

Reconversion Request Form for conversion of Mutual Fund Units- 2018

IN301055

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

Date: _____

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 ID								
Sole/First Holder Name								
Second Holder Name								
Third Holder Name								

Details of Units:

Mutual Fund Name	
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Free Units

Locked-in Units

S.No	ISIN	Units Description	Quantity	Details of Lock-in (if applicable)		Reconversion Request Number(RRN) (To Be filled by Participant)
				Reason	Release Date	

Notes:

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

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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Participant Authorisation

Received the above mentioned Units for reconversion into Statement of Account form:

Client Details								
Client ID								
Sole/First Holder Name								
Second Holder Name								
Third Holder Name								

The application form is verified with the details of the Client account and certify that the application form is in order. The account has sufficient balances to accept the reconversion request as requested. It is also certified that the Clients' signatures are verified and found in order.

Forwarded By (Name of Official): _____

Signature of Official: _____

Date: _____

Participant Stamp & Date _____

