

**TRADE CAPITAL****KIFS TRADE CAPITAL PRIVATE LIMITED**

H.O.: B – 81, PARISEEMA COMPLEX, NEAR LAL BUNGLOW, C.G. ROAD, ELLISBRIDGE, AHMEDABAD – 380006. GUJARAT. INDIA. Phone No. 079-26420592 & 594, 30000320 TO 21 FAX: 079-26403717

REPURCHASE / REDEMPTION FORM (FORM - 7)

DP ID IN 301485	RRN	Date	DD	MM	YYYY
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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								
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Name of the Holder		Signature
Sole/First Holder Name		
Second Holder Name		
Third Holder Name		
Type Of Security	<i>MF Units/Others (please specify)</i>	

ISIN	Mutual Fund / Issuer Name	Quantity (No. of Securities to be Repurchased / Redeemed)			RRN (Repurchase / Redemption Request Number) (To be filled in by Participant)
		In Figure	In Words (Integers)	In Words (Fractions)	

Note: In case the space is found to be insufficient, a duly signed annexure containing the aforesaid details in the same format may be attached.

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 balances to accept the repurchase/ redemption request. It is also certified that the beneficial owner's signatures are verified and found in order. The offer details of the beneficial owners as extracted from the records are enclosed.

Forwarded by: Name

Signature

(Seal)

Acknowledgment**KIFS TRADE CAPITAL PRIVATE LIMITED**

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

Participant's Signature

Date

(Seal)