# FORM 7

**Alankit**®

## REPURCHASE / REDEMPTION FORM

**Alankit Assignment Ltd.**
**1E/13, Jhandewalan extn.**
**New Delhi-110055**

Serial No (Pre Printed)                                    Date: _____

I/We offer the below mentioned securities for repurchase/ redemption and declare that my/our account be debited by the number of securities to the extent of my/our repurchase/ redemption request and make the payment as per the bank account details available in the depository system. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the securities mentioned.

| Client ID | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Sole/First Holder Name | | | | | | | | | |
| Second Holder Name | | | | | | | | | |
| Third Holder Name | | | | | | | | | |
| Type of Security | *MF Units/Others (please specify)* | | | | | | | | |

| ISIN | Mutual Fund / Issuer Name | All Units/No. of Units/Amount (Rs.) <br> (Please mention as applicable) | RRN (Repurchase / Redemption Request Number) (To be filled in by Participant) |
|---|---|---|---|
| | | Units_____ <br><br> Amount_____ | |
| | | Units_____ <br><br> Amount_____ | |
| | | Units_____ <br><br> Amount_____ | |

**Note :** 1. In case the space is found to be insufficient, a duly signed annexure containing the aforesaid details in the same format may be attached.
2. If 'Units' and 'Amount' both are mentioned, the request will be processed based on the 'Units'
3. 'All' and 'Amount based' options are available only for redemption requests.

| *Holder(s)* | *Signature(s)* |
|---|---|
| Sole/First Holder | |
| Second Holder | |

| Third Holder | |
|---|---|
| | |

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**Acknowledgement**

**Serial No (pre-printed)**

We hereby acknowledge the receipt of following request(s) for repurchase / redemption from Mr/Ms/M/s
_____ having DP ID _____ and Client ID _____ .

| ISIN | Mutual Fund / Issuer Name | All Units/No. of Units/Amount (Rs.)<br><br>(Please mention as applicable) |
|---|---|---|
| | | Units_____ <br> Amount_____ |
| | | Units_____ <br> Amount_____ |
| | | Units_____ <br> Amount_____ |

**Name of the Official :**                                    **Participant's Stamp & Date**

**Signature          :**