

Shriram Insight Share Brokers Ltd

REPURCHASE / REDEMPTION REQUEST FORM [RRF]

Participant Name										
Depository Participant ID										

RRN		Date	D	D	M	M	Y	Y	Y	Y
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RFN No.		Date	D	D	M	M	Y	Y	Y	Y
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I/We offer the below mentioned **Mutual Fund (MF)** units for repurchase / redemption and declare that my/our account be debited **"All"** or **the number of MF Units** to the extent of my/ our repurchase / redemption request and proceeds be paid to me/us cheque/ bank draft. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the MF Units mentioned.

Demat Account Number														
Name of First / Sole Holder														
Name of Second Holder														
Name of Third Holder														
No. of MF units to be Repurchased/Redeemed (in figures) or "ALL"	"Amount" (₹)													
in words (integers and fractions)														
Name of the security / scheme														
Name of the issuing Company / AMC														
Face Value														
ISIN														

If all holdings in the Demat account are to be redeemed / repurchased, then "ALL" should be mentioned in the Quantity column.

Specimen Signature(s)	Name	Signature
First / Sole Holder	_____	_____
Second Holder	_____	_____
Third Holder	_____	_____

Participant Authorization

Received the above mentioned MF Units for repurchase/ redemption from

Account No.										
ISIN										
Date	D	D	M	M	Y	Y	Y	Y		
Name of First / Sole Holder										

The application form is verified with the details of the beneficial owner's account and certified that the application form is in order. The account has sufficient balance to accept the repurchase/ redemption request. It is also certified that the beneficial owner's signatures are verified and found to be in order.

RFN Set up Date: _____ Time: _____

Depository Participant's Signature	Seal	Date
=====	=====	=====

Acknowledgement

Participants Name Address and ID

We hereby acknowledge the receipt of repurchase/ redemption request for _____ no. of securities of _____ (security details) from _____ (Name) holding a/c no. _____

_____	_____	_____
Depository Participant's Signature	Seal	Date