



# 5paisa Capital Limited

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RRF No. \_\_\_\_\_

CDSL DP ID: 12082500

RRF Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

## Mutual Fund Restatementization Request Form [MF-RRF]

RRN \_\_\_\_\_

(To be filled up by the DP)

RRN Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

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:

DP ID	1	2	0	8	2	5	0	0	CLIENT ID									
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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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_

DEPOSITORY PARTICIPANT SEAL AND SIGNATURE

## 5paisa Capital Limited

### 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