## CELEBRUS CAPITAL LIMITED [DP Id: 12075800]

27/540 C, III Floor, EAK Towers, Main Avenue, Panampilly Nagar, Kochi - 682036, Kerala

REPURCHASE / REDEMPTION REQUEST FORM Serial No:																	
$\begin{array}{c} \text{RRN No} \\ \text{(To be filled by DP)} \end{array} \bigg\}  \boxed{\hspace{2cm}}$	> I				Date:/												
I/We offer the below mentioned Mutual Fund (MF) units for repurchase / redemption and declare that my/our account be debited "All" or the number of MF Units 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 owners of the MF Units mentioned.																	
Demat Account Number			2	0	7	5	8	0	0								
Sole/First Holder Name					•	•				•				•	•	•	
Second Holder Name																	
Third Holder Name																	
No. of MF units to be Repurchased/Redeemed (in figures) or /"ALL" "Amount" Rs.																	
In Words (Integers)																	
(Fractions)																	
If all holdings in the Demat account are to be redeemed / repurchased, then "ALL" should be mentioned in the Quantity column.																	
Name of Security / Scher	ne																
Name of Issuing Compar	ny / AMC							$\overline{}$									
Face Value	ISIN (To	be f	illed	by D	P)	I	N	F	Щ								
FOL	First / Sole	Holder				Second Ho				older				Third Holder			
Name						-											
Signature	$\otimes$				Q	3						$\otimes$	١				
Participant Authorisation																	
Received the above mentioned MF Units for repurchase/ redemption from																	
Account No	1 2	2 0	7	5	8	0	0										
ISIN	I	N	F														
Date																	
Name of Sole / First	Holder																
The application form is	s verified with the de	etails	of th	he be	nefic	cial o	wner	s's ac	coun	t and	l certi	fied	that	the a	pplic	ation	ı 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 to be in order.

RFN Set up Date: Time:

Name of the Executive:

Depository Participant Seal & Signature

Note: To be submitted in duplicate for acknowledgment.