

ANNEXURE C

Reconversion Request Form or conversion of Mutual Fund Units held in dematerialised form to Statement of Account form.
Dated.

PARTICIPANT NAME	GLOBE CAPITAL MARET LIMITED
DP ID IN300966	
804, Ansal Bhawan, 16 K.G. Marg, Connaught Place, New Delhi:-110001 Ph: 30412400, 43666400, 23316916-920, 23720887 * Fax : 011-23720880,23712630	

I/We hereby declare in the below mentioned account may be debited to the extent of my/our reconversion request and equivalent units into Statement of Account form be issued for the same. I/We hereby declare that the below mentioned units are registered in the name(s) of below mentioned person(s)

Client Details	
Client ID	
Name of the Account holder(s)	Sole/First holder
	Second holder
	Third holder

Details of Units:

Mutual Fund Name	
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Free Units		Locked-in Units	
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Sr. No	ISIN	Unit Description	Quantity	Details of Lock-in (if applicable)		Reconversion request number (RRN) (To be filled in by Participant)
				Reason	Release Date	

Notes:

1. In case the space is found to be insufficient, an annexure containing the said details in the same format may be attached.
2. Please use separate form for free units and locked-in-units.

Authorised Signatory(ies)

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

Participant Authorisation

Received the above mentioned units for reconversion into Statement of Account Form.

Client Details	
Client ID	
Name of the Account holder(s)	Sole/First holder
	Second holder
	Third holder

The application form is verified with the details of the Client account and certify that the application form is in order. The account has sufficient balances to accept the reconversion request as requested. It is also certificate that the Client's signatures are verified and found in order.

Date : _____
Forwarded by (Name of the Official) : _____

Signatures : _____

(Participant's Stamp)

Acknowledgment

I/We hereby acknowledge the receipt of reconversion request for _____ (Quantity) of Mutual Fund units of _____ (security details) from _____ (Name) having Client ID _____ (date) to be delivered in the form of Mutual Fund units represented by Statement of Account.

(Participant's Stamps and Signatures)
