



# INDIA INFOLINE LIMITED

CDSL DP ID: 12044700

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

IIFL House, Sun Infotech Park, Road No. 16V, Plot No. B-23, MIDC, Thane Industrial Area, Wagle Estate, Thane - 400 604

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

RRN \_\_\_\_\_

(To be filled up by the DP)

RRF Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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