



Aurum Q Parć, Q2 Building Unit No. 1001, 10th Floor, Level -6, Plot no.4/1 TTC,Thane - Belapur Road, Ghansoli, Navi Mumbai-400710 E-mail: dphelp@axisdirect.in Tel. No: 022-68515400

REMATERIALISATION REQUEST FORM

(To be	RRN filled by DP)
Date:	

I/We hereby declare that the below mentioned account may be debited to the extent of my/our rematerialisation request and equivalent certificate be issued for the same. I/We hereby declare that the below mentioned person (s) are the beneficial owners of the securities mentioned.

Demat Account No.	I	N	3	0	4	2	9	5	-					
Account Holder Name				•		-								
No.of Securities to be Rematerialised: (nos.)														
(in words)													 	
Lot Type Requested	Mai	rket l	_ot/Ju	umbo)									
Name of the Security														
Name of the Issuing Company														
Face Value														
ISIN		1	N											
The rematerialisation request is for locked sh	nares			Ye	25					No			 	
Quantity			İ						·					
Lock in Reason														
Lock in Release Date (dd-mm-yyyy)														
			•								•	•	•	
Address:														
(to be filled in only if Change in address is														

Authorised Signature(s)

to be recorded)

HOLDER(S)	NAME	SIGNATURE(S)
First/Sole Holder		
Second Holder		
Third Holder		





PARTICIPANT AUTHORISATION

Received the above mentioned securities for rematerialisation from:

Demat Account No.	I	Ν	3	0	4	2	9	5	-					
ISIN	I		Ν											
Date					·						·		•	
Name of the First Holder														

The application form is verified with the details of the beneficial owner's account and certify that the application form is in order. The account has sufficient balance to accept the rematerialisation as requested. It is also certified that beneficial owner's signatures are verified and found in order.

The other details of the beneficial owners as extracted from the records are enclosed.

Forwarded by			
Signature			SEAL
(Name of the Executive)			
Remat Request No.			
Status:	Sub-Status:	Occupation:	

In case of **INDIVIDUALS**

Name(s) in full	
First/Sole Holder	
Second Holder	
Third Holder	
In case of CPRPORATES	

Name	
Full Address	
ruii Audress	

Tax Information 130	PAN/GIR No.	Circle/Ward/District
Sole/First Applicant		
Second Applicant		
Third Applicant		
		•
Residential Status	Resident/ NRI	

Residential Status

In case of **NRI HOLDING**

Indian Address									
Foreign Address									
Foreign Address									
Nationality									
RBI Approval No.	Date:	D	D	М	М	Y	Υ	Y	Y
Bank Account No.	·		•						

Lock in Reason									
Lock in Release Date	D	D	Μ	Μ	Υ	Υ	Υ	Υ	