

LARES ALGOTECH INDIA PRIVATE LIMITED

Regd. Off: 460, 3rd Floor, Kondli Gharoli, Mayur Vihar Phase III, New Delhi – 110096
Corp. Off: Spectrum Metro Mall, Tower A, 1005, 10th Floor, Sector 75, Phase 1,
Gautam Buddha Nagar, Noida – 20130 Uttar Pradesh
Tel. No.: 0120-6335981 | Email: dp@laresalgotech.com | Web: www.laresalgotech.com



Annexure C

REPURCHASE / REDEMPTION FORM

Date: ___ / ___ / ___

To,
Lares Algotech India Private Limited (DP ID : IN304844)
Spectrum Metro Mall, Tower A
1005, 10th Floor, Sector 75, Phase 1
Gautam Buddha Nagar, Noida – 201301
Uttar Pradesh

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 (₹) (Please mention as applicable)		RRN (Repurchase / Redemption Request Number) (To be filled in by Participant)
		Units	Amount	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	

- Note :** 1. In case the space is found to be insufficient, a duly signed annexure containing therefore said 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.

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

Acknowledgement

We hereby acknowledge the receipt of following request(s) for repurchase / redemption from

Mr/Ms/M/s _____ having DP ID : IN304844

and Client ID _____.

ISIN	Mutual Fund / Issuer Name	All Units/No. of Units/Amount (₹) (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 :