ICICI Bank Demat Services

ICICI Bank Limited, CPC-Demat Services, Ground Floor, B-Wing, Autumn Estate, Chandivali Farm Road, Opp. Mhada Colony, Chandivali, Andheri (East), Mumbai - 400072.
(Important Note : Please do not send requests directly to this address. Kindly route all your requests through the nearest ICICI Bank Demat Servicing Branches)

Mutual Fund Restatementization Request Form [MF-RRF]

RRN _____ Date D D M M Y Y Y Y

RRF No. _____ Date D D M M Y Y Y Y

(To be filled by the BO. Please fill all the details in **BLOCK LETTERS** in English. Fill up a separate RRF for different combination of Names and for different RTAs).

I/We request you to convert (Restatementize) the Mutual Fund Units held in my/our demat account:

DP ID _____ Client ID _____

Name of First Holder _____

Name of Second Holder _____

Name of Third Holder _____

Existing Folio, If any	ISIN	Mutual Fund Name & Units Description	Quantity		Lock-in Details		Restatementization Request No. /RRN (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 format if the space is not sufficient.
- If all holdings in the demat account are to be restatementized, then "ALL" should be mentioned in the Quantity column.

Declaration by BO(s): I/We hereby declare that the above mentioned MF units are registered in my/our name(s) and are not already Restatementized and no Statement of Account issued against these MF units. I/We also hereby declare that the units requested by me/us for conversion into Statement of Account form are free from any lien or charge or encumbrance and represent the bonafide units of the Issuer to the best of my/our knowledge and belief.

	First Holder	Second Holder	Third Holder
Name			
Signature with DP			
Signature with RTA			

RRF Set up Date: **Time:**

Depository Participant Seal and Signature

V-Dec 2017

Acknowledgement

We hereby acknowledge the receipt of the following MF units requested for conversion (Restatementization) by Mr./Mrs./Ms. _____ _____ having BOID _____with us.

Existing Folio, If any	ISIN	Mutual Fund Name & Units Description	Quantity		Lock-in Details		Restatementization Request No. /RRN (To be filled in by DP)
			In Figures (or) All	In Words (or) All	Reason	Expiry Date	

Received by _____

Bank Official Signature _____

Branch _____ SR No _____

Date D D M M Y Y Y Y