Annexure HA
REPURCHASE/REDEMPTION FORM

Serial No.		Date

PARTICIPANT NAME	**INMACS LIMITED**
	Regd. Off: 4696, BRIJ BHAWAN 21AANSARI ROAD, DARYAGANJ, NEW DELHI-110002
	Corporate Off: 909, Chiranjiv Tower, 43 – Nehru Place, New Delhi – 110019
	Ph. 011-26289478
DP ID IN302574	**E-mail Id: inmacs.dp@gmail.com; Website: www.inmacs.in;**
	Investor grievance Id: investorsgrievance@inmacs.com

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 person(s) are the beneficiary owners of the securities mentioned.

Client ID								
Sole/First Holder Name								
Second Holder Name								
Third Holder Name								
Type of Security	MF Units/other (Please specify)							

ISIN NO.	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)
		Units **Amounts**	
		Units **Amounts**	
		Units **Amounts**	

Note:

1. In Case the space in found to be insufficient; a duly signed annexure containing the aforesaid details in the same format may be attached.
2. If **"Units"** and **"Amounts"** both are mentioned, the request will be processed based on the "Units".
3. **'All'** and the "**Amount based** "option are available only for redemption request.

Holder (s)	Signature(s)
Sole/First Holder	x
Second Holder	X
Third Holder	x

Acknowledgement

Serial No. (Pre-Printed)

We hereby acknowledge the receipt of following securities for repurchase /redemption from,
Mr. /Ms./M/s_____having DP IN_____ and client ID_____.

ISIN NO.	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)
		Units **Amounts**	
		Units **Amounts**	
		Units **Amounts**	

Name of the official :

Signature   :

(Participant's Stamp & Date)