



IIFL SECURITIES LIMITED

CDSL DP ID: 12044700

601, Ackruti Centre Point, Central Road, Marol MIDC, Andheri (East), Mumbai- 400093, Maharashtra

DRF No.

Date : ____/____/20____

MF-DRF FORM - For conversion of existing Mutual Fund Units represented by Statement of Account into electronic (Destatementized Form)

(To be filled up by the DP)

(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 | 1 | 2 | 0 | 4 | 4 | 7 | 0 | 0 | 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./ RRN (To be filled in by DP) |
|-----------|------|--------------------------------------|---------------------|-------------------|-----------------|-------------|---|
| | | | In Figures (or) All | In Words (or) All | Reason | Expiry Date | |
| | | | | | | | |
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• 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 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 | | | |

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.

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 |
|-----------|------|-------------|
| | | |
| | | |
| | | |

DEPOSITORY PARTICIPANT SEAL AND SIGNATURE

ACKNOWLEDGMENT 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./ RRN (To be filled in by DP) |
|-----------|------|--------------------------------------|---------------------|-------------------|-----------------|-------------|---|
| | | | In Figures (or) All | In Words (or) All | Reason | Expiry Date | |
| | | | | | | | |
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❖ Total Number of pages contained in the Statement of Account: _____

DEPOSITORY PARTICIPANT SEAL AND SIGNATURE