

REPURCHASE/REDEMPTION REQUEST FORM

PARTICIPANT NAME  money must grow Globe Capital Market Limited	<h2 style="margin: 0;">GLOBE CAPITAL MARKET LTD.</h2> <p style="margin: 0;">804, Ansal Bhawan, 16 K.G.Marg, Connaught Place, New Delhi:-110001 Ph: 30412400,43666400, 23316916-920,23720887/88 Fax : 011-23720880,2312630 Web:www.globecapital.com Email Id: Globedp@globecapital.com</p>
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ARTICIPANT ID	IN300966	RFN NO.		DATE	
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I/We offer the below mentioned securities for Repurchase/Redemption and declare that my/our account be debited the number of securities to the extent of my/our Repurchase/Redemption request and proceeds be paid to me/us cheque/bank draft. I/We hereby declare that the below mentioned person(s) are the beneficial of the security mentioned.

Account Number																						
Account Holder Name																						
No. of Securities to be Repurchase/Redeemed (In Figure)																						
In Words (integers)																						
And (Fractions)																						
Name of the Security																						
Name of the Issuing Company																						
Face Value																						
ISIN																						

Specimen Signature (S)

First/Sole Holder	Second Holder	Third Holder

Participant Authorization

Received the above mentioned securities for Repurchase/Redemption from

Account Number																						
ISIN																						
Date																						
Name of The First 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 in order.

The other details of the beneficial owners as extracted from the records are enclosed.

Forwarded by _____ Name _____

Signature _____ Seal _____

Acknowledgement

Participants Name Address and ID _____

We hereby acknowledgement the receipt of Repurchase/Redemption request for _____ no. Of Securities of _____ (Security Details) From _____ (Name) Account No _____

Date _____ **Participant's stamp & signature** _____