REPURCHASE / REDEMPTION REQUEST FORM

Participant Name	Axiom Sha	re Broking	Pvt.Ltd					
Depository Participant ID	1	2	0	6	6	1	0	0
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 Secu	rities	to b	oe Re	epur	chas	sed/F	Rede	eme	d(in	figuı	res)							
in words																		
(integers)																		
and																		
(Fractions)																		
Name of the	e sec	curity	/															
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

the above mentioned securities for repurchase/ redemption from															
Account No.															
ISIN															
Date)	[)	V		N	1	Y	,	\	Y	/	\	Y
Name of the fi Holder	rst														

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									
	Signati	ıre		S	eal					
=====	=====	======	=====	=====	====	= = =	=====	====	====	= =
Participants N	ame Address	and ID	Ackn	owledgemer	nt					
We hereby a	acknowledge	the receipt of (security details)		•			_(Name) holdir			
Depository F	Participant's	Signature		s	Seal		_		Date	