

Annexure HA

REPURCHASE / REDEMPTION FORM

TO,

Monarch Network Capital Limited (DP ID-IN303052)

“MONARCH HOUSE”

Opp. Ishwar Bhuwan, Commerce Six Roads,

Navrangpura, Ahmedabad – 380 014

Serial No. _____

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							
Sole/First Holder Name							
Second Holder Name							
Third Holder Name							
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)
		<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Units _____</div> <div style="border: 1px solid black; padding: 2px;">Amount _____</div>	
		<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Units _____</div> <div style="border: 1px solid black; padding: 2px;">Amount _____</div>	
		<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Units _____</div> <div style="border: 1px solid black; padding: 2px;">Amount _____</div>	

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

Acknowledgement

Serial No. _____

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

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

Name of the Official:

Participant's Stamp & Date

Signature: