For conversion of existing Mutual Fund Units represented by Statement of Account into electronic (Destatementized) form

Depository Participant Name / Address

(To be filled up by the Depository Participant)

DRF No.		Date	D	D	M	M	Y	Y	Y	Y

(To be filled by the BO. Please fill all the details in **BLOCK LETTERS** in English. Fill up a separate DRF for different combination of Names and for different RTAs).

I/We request you to convert (Destatementize) the enclosed Mutual Fund Statement of Account [SoA] registered in my/our name into my/our demat account:

DP ID									Client ID								
Name of First Holder																	
Name of Second Holder																	
Name of Third Holder																	

- Total Number of pages contained in the Statement of Account: _____

Folio No.	**ISIN**	**Mutual Fund Name & Units Description**	**Quantity**		**Lock-in Details**		**Destatementization Request No. /DRN** (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 Statement of Account are to be destatementized, 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 destatementized and no certificates issued against these MF units. I/We also hereby declare that the units requested by me/us for conversion into destatementized form are free from any lien or charge or encumberance 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			

Depository Participant Authorization (From DP to RTA) We have received the above-mentioned Statement of Account [SoA] for conversion into Destatementized form. It is also certified that the holder(s) of the SoA have a

beneficial account with us in the same name(s) and order of name(s) as mentioned above.

Depository Participant Seal and Signature

Change of Distributor Code

I / We wish to update the distributor code and request the RTA to update the New Distributor Code as ARN-_____

_____ & Sub distributor code as _____ in my /our folio number(s) as given below.

Folio No.	ISIN	Scheme Name

Signature (s) :

First / Sole Holder	**Second Holder**	**Third Holder**

==========(Please tear here)==== ==========

Acknowledgement Receipt

We hereby acknowledge the receipt of the following MF units requested for conversion (Destatementization) by Mr./Mrs./Ms. _____ having BOID _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ with us.

Folio No.	ISIN	Mutual Fund Name & Units Description	Quantity		Lock-in Details		Destatementization Request No. /DRN (To be filled in by DP)
			In Figures (or) All	In Words (or) All	Reason	Expiry Date	

- Total Number of pages contained in the Statement of Account: _____

Depository Participant Seal and Signature