

# Repurchase / Redemption Request Form



(Please fill all the details in **Block Letters** in English)

## SBICAP Securities Ltd.

CIN: U65999MH2005PLC155485

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**CDSL:** SEBI REGN. No.: IN-DP-CDSL-370-2006 & DP ID: 12047200 | **NSDL:** SEBI REGN. No.: IN-DP-NSDL-369-2014 & DP ID: IN306114

Email: [helpdesk@sbicapsec.com](mailto:helpdesk@sbicapsec.com) | Web: [www.sbismart.com](http://www.sbismart.com)

CDSL  NSDL

RRN		Date	D	D	M	M	Y	Y	Y	Y
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RFN No.		Date	D	D	M	M	Y	Y	Y	Y
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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 / make the payment as per the bank account details available in the depository system. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the MF Units mentioned.

Demat Account Number																			
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																			

- Note :** 1. In case the space is found to be insufficient, a duly signed annexure containing the aforesaid details in the same format may be attached.  
 2. If ‘Units’ and ‘Amount’ both are mentioned, the request will be processed based on the ‘Units’  
 3. ‘All’ and ‘Amount based’ options are available only for redemption requests.

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

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

### Participant Authorization

Received the above mentioned MF Units for repurchase/ redemption from

Account No.																			
ISIN																			
Date	D	D	M	M	Y	Y	Y	Y											
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

### Acknowledgement Receipt

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