	Relea dat			ticipant)	
tes: 1.	In case the sp	ace is found to be ins	sufficient, an ar	nexure con	taining the s	aid detai	ls in the same	format may	be atta	ched.		
2.	Please use se	parate form for free u	units and locked	d-in units								
thorise	d Signatory(ies)											
Holder(s)				Signature(s)								
	Holae											
Sole/F	irst Holder											
	irst Holder d Holder											
Secon	irst Holder d Holder			Participa	nt Authoris	ation						
Secon Third I	irst Holder d Holder Holder	oned Units for recon	version into Sta	•								
Secon Third I	irst Holder d Holder Holder	ioned Units for recon	version into Sta	atement of A								
Secon Third I	irst Holder d Holder Holder the above ment	oned Units for recon	version into Sta	atement of A	Account form							
Secon Third I	irst Holder d Holder Holder the above ment	ioned Units for recon	version into Sta	atement of A	Account form							
Secon Third I	the above ment	T	version into Sta	atement of A	Account form							

(Participant's Stamp)

Signature:

Forwarded by (Name of the Official) :

Date:

Acknowledgment										
Participant's Name, Address a	and ID	(pre-printed serial no.)								
We hereby acknowledge the r	eceipt of a reconversion request for	(quantity) of Mutual fund units of								
(security details) from	(Name) having Client ID	surrendered on(date) to be delive	ered in the form of Mutual							
Fund units represented by State	ment of Account.									
		(Participant's Stamp	and Signature)							