Anand Rathi Advisors Limited 10th Floor, A Wing, Express Zone, Western Express Highway,

Goregaon (East), Mumbai - 400 063. India

ANANDRATHI

ALL-IN-ONE PMS Service Request Form	l
-------------------------------------	---

ALL-IN-ONE PMS Service Request Form																									
	ase read the lase print the															d ove	erlea	f							
PN	IS Client Coo	le		Client Code											Dat	e	D	D	/	\mathbb{N}	\mathbb{N}	/	Y	Y	ΥY
Sol	e/Primary H	lolder								So	ole / Pri	mary	Hold	er Nai	me										
	ond Holder										Secon														
Thi	rd Holder										Third	d Hold	er Na	ame											
	Check-In		Tor	p-Up			Secu	ritv Ch	neck-Out		Pa	rtial			P	ank (han	70		1		mail	Chang	<u>م</u>	
	Terminatio		_	/itch				edemp		=		ull	4			emat							s Chan	-	=
										<u> </u>								•						_	
	I/We hereby / Non-Discre											e abov	e me	ention	ied p	urpc	se v	/ith	rega	rd	to ti	ne Di	scretio	onar	y
		ip Code/Fo		wiana		SIN	VICES D		Scrip /			rtfolic	Nan	ne (So	ourc	e/Tai	rget)		Q	uan	tity	/ An	nount	(Rs.)
		-									-										-				
																									_
	Please attac	h a cancel	chequi	e conv	ofth	e acco	ount int	to wh	ich the	redem	ntion r	rocer	ds h	ave tr	n he	naid	out								
	Please attac																		ed-i	n/c	out/	rede	emed		
	Depository	Account	Detai	ls:																					
	I/We reques			• ·		-																			
	I/We reques									my/ou	ır beha	lf in th	ne de	mat a	ccou	ınt g	iven	belo	ow a	nd	dep	osit/	transf	er th	ie
	balance amo									CDS	I Bono	∧/c				Ror	ofic	iarv	Acco	auc	+ Ni	umbe	r		
	-		N NSDL Beneficiary Account Number CDSL Bene A/c CDSL Beneficiary										AUU	Jun	LINU	JUIDE	.1		=						
	DP Name					(ecify DI														
	Please attac														nat	ACCO	unt	or	/alid	atio	on.				
	Bank Accou								wish to						F										
	I/We reques	-		-		-										coun	t giv	en t	elov	N.					
	A/c Type	□ Saving					•	•			A/c No			T	Τ	Γ					Τ				
	Bank Name									Ba	ank Nar	ne													
	Branch		Branch	h Name	e		IFSC	:			IFSC					ICR					MI	CR			
	Please attac	h a proof c	ontain	ning th	e Acc	ount l			me(s) pr	rinted		lse, th	e aco	count			be c	onsi	dere	ed f	or u	pdat	ion.		
	Address/Er								change y													-			
	I/We reques	t you to re	place r	my/our	r exist	ing Ac	ddress/	Email	register	red in t	the abo	ve PN	1S Ac	count	t.										
	Adduces								Spec	ify Addı	ress line	1 and	line 2	-											
	Address	Address Specify Address line 3 and line 4																							
City Specify City Pincode State Specify						ify Sta	ite																		
	Email									ТТ															
	Please attac	h a valid ao	dress	proof	not o	older t	han on	e mo	nth.																
	Declaration	n & Signat	ures:																						
	I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and I/We undertake to inform you any changes therein immediately. In																								
	case any of the information is found to be false or untrue or misleading or misrepresentative, I/We am/are aware that I/We may be held liable for it. I/We hereby declare and confirm that the cash/stock transferred from my/our bank/demat account is towards the bank/depository account opened, maintained and operated by the																								
	Portfolio Manager pursuant to the Portfolio Investment Management Agreement executed by me/us																								
	I/ We understand that the Portfolio Manager will liquidate the portfolio in my best interest and hence will redeem my stocks in favorable market conditions and at the best possible available price.																								
	I/We understand												-		-								Further	, I/We	9
	understand that in case of partial redemption, the assets shall be redeemed within 30 days of the receipt of this redemption request by Anand Rathi Advisors Limited. I/We authorize you to deduct the amounts towards the costs and expenses incurred and undertake to pay all dues payable by me/us to you in respect of the services rendered by you																								
to me/us and complete all such formalities as may be required by you for the termination of the PMS Agreement. I/We agree that the clauses of the Portfolio Investment Management Agreement with regard to termination of the said agreement shall be binding on me/us.										iu unueri	lake to p	ay all di	ies pay	able by	y me/	us to y	ou in	resp	ect of	the	serv	ces re	naerea	.,,.	
	to me/us and co	mplete all suc	h forma	lities as r	may be	require	ed by you	for the	terminati	on of the	e PMS Ag	reemer	nt.									ces re	naerea	.,,.	
	to me/us and co	mplete all suc the clauses of	h forma the Por	lities as r tfolio Inv	may be	require	ed by you	for the	e terminati nent with	on of the regard to	e PMS Ag o termina	reemer	nt.					nding	on m	e/us	5.		ndered	.,,.	
	to me/us and co	mplete all suc	h forma the Por	lities as r tfolio Inv	may be	require	ed by you	for the	e terminati nent with	on of the regard to	e PMS Ag	reemer	nt.					nding		e/us	5.		naerea	-,,-	
	to me/us and co	mplete all suc the clauses of	h forma the Por	lities as r tfolio Inv	may be	require	ed by you	for the Agreen	e terminati nent with	on of the regard to	e PMS Ag o termina	reemer	nt.				be bir	nding	on m	e/us	5.		ndered		

