



## Annexure HA

### REPURCHASE / REDEMPTION FORM

**IIFL SECURITIES LIMITED**

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

DP ID : IN302269

Date: \_\_\_\_\_

I/We offer the below mentioned securities for repurchase/ redemption and declare that my/our account be debited by the number of securities to the extent of my/our repurchase/ redemption request and make the payment as per the bank account details available in the depository system. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the securities mentioned.

Client ID								
Sole/First Holder Name								
Second Holder Name								
Third Holder Name								
Type of Security	<i>MF Units/Others (please specify)</i>							

ISIN	Mutual Fund / Issuer Name	All Units/No. of Units/Amount (Rs.) (Please mention as applicable)	RRN (Repurchase / Redemption Request Number) (To be filled in by Participant)
		Units <input type="text"/> Amount <input type="text"/>	
		Units <input type="text"/> Amount <input type="text"/>	
		Units <input type="text"/> Amount <input type="text"/>	

**Note :** 1. In case the space is found to be insufficient, a duly signed annexure containing the aforesaid details in the same format may be attached.

2. If 'Un its' and 'Amount' both are mentioned, the request will be processed based on the Units.

3. 'All' and ' Amount based' options are available only for redemption requests.

<i>Holder(s)</i>	<i>Signature(s)</i>
Sole/First Holder	
Second Holder	
Third Holder	

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**Acknowledgement**

**Serial No**

We hereby acknowledge the receipt of following request(s) for repurchase / redemption from Mr/Ms/M/s \_\_\_\_\_ having DP ID \_\_\_\_\_ and Client ID \_\_\_\_\_ .

ISIN	Mutual Fund / Issuer Name	All Units/No. of Units/Amount (Rs.)  (Please mention as applicable)
		Units <input type="text"/> Amount <input type="text"/>
		Units <input type="text"/> Amount <input type="text"/>
		Units <input type="text"/> Amount <input type="text"/>

**Name of the Official :**

Participant's Stamp & Date

**Signature :**