



(To be filled up by the Depository Participant)

DRF No. Date DP ID Client ID

(To be filled by the BO. Please fill all the details in BLOCK LETTERS in English. Fill up a separate DRF for different combination of Names and for different RTAs).

I/We request you to convert (Destatementized) the enclosed Mutual Fund Statement of Account (SOA) registered in my/our name into my/our demat account.

[illegible]

➤ Total Number of pages contained in the Statement of Account:.. _____

Folio No	ISIN	Mutual Fund Name & Units Description	Quantity		Lock-in Details		Destatementization QuantityRequest No./DRN (To be filled in by DP)
			In Figures (or) All	In Words (or) All	Reason	Expiry Date	
			All	All			
			All	All			
			All	All			

- Attach an annexure (duly signed by account holder(s)) in the above format if the space is not sufficient.
- If all holdings in the Statement of Account are to be destatementized , then "ALL" should be mentioned in the Quantity column

Declaration by BO(s):I/We hereby declare that the above mentioned MF units are registered in my/our name(s) and are not already destatementized and no certificates issued against these MF units. I/We also hereby declare that the units requested by me/us for conversion into destatementized form are free from any lien or charge or encumbrance and represent the bonafied 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			

Depository Participant Authorization (From DP to RTA) We have received the above-mentioned Statement of Account (SoA) for conversion into Destatementized form. It is also certified that the holder(s) of the SoA have a beneficial account with us in the same name(s) and order of name(s) as mentioned above.

Depository Participant Seal and Signature

Change of Distributor Code
I/We wish to update the distributor code and request the RTA to update the New Distributor Code as ARN _____
_____ & Sub distributor code as _____
in my/our folio number(s) as given below

Folio No.	ISIN	Scheme Name

Signature of Sole/First Holder	Signature of Second Holder	Signature of Third Holder
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For Branch Use Only

I confirm that the account is active, applicant(s) signed in my presence, all relevant details are matching in our Bank records and verified by me.

Name & Employee ID: _____

Signature of the Branch Official:_____