

Investeria Financial Services Private Limited

Registered Office: 1003 Ruby Crescent, Ashok Chakrawarthy Road, Kandivali - East, Mumbai -400101,India KYC/Correspondence Office: 918, Iconic Shyamal, Shyamal Cross Road, Ahmedabad - 380015, Gujarat Phone: 079-49199817, Email: dp@investeria.in, Web: www.investeria.in SEBI Reg. No: - IN-DP-CDSL-297-2016 DP ID: 12072900

Rematerialization Request Form [RRF]

(To be filled up by the Demosites:				nt Name									
(To be filled up by the Depositor	y Participa	ant)											
RRN					Date		D D	M	М Ү	Υ	Υ	Υ	
Please fill all the details in Blo securities having different Lock-i			nglish. (Iı	n case of	Lock-in	Securit	ies, fill	up s	eparate	RRF	- for	Loc	
<u>-</u>	п ехрігу с	iales).											
RRF No.					Date		D D	M	М	Υ	Υ	Υ	
I/We request you to arrange to r	ematerial	lize the s	ecurities	mentioned	hereun	der held	d in our	dem	at acco	unt.			
OP ID				Client I	D								
Name of the Company													
ISIN		N											
Type of Security		☐ Equity ☐ Debentures ☐ Bonds											
	☐ Units		Other (Specify)									
Number of Securities to Be	In figur	es											
Rematerialized	In Word	do											
	In word	us											
Type of Lot Requested	☐ Mark	et Lot.		umbo Lot.	(S	pecify	Denon	ninat	tion)				
Type of Securities	☐ Free	e 🗖 Loc											
Lock-in Reason													
Lock-in Expiry Date	D	D		M	M	Υ	,	Y	Y		1	Υ	
Documents enclosed			•	•	•				•				
Account Holder's Details													
Name of the First Holder													
Father / Husband Name of First	Holder												
Name of the Second Holder													
Name of the Third Holder Occupation of the First Holder													

th the RRF

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature as per RTA Records			
Signature as per DP Records			

Participant Authorization - DP to RTA

Received the above mentioned securities for Rematerialization, from:

DP ID								(ID								
Name of th	e Sol	e / F	irst F	lolde	•												
ISIN	I	N							Date	D	D	M	M	Υ	Υ	Υ	Y

The Rematerialization Request form has been verified with the details of the Beneficial Owner's account and it is certified that the form is in order. The account has sufficient balances to allow the Rematerialization as requested. It is also certified that the details of beneficial owners have been verified and found in order.

										Dep	osito	ory I	Part	icip	ant	Sea	al ar	nd Si	gnatı	ıre
======================================															=					
Received Remater	rializa	tion r	eques	st forn	n as	per o	details	given	below:											
RRF No.										Date		D	D	M	M	Υ	Y	Υ	Υ	
DP ID									Client ID)										1
Name of the Sole /	' First	Holde	er																	1
Name of Second jo	int H	older																		1
Name of Third join	t Holo	ler																		
ISIN I N							Qı	uantity												
Name of the Comp	any /	Secu	rity					-												
Type of Cocurity																				7

Depository Participant Seal and Signature