Annexure HA

REPURCHASE/REDEMPTION FORM

Date: _____

Consortium Capital Pvt Ltd 22, R.N. Mukherjee Road, 2nd Floor Kolkata-700001

Third Holder Name

account be d and make the	ebited by the e payment as	nun per	ned securities for repurchase/redemption and mber of securities to the extent of my/our repu the bank account details available in the depo oned person(s) are the beneficial owners of th	urchase/redemption request sitory system. I/We hereby	
Client ID			oned person(s) are the beneficial owners of th	e securities memiorieu.	
Sole/ First Holder Name					
Second Holder Name					
Third Holder Name					
Type of Security		MF Units/Others(Please specify)			
ISIN	Mutual Fund	d/	All Units/no of Units/Amount (Rs)	RRN (Repurchase/	
	Issuer Name	•	(Please mention as applicable)	Redemption Request Number) (To be filled in by Participant)	
				Farticipant)	
			Units:		
			Amount:		
			Units:		
			Amount:		
			Units:		
			Amount:		
Note: In case	the space is f	foun	nd to be insufficient, a duly signed annexure co	ntaining the aforesaid details	
	ormat may be				
			are mentioned, the request will be processed		
1		options are available only for redemption requests. Signature(s)			
Holder(s)			Signature(s)		
Sole/ First Holder Name					
Second Holder Name					

Acknowledgement

·		uest(s) for repurchase/redemption from having DP ID and
ISIN	Mutual Fund/ Issuer Name	All Units/no of Units/Amount (Rs) (Please mention as applicable)
		Units:
		Amount:
		Units:
		Amount:
		Units:
		Amount:
Name of the Offici	al:	•
Signature:		Participant's Stamp & Date