

ANNEXURE B

Participant's Name, Address & DP ID
(Pre-printed)

CONVERSION REQUEST FORM FOR EXISTING MUTUAL FUND UNITS (REPRESENTED BY STATEMENT OF ACCOUNT) INTO DEMATERIALIZED FORM - THROUGH DEPOSITORY PARTICIPANT

Serial No (Pre Printed)

Date: _____

I/We request you to convert the following units represented by Statement of Account (enclosed) issued by the Issuer into my/our account as per the details given below:

Client ID								
Sole/First Holder Name								
Second Holder Name								
Third Holder Name								
Type of Security	<i>MF Units/Others (please specify)</i>							
Folio Number								

Details of Units:

Free Units

Locked-in Units

ISIN	Mutual Fund Name	Unit Description	Quantity	CRN (To be filled in by Participant)

Total No. of pages of Statement of Account: _____

Details of Locked-in units (if any):

ISIN	Lock-in reason	Lock-in release date

Notes:

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

Declaration

I/We hereby declare that the above mentioned units are registered in my/our name and are not already dematerialised and no certificates are issued against these units. I/We also hereby declare that the units requested by me/us for conversion into dematerialised 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.

<i>Holder(s)</i>	<i>Signature(s)</i>
Sole/First Holder	
Second Holder	
Third Holder	

Participant Authorisation

We have received the abovementioned units for conversion into dematerialised form. It is certified that the holders of the securities have beneficiary account with us in the same name(s).

Name of the official :
Signature :

Participant's Stamp & Date

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Acknowledgement

Serial No (pre-printed)

We hereby acknowledge the receipt of following units requested for conversion into dematerialised form by Mr/Ms/M/s _____ having DP ID _____ and Client ID _____

Mutual Fund Name	Unit Description	Quantity

Date:

Participant's Stamp & Signature