

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

		Fortu	ne Capital S	Services Priv	ate Lin	nited					
(To be filled	l up by the De	epository Particip	oant)								
DRF No.				Date	D	D	M	М	Y	Υ	Υ
combination	n of Names ar	Please fill all the nd for different R	RTAs).				·				
		ivert (Destateme ir demat account		nclosed Mutu	al Fund	Stateme	ent of <i>i</i>	Accoun	t [SoA]	registe	ered in
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Name of Sec	ond Holder										
Name of Thir											
> Total N	Number of pag	ges contained in	the Stateme	nt of Account	::						
		Mutual Fund Name			Lo	Lock-in Details			Destatementization		
Folio No.	ISIN	& Units Description	In Figures (or) All	Words (or) All	Reas	on	Expiry Date		Reques To be fi	-	
Quanti  Declaratio and are not that the un	ty column.  n by BO(s): t already des its requested	I/We hereby d tatementized an by me/us for osent the bonafid	eclare that t d no certific conversion ir	he abovemer ates issued a nto destatem	ntioned N ngainst t entized	MF units hese MF form are	are re units.	gistered I/We from a	d in my also ho ny lien	our na ereby c	ame(s) declare
		First / So	ole Holder	S	econd	Holder			Third	Holder	r
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Signature w	rith DP										
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Account [So	A] for conve	t Authorization ersion into Desta s in the same na	atementized	form. It is al	so certif (s) as m	fied that	the h	older(s)	) of the	e SoA I	have a
						,				c.g.	
Change of	Distributor	Code									
I / We wish	to update the	e distributor cod	e and reques	st the RTA to	update t	the New	Distrib	utor Co	de as A	ARN	
		& Sub disti	ributor code a	as	in r	my /our	folio nu	umber(s	s) as giv	ven bel	ow.
Fol	io No.		ISI	(N		Scheme Name					
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Signature	(s):										
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		<b></b>		edgement R							

We hereby acknowledge the receipt of the following MF units requested for conversion (Destatementization) by Mr./Mrs./Ms. \_\_\_\_\_ with us.

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

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

**Depository Participant Seal and Signature**