



IIFL SECURITIES LIMITED

CDSL DP ID: 12044700

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



RRF No. _____

RRF Date : ____ / ____ /20____

Mutual Fund Restatementization Request Form [MF-RRF]

RRN _____

(To be filled up by the DP)

RRN Date : ____ / ____ /20____

Internal Ref No. : _____

(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:

DPID	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: _____

Existing Folio, If any	ISIN	Mutual Fund Name & Units Description	Quantity		Lock-in Details		Restatementization Request No./ RRN (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 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: ____ / ____ /20____

Time: _____

DEPOSITORY PARTICIPANT SEAL AND SIGNATURE

ACKNOWLEDGMENT RECEIPT

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

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

DEPOSITORY PARTICIPANT SEAL AND SIGNATURE