



RUDRA SHARES & STOCK BROKERS LIMITED

(Formerly Known as Gigantic Securities Limited)

Corporate Office / Reg. Office : Rudra House, (Adjoining Krishna Tower),
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CDSL



MUTUAL FUND RESTATEMENTIZATION REQUEST FORM (MF-RPF)

RRN		Date	D	D	M	M	Y	Y	Y	Y
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RRF No.		Date	D	D	M	M	Y	Y	Y	Y
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(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	6	1	4	0	0	Client ID									
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Name of First Holder	
Name of Second Holder	
Name of Third Holder	

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 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 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

(Please tear here)

Acknowledgement 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