



Restatementization Request Form

To,
NJ IndiaInvest Pvt. Ltd.,
8th Floor, B Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No.10. Udhna, Surat-394210, Gujarat, India.

(to filled by the depository participant)

RRN No.:

*Date :

RRF No.:

*Date :

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

I/We request you to convert (Restatementize) the Mutual Fund Units held in my/our demat account:

DP ID:

Client ID:

Name of the First/Sole Holder:

Name of the Second Holder:

Name of the Third Holder:

Existing Folio, If any	ISIN	Mutual Fund Name & Units Description	Quantity		Lock-in Details		Restatementization Request No. /RRN (To be filled in by DP)
			In figures (or) All	In Words (or) All	Reason	Expiry Date	

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

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

RRF Set up Date:

Time:

Depository Participant
Seal and Signature

(Please Tear Here)

Acknowledgement Receipt

We hereby acknowledge the receipt of the following MF Units requested for conversion (Restatementization) by Mr./Mrs./Ms. _____ having BOID with us.

Folio No	ISIN	Mutual Fund Name & Units Description	Quantity		Lock-in Details		Restatementization Request No./ RRN (To be filled in by DP)
			In figures (or) All	In Words (or) All	Reason	Expiry Date	

Depository Participant
Seal and Signature