## **Fyers Securities Private Limited**

901 and 902, 9th Floor, A Wing, Brigade Magnum, Amruthahalli, Kodigehalli Gate, Hebbal, Bangalore – 560092 Email: Compliance-dp@fyers.in, Phone No. 080 6000 1111

## For conversion of existing Mutual Fund Units represented by Statement of Account into electronic (Destatementized) form

					y Parl	ticipa	ant Name	e /	Addı	ess									
(To be filled	l up by the De	eposit	tory Partici	pant)															
DRF No.							Date		D	D	M		M	Υ		Υ	Υ		Υ
(To be filled by the BO. Please fill all the details in <b>BLOCK LETTERS</b> in English. Fill up a separate DRF for different combination of Names and for different RTAs).  I/We request you to convert (Destatementize) the enclosed Mutual Fund Statement of Account [SoA] registered in																			
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DP ID	t Holder						Clie	ent	ID										
Name of First Holder Name of Second Holder																			
Name of Thi	rd Holder																		
Fotal N	Number of pag	ges o	ontained ir	the S	Staten	nent	of Account	t: _											
			Mutual Quantity			ty	y Lo			ock-in Details				t					
Folio No.	ISIN	8	Fund Name & Units Description		In In Figures Words (or) All (or) All		Words	Reason		Expiry Date		Request No. / DR (To be filled in by D			RN				
								L											
<b>Declaration by BO(s):</b> I/We hereby declare that the abovementioned 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 encumberance and represent the bonafide units of the Issuer to the best of my/our knowledge and belief.																			
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Name	itt DD																		
Signature with DP																			
Signature w	vith RTA																		
Account [So	y Participan oA] for conve ccount with u	ersion	into Dest	ateme	entize	d for	m. It is a	lsc	certi as m	fied t	hat t ned a	he bo	hold ve.	ler(s)	of	the	SoA	ha	ve a
Change of Distributor Code																			
I / We wish	to update the	e dist	ributor cod	le and	l requ	est th	ne RTA to	up	date t	he Ne	w Di	stri	buto	r Cod	le a	s ARI	N		_
Fol	lio No.			ISIN								S	cher	ne N	am	e			

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First / Sole Holder	Second Holder	Third Holder

## **Acknowledgement Receipt**

We hereby acknowledge the receipt of the following MF units requested for conversion (Destatementization) by Mr./Mrs./Ms.\_\_\_\_\_\_\_with us.

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

Total Number of pages contained in the Statement of Account:

**Depository Participant Seal and Signature**