Annexure HA

REPURCHASE / REDEMPTION FORM

Consortium Securities Pl Ltd

Regi. & Corp. Off: - 36, Sant Nagar, East of Kailash, New Delhi- 110065 Ph. No. 011- 66237500

Serial No	al No Date:								
I/We offer the below the number of secur bank account details the beneficial owner	rities to the extent o available in the dep	f my/our repurcository system.	chase/ redemp	otion requ	iest and n	nake the	payment	as per the	
Cli ID			<u> </u>	1	1		1	 	
Client ID									
Sole/First Holder Name			 						
Second Holder Nar	ne								
Third Holder Name	2								
Type of Security		MF Units/Others (please specify)							
		-							
ISIN	Mutual Fund / Issuer Name	Quantity (No. of Securities to be Repurchased / Redeemed)						RRN (Repurchase / Redemption Request Number)	
		in figure	in wor (Intege		in wo (Fracti		(To be filled in by Participant)		
Note : In case the same format may be		insufficient, a c	duly signed a	nnexure (containing	the afo	resaid det	eails in the	
Holder(s)		Signature(s)							
Sole/First Holder									
Second Holder									
Third Holder									
	<u>+</u>								

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	Acknowled	gement	
Serial No)			
We hereby acknowledge t	he receipt of following securitieshaving DP ID	for repurchase / redem_and Client ID	-
ISIN	Mutual Fund / Issuer Name	Quantity	
Name of the Official :		Particinant	s Stamp & Date
Signature :		1 ai ticipant	s Stamp & Date

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