

Reconversion Request Form for conversion of Mutual Fund Units held in Dematerialised form to Statement of Account form Serial nos______

To					Date						
DP Name SHREE BAHUBALI STOCK BROKING LIMITED											
DP ID IN300773											
DP Address 12,INDIA EXCHANGE PLACE JUTE HOUSE 3RD FLOOR KOLKATA 700001											
I/We hereby declare that the below mentioned account may be debited to the extent of my/our reconversion request and equivalent units into Statement of Account form be issued for the same. I/We hereby declare that the below mentioned units are registered in the name(s) of below mentioned person(s).											
Client Details											
Client ID											
Name of the account				ole/First hold							
holder(s)				cond holder							
				nird holder							
Details of Units:											
Mutual Fund Name											
Free Units Locked-in Units											
Sr.	ISIN	Unit		Quantity	Details o	f Lock-ir	Re	Reconversion			
No.		Description	n		(if app	licable)	ımber				
					Reason	Release	. (T	(RRN be file			
					Reason	date	(2)	Partici			
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Notes:

- 1. In case the space is found to be insufficient, an annexure containing the said details in the same format may be attached.
- 2. Please use separate form for free units and locked-in units

Authorised Signatory(ies)

Holder(s)	Signature(s)					
Sole/First Holder						
Second Holder						
Third Holder						

1	Participant Autl	norisation	1							
Received the above mentioned	l Units for reconve	ersion into	Sta	tem	ent	of A	cco	unt	forn	n:
	Client Det	ails								
Client ID										
Name of the account	Sole/First holde	er								
holder(s)	Second holder									
	Third holder									
the application form is in or reconversion request as requeverified and found in order. Date:									-	
Forwarded by (Name of the	(Participant's Stamp)									
Signature:										
	Acknowledg	gment								
Participant's Name, Addres	ss and ID (pr	e-printed	seri	al n	10.)					
We hereby acknowledge the re	eceipt of a reconve	ersion requ	uest	for				_ (q	ļuan	tity)
of Mutual fund units of		(seci	urit	y de	tails) fro	om		
(Name) having	g Client ID	sur	rend	lere	d on			((dat	e) to
be delivered in the form of Mutu	al Fund units repre	sented by S	State	emei	nt of	i Acc	coun	ıt.		

(Participant's Stamp and Signature)