# AGROY FINANCE & INVESTMENT LIMITED

DP – CDSL    DP ID – 12060700 – SEBI Regn. No.: IN-DP-CDSL-500-2009
Regd. Office : A-21 Kailash Colony New Delhi-110048
Phone : 011-46007600 Fax: 011-46007611 E-mail: demat@agroy.com

## Dematerialisation Request Form For Mutual Fund

(To be filled up by the Depository Participant)

| | | Date | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

(To be filled by the BO. Please fill all the details in BLOCK LETTERS in English. Fill up a separate DRF for different Combination of names and for different RTAs).

I/We request you to convert (Destatementize) the enclosed Mutual Fund Statement of account [soa] registered in my/our name into my/our demat account.

| DP ID | | | | | | | Client ID | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name of First Holder | | | | | | | | | | | | | | |
| Name of Second Holder | | | | | | | | | | | | | | |
| Name of Third Holder | | | | | | | | | | | | | | |

Total Number of pages contained in the statement of account: _____

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

Attach an annexure (duly signed by account holder(s) in the above 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 abovementioned MF units are registered in my/ours name(s) and are not already destatementized and no certificate issued these MF units. I/We also hereby declare that the units requested by me/us for conversion into destatementized from are free from any lien or change or encumberance and represent the bonafide units of the Issuer to the best my/our knowledge and belief.

| | First/Sole Holder | Second Holder | Third Holder |
|---|---|---|---|
| Name | | | |
| Signature with DP | | | |
| Signature with RT | | | |

### 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 than 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.

Depository Participant Seat and Signature.

=====================================(Please tear here)=====================================

### Acknowledgment Receipt

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

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

Total Number of pages contained in the statement of account:-_____

Depository Participant Seal and Signature