Location	Location
----------	----------

RM Name

	INSTRUCTIONS / TERMS & CONDITIONS							
1	Please fill the form in ENGLISH and in BLOCK letters only							
2	Please mention the PMS Client Code and the Holder(s) / Applicant(s) Names as per the PMS Agreement							
3	Ple	ase tick against the appropri	ate request for which the form is being submitted					
4	Ple	ase use separate forms for se	eparate requests. Please do not combine multiple requests in a single form					
5	Ple	ase note to mention the follo	owing details in the Table provided to mention the Scrip / Security / Portfolio Name:					
	а	Security Check-in	Scrip Code / Folio, ISIN, Scrip / Security / Portfolio Name, Quantity					
	b	Termination	In case of Termination, the Client needs to tick either Security Check-Out or Redemption (Full or Partial). (The PMS Account will be closed and action initiated as per client request)					
	с	Тор-Uр	Portfolio Name, Amount					
	d	Partial Switch	Portfolio Name, Amount					
	е	Full Switch	Portfolio Name (Entire investments will be Switched from the Source to Target Portfolio)					
	f	Partial Security Check-Out	Scrip Code / Folio, ISIN, Scrip / Security / Portfolio Name, Quantity					
	g	Full Security Check-Out	All fields are optional (Entire investments will be moved out of the PMS Client Code)					
	h	Partial Redemption	Portfolio Name, Amount					
	i	Full Redemption	All fields are optional (Entire investments will be redeemed out of the PMS Client Code)					
	j	Change Requests	All fields are optional (Entire investments will be redeemed out of the PMS Client Code)					
6	The Demat Holding Statement / Statement of Accounts received from the RTA (as may be applicable) have to be submitted at the time of Security Check-in							
7	In case of Termination / Full Security Check-Out / Full Redemption, there is no need to mention the Details of the Scrips / Securities							
8	The Amount can be specified only in case of Top-Up / Partial Redemptions / Switch of Portfolio from One Scheme to Another in							
9		case of Switch of Portfolio, pl tfolio Column	ease mention "From " + Source Portfolio Name followed by "To "+ Target Portfolio Name under the					
10	10 The Demat Account Details (Beneficiary Account Number & DP Name) should be provided in case of the following requests:							
	a Security Check-in							
	b Security Check-Out (Partial or Full)							
	c New Demat Account Registration							
11	1 Appropriate Proof document has to be submitted for the Demat Account mentioned							
12	12 The Bank Account Details should be provided in case of the following requests:							
	a Redemption (Partial or Full)							
	b New Bank Account Registration							
13	Appropriate Proof document has to be submitted for the Bank Account mentioned which contains the names of the Holders							
14	printed on it Appropriate Proof document has to be submitted for the Address requested to be updated and the same should not be older than 14							
	¹⁴ a monthAll the Holders (as per the PMS Agreement) have to sign the form. The form is liable to be rejected, in case of mismatch / missing							
15		signature(s) of any Holder(s)						
16	Ple	ase ensure to mention the re	spective RM's Name at the end of the form					
17	The duly filled form should be sent to the PMS Team at Times Tower, Mumbai along with the required / necessary annexures for action by the PMS Team							