

FORM 7

STOCK HOLDING CORPORATION OF INDIA LTD

SHCIL HOUSE PLT NO p-51, T.T.C Industrial Area ,MIDC,Mahape ,Navi Mumbai -400 710

IN300011/IN300888/IN301127/IN301330/IN301022/IN301080/IN301135/IN301715/IN302025/IN301276/IN301250/
IN301039

REPURCHASE / REDEMPTION FORM

Serial No

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	<i>MF Units/Others (please specify)</i>						

ISIN	Mutual Fund / Issuer Name	All Units/No. of Units/Amount (Rs.) (Please mention as applicable)	RRN (Repurchase / Redemption Request Number) (To be filled in by Participant)
		<input style="width: 100%;" type="text" value="Units"/> <input style="width: 100%;" type="text" value="Amount"/>	
		<input style="width: 100%;" type="text" value="Units"/> <input style="width: 100%;" type="text" value="Amount"/>	
		<input style="width: 100%;" type="text" value="Units"/> <input style="width: 100%;" type="text" value="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.

<i>Holder(s)</i>	<i>Signature(s)</i>
Sole/First Holder	
Second Holder	
Third Holder	

Acknowledgement

Serial No

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.) (Please mention as applicable)
		<input type="text" value="Units"/> <input type="text" value="Amount"/>
		<input type="text" value="Units"/> <input type="text" value="Amount"/>
		<input type="text" value="Units"/> <input type="text" value="Amount"/>

Name of the Official :

Participant's Stamp & Date

Signature :