

REPURCHASE / REDEMPTION FORM FOR MF-IN301055 | 2018

Annexure HA

Zuari Finserv Private Limited
Kailash Colony New Delhi -110048
DP ID – IN301055

Date: _____

I/We offer the below mentioned securities for repurchase/ redemption and declare that my/our account be debited by the number of securities to the extent of my/our repurchase/ redemption request and make the payment as per the bank account details available in the depository system. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the securities mentioned.

Client ID	
Sole/First Holder Name	
Second Holder Name	
Third Holder Name	
Type of Security	MF Units/Others (please specify)

ISIN	Mutual Fund /Issuer Name	All Units/No. of Units/Amount (Rs.) (Please mention as applicable)	Redemption Request Number) (To be filled in by Participant)
		Units : Amount:	
		Units : Amount:	
		Units : Amount:	

Note: 1. In case the space is found to be insufficient, a duly signed annexure containing the aforesaid Details in the same format may be attached.

2. If 'Units' and 'Amount' both are mentioned, the request will be processed based on the 'Units'

3. 'All' and 'Amount based' options are available only for redemption requests.

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



Plot No. 2, Zamrudpur Community Centre, Kailash Colony Extension, New Delhi -110048 | Tel: 91-11-3048 3800 | Fax-91-11-41608276 | Email: dp@adventz.zuarimoney.com | Web: www.zuarimoney.com
| CIN: U45400GA2013PTC007383 | Registered Office: Jaikisaan Bhawan, Zuarinagar, Goa- 403726 (India)
| Tel: 91-0832-2592509 | Fax: +91-0832-2555279

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Acknowledgement

Serial No (pre-printed)

We hereby acknowledge the receipt of following request(s) for repurchase / redemption from Mr/Ms/M/s _____ having DP ID IN301055 and Client ID _____.

ISIN	Mutual Fund /Issuer Name	All Units/No. of Units/Amount (Rs.)(Please mention as applicable)
		Units : Amount:
		Units : Amount:
		Units : Amount:

Name of the Official	
Signature of Official	
Participant's Stamp & Date	



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