



# BCB Brokerage Private Limited

CIN-U67120MH2000PTC129742

SEBI Registration No. IN-DP-CDSL-05-99

Regd. Off. : 1207-A, P. J. Towers, Dalal Street, Fort, Mumbai-400 001.

Tel No. 022-22720000 Web: [www.bcbbrokerage.com](http://www.bcbbrokerage.com)

Compliance Officer: Manish Mourya Email id – [complianceofficer@bcbbrokerage.com](mailto:complianceofficer@bcbbrokerage.com)

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## Mutual Fund Restatementization Request Form [MF-RRF]

(Updated as per CDSL Operating Instructions as on March, 2022)

(To be filled up by the Depository Participant)

RRN		Date	
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RRF No.		Date	
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(To be filled by the BO. Please fill all the details in **BLOCK LETTERS** in English. Fill up a separate RRF for different combination of Names and for different RTAs).

I/We request you to convert (Restatementize) the Mutual Fund Units held in my/our demat account:

DP ID		Client ID	
Name of First Holder			
Name of Second Holder			
Name of Third Holder			

Existing Folio, if any	ISIN	Mutual Fund Name & Units Description	Quantity		Lock- in Details		Restatementization Request No. / RRN (To be filled in by DP)
			In Figures (or) All	In Words (or) All	Reason	Expiry Date	

- Attach an annexure (duly signed by account holder(s)) in the above format if the space is not sufficient.
- If all holdings in the Statement of Account are to be restatementized, then "ALL" should be mentioned in the Quantity column.

**Declaration by BO(s):** I/We hereby declare that the abovementioned MF units are registered in my/our name(s) and are not already Restatementized and no Statement of Account issued against these MF units. I/We also hereby declare that the units requested by me/us for conversion into Statement of Account form are free from any lien or charge or encumbrance and represent the bonafide units of the Issuer to the best of my/our knowledge and belief.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature with DP			
Signature with RTA			

RRF Set up Date		Time	
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For BCB Brokerage Private Limited (DP ID 12010400/ 01)

(Authorised Signatory)

Name:

Designation and Employee ID:

Place:

Date:

**Acknowledgement Receipt**

We hereby acknowledge the receipt of the following MF units requested for conversion (Restatementization) by Mr./Mrs./Ms. \_\_\_\_\_ having \_\_\_\_\_ BOID \_\_\_\_\_ with us.

Existing Folio, If No.	ISIN	Mutual Fund Name & Units Description	Quantity		Lock- in Details		Restatementization Request No. / RRN (To be filled in by DP)
			In Figures (or) All	In Words (or) All	Reason	Expiry Date	

For BCB Brokerage Private Limited (DP ID 12010400/ 01)

**(Authorised Signatory)**

**Name:**

**Designation and Employee ID:**

**Place:**

**Date:**