



Demat Centre, 2<sup>nd</sup> Floor, Shanu Tower, No. IV/461A,  
 North Kalamassery, Ernakulam-683104, Ph: 0484-2933561  
 E-mail: demat@sib.co.in Website: www.southindianbank.com

**DP ID : IN 304439**

**RRN  
 TO BE  
 FILLED BY DP**

**REPURCHASE/REDEMPTION FORM**

Date : \_\_\_\_\_

I/We offer the below mentioned securities for repurchase/ redemption and declare that my/our account be debited by the number of securities to the extent of my/our repurchase/ redemption request and 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 securities mentioned.

Client ID	I	N																	
Account Holder Name <b>1st Holder</b>																			
<b>2nd Holder</b>																			
<b>3rd Holder</b>																			
Type of Security	MF Units/Others (please specify)																		

ISIN	Mutual Fund / Issuer Name	All Units/No. of Units/Amount (Rs.) (Please mention as applicable)		RRN (Repurchase / Redemption Request Number) (To be filled in by Participant)
		Units	Amount	

- 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.

Holder(s)	Name	Signature(s)
First/Sole Holder		
Second Holder		
Third Holder		

**Acknowledgement**

We hereby acknowledge the receipt of following request(s) for repurchase / redemption from Mr/Ms/M/s \_\_\_\_\_ having DP ID **IN304439** and Client ID \_\_\_\_\_.

ISIN	Mutual Fund / Issuer Name	All Units/No. of Units/Amount (Rs.) (Please mention as applicable)	
		Units	Amount

Name of the Official :

Signature : \_\_\_\_\_

Participant's Stamp & Date