



ASHIKA Stock Broking Limited

Depository Participant Of Central Depository Services (I) Ltd

Trinity, 226/1, A.J. C .Bose Road, 7th Floor, Kolkata- 700 020, Phone: 033-2289 1551/4, 2283 9952, Fax: 2289 1555

E- Mail: dpservices@ashikagroup.com, DP ID No. 12034500, SEBI Registration No: IN- DP- 533-2020

Repurchase/Redemption Request Form [RRF]

RRN		Date	D	D	M	M	Y	Y	Y	Y
RFN No.		Date	D	D	M	M	Y	Y	Y	Y

I/We offer the below mentioned **Mutual Fund (MF)** units for repurchase / redemption and declare that my/our account be debited "**All**" or **the number of MF Units** to the extent of my/ our repurchase / redemption request and proceeds be paid to me/us cheque/ bank draft. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the MF Units mentioned.

Demat Account Number	1	2	0	3	4	5	0	0											
Name of First / Sole Holder																			
Name of Second Holder																			
Name of Third Holder																			
No. of MF units to be Repurchased/Redeemed (in figures) or /" ALL "											"Amount" (`)								
in words (integers and fractions)																			
Name of the security / scheme																			
Name of the issuing Company / AMC																			
Face Value																			
ISIN																			

If all holdings in the Demat account are to be redeemed / repurchased, then "**ALL**" should be mentioned in the Quantity column.

Specimen Signature(s)	Name	Signature
First / Sole Holder	_____	_____
Second Holder	_____	_____
Third Holder	_____	_____

Participant Authorization

Received the above mentioned MF Units for repurchase/ redemption from

Account No.	1	2	0	3	4	5	0	0											
ISIN																			
Name of First / Sole Holder																			

The application form is verified with the details of the beneficial owner's account and certified that the application form is in order. The account has sufficient balance to accept the repurchase/ redemption request. It is also certified that the beneficial owner's signatures are verified and found to be in order.

RFN Set up Date: _____ Time: _____

Depository Participant's Signature

Seal

Date _____



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Acknowledgement

We hereby acknowledge the receipt of repurchase/ redemption request for _____ **no. of securities** of _____ (security details) from _____ (Name) holding a/c no. _____.

Depository Participant's Signature

Seal

Date