

## **AXIS SECURITIES LIMITED**

(Depository Participant with CDSL), SEBI Reg. No. IN-DP-403-2019, Aurum Q Parć, Q2 Building Unit No. 1001, 10th Floor, Level -6, Plot no.4/1 TTC, Thane - Belapur Road, Ghansoli, Navi Mumbai-400710

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

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DRF No.				Date	D D	) M	Y Y Y	
combination	on of Names est you to co	and for different	t RTAs). nentize) the e				eparate DRF for different ount [SoA] registered in	
DP ID	1		2 0 0	Clie	ent ID			
Name of Fire	st Holder			•		•		
	cond Holder							
Name of Th Total Nu		es contained in the	he Statement	of Account:				
	Ī	Mutual	Mutual Quantity Lock - in Details					
Folio No.	ISIN	Fund Name	In	In In	LOCK -II		Destatementization Request No. /DRN (To be filled in by DP)	
		& Units Description	Figures (or) All	Words (or) All	Reason	Expiry Date		
<u> </u>			1	1				
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 / :	First / Sole Holder			der	Third Holder	
Name								
Signature w	ith DP							
Signature with RTA								
We have i		above-mentione holder(s) of the	e SoA have	of Account [ a beneficial a	account with  Deposit	us in the sa	Destatementized form. It is ame name(s) and order of the Seal and Signature	
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			Ackno	wledgem	ent Recei	pt		
We hereb Mr./Mrs./N		ge the receipt	of the follow				on (Destatementization) by	
		Mutual			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)	
			1	+	1		+	

Total Number of pages contained in the Statement of Account: \_