

Mirae Asset Capital Markets (India) Pvt. Ltd. 1st Floor, Tower 4, Equinox Business Park, LBS Marg, Off BKC, Kurla (West), Mumbai - 400070.

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

					Depo	osito	ry Pa	artici	ipant	t Name	/ Add	dress						
(To be filled up	by th	e De _l	posito	ory P	artici	oant)												
DRF No.										Date	D	D	M	M	Υ	Υ	Υ	Υ
(To be filled by combination of I/We request ymy/our name i	Name	es and	d for vert (differ Desta	ent F	RTAs) entize).											
DP ID	-	1	2	0	9	2	9	0	0	Clie	ent ID							
Name of First Holder								•		•	•	•	•	•		•		
Name of Second Holder																		
Name of Third Holder																		

> Total Number of pages contained in the Statement of Account: _____

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

- Attach an annexure (duly signed by account holder(s)) in the above format if the space is not sufficient.
- If all holdings in the Statement of Account are to be destatementized, 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 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.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature with DP			
Signature with RTA			

Depository Participant Authorization (From DP to RTA) We have received the above-mentioned Statement of Account [SoA] for conversion into Destatementized form. It is also certified that the holder(s) of the SoA have a



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beneficial account with us in the same name(s) and order of name(s) as mentioned above.

Depository Participant Seal and Signature

Change of	Distributor	Code							
I / We wish	to update th	e distributor cod	de and reques	st the RTA to	update the	New Distribut	or Code as ARN		
		& Sub dist	tributor code	as	in my ,	our folio num	nber(s) as given below.		
Fo	olio No.		I	SIN		Scheme Name			
Signature ((s) :								
First / So	lo Ualdon		Second H	aldou		Third Holde	_		
First / So		=======	===(Pleas)==== ==		er ============		
							(Destatementization) by		
		Mutual		ntity	Lock-in	Details	Destatementization Request No. / DRN (To be filled in by DP)		
Folio No.	ISIN	Fund Name & Units Description	In Figures (or) All	In Words (or) All	Reason	Expiry Date			
				l		1			

> Total Number of pages contained in the Statement of Account: _____

Depository Participant Seal and Signature



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