## For conversion of existing Mutual Fund Units represented by Statement of Account into Electronic (De-statementized) Form

To, Libord Brokerage Private Limited 524, B Wing, Chintamani Plaza, Near WEH Metro Station, Andheri Kurla Road. Andheri (East). Mumbai - 400 099

Andheri Kurla	Road ,	Andh	neri (E	ast)	, Mui	mbai	- 400 (	099									
(For Office Use	e Only)	)															
DRF No.									Date								
(To be filled b	y the B	O. Ple	ease fi	II all	the o	detai	ls in <b>BL</b>	OCK LETTERS	in En	glish. F	ill up	a sep	arate	e DRI	F for c	lifferer	ıt
combination o	of Name	es and	d for d	iffer	ent R	(TAs											
I/We request y	you to	conve	rt (De	state	emer	ntize)	the er	nclosed Mutu	ıal Fun	d State	emer	it of A	ccour	nt [S	oA] re	gistere	ed in
my/our name into my/our demat account:																	
DP ID 1	2	0	8	6	2	0	0	Client ID									
Name Of First Holder																	
Name Of Sec	ond Ho	older															
Name Of Thi	rd Hold	ler															
> Total Number of pages contained in the Statement of Account:																	
Folio No.	19	SIN	,	Mut und N				Quantity			Loc	k-in Deta	ails			statemen guest No.	
			_   <b>'</b>	and i	·										_   ````	14631 110.	751114

101101110.	13114	Fund Name	Qua	micrey	LOCK-III	Details	Request No. /DRN
		& Units Description	In Figures (or) All	In Words (Or) All	Reason	Expiry Date	(To be filled in by DP)

- > Attach an annexure (duly signed by account holder(s)) in the above format if the space is not sufficient.
- 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 above-mentioned 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 / Sole Holder	Second Holder	Third Holder
Name			
Signature with DP			
Signature with RTA			

**Depository Participant Authorization** (From DP to RTA) We have received the above-mentioned Statement of Account [SoA] for conversion into Destatementized form. It is also certified that the holder(s) of the SoA have a beneficial account with us in the same name(s) and order of name(s) as mentioned above.

**Libord Brokerage Private Limited** 

**Authorised Signatory** 

Folio No.		10	IN		C - I	man Manana	
		15	IN		Scne	me Name	
ignature (s):							
First / Sole Hol	der	Se	econd Holde	<b>r</b>	Thire	l Holder	
			(F	Please tear her	·e)		
			•		•		
		6.1		ledgement Red			
We hereby ack	nowledge th	ne receipt of the			ceipt ested for conver	sion (Destater	mentization) by
•	_	·	e following I	MF units reque		·	
Mr./Mrs./Ms			e following I	MF units reque	ested for conver		with us.
•	_	Mutual Fund Name	e following I	MF units reque	ested for conver	·	Destatementization
Mr./Mrs./Ms		Mutual	e following I	MF units reque	ested for conver	-in Details Expiry	with us.
Mr./Mrs./Ms		Mutual Fund Name & Units	e following I	MF units reque having I Quantity	BOID	-in Details	Destatementization Request No. /DRN (To be filled in by
Mr./Mrs./Ms		Mutual Fund Name & Units	In Figures	MF units reque having I Quantity In Words	BOID	-in Details Expiry	Destatementization Request No. /DRN (To be filled in by
Mr./Mrs./Ms		Mutual Fund Name & Units	In Figures	MF units reque having I Quantity In Words	BOID	-in Details Expiry	Destatementization Request No. /DRN (To be filled in by

**Change of Distributor Code** 

For Libord Brokerage Private Limited

**Authorised Signatory**