REPURCHASE / REDEMPTION REQUEST FORM

KEDIA CAPITAL SERVICES PVT LTD

Corporate Office : Office no 1,Tulip Flower Valley, Khadakpada,Kalyan West-421301 Tel : (0251) 6161111
Registered Office : Office no 1,Tulip Flower Valley, Khadakpada,Kalyan West-421301.
Tel : (0251) 6161111;Investor grievance e-
mail : grievance@kediacapital.com

Depository Participant ID													
RFN						DATE							

I/We offer the below mentioned securities for repurchase/ redemption and declare that my/our account be debited the number of securities 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 security mentioned.

Account Number							■								
Account Holder Name															
No. of Securities to be Repurchased/Redeemed(in figures)															
in words (integers)															
and (Fractions)															
Name of the security															
Name of the issuing Company															
Face Value															
ISIN															

Specimen Signature(s)   <u>**Name**</u>   <u>**Signature**</u>

First/ Sole Holder

Second Holder

Third Holder

Participant Authorization

Received the above mentioned securities for repurchase/ redemption from

Account No.													
ISIN													
Date	D		D		M		M		Y		Y		Y		Y
Name of the first Holder													

The application form is verified with the details of the beneficial owner's account and certified that the application 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 in order.

The other details of the beneficial owners as extracted from the records are enclosed.

Forwarded by –   Name

                  Signature   Seal

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Acknowledgement
Participants Name Address and ID

We hereby acknowledge the receipt of repurchase/ redemption request for _____ no. of securities of _____(security details) from_____(Name) holding a/c no. _____

Depository Participant's Signature   **Seal**   **Date**