

ANNEXURE H

REMATERIALISATION REQUEST FORM

Star Finvest Pvt. Limited [IN302540]

311, Arunachal Building

19 Barakhamba Road

New Delhi – 110001

RRN _____

DATE _____

(To be filled in by the DP)

I/we hereby declare that the below mentioned account may be debited to the extent of my/our rematerialisation request and equivalent certificates be issued for the same. I/we hereby declare that the below mentioned person(s) are the beneficial owners of the securities mentioned.

Account No.	
Sole/ First Holder	
Second Holder	
Third Holder	
Company Name	
Type of Securities	Equity / others (please Specify)
Quantity (in Figure)	
Quantity (in words)	

ISIN

I	N										
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FACE VALUE	
DETAILS OF SECURITIES	<input type="checkbox"/> Free Securities <input type="checkbox"/> Locked-in Securities
DETAILS OF LOCKED-IN SECURITIES	<input type="checkbox"/> Lock-in release date: <input type="checkbox"/> Lock-in reason:

ADDRESS (to be filled in only if change in address is to be recorded)

PIN

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

PARTICIPANT AUTHORISATION

Received the above mentioned securities for rematerialisation from:-

Account No.	
Date	
Script Name	
ISIN	
Name of the sole/first holder	
Name of the second holder	
Name of the third holder	

The application form is verified with the details of the beneficial owner's account and certify that the application form is in order. The account has sufficient