CENTRUM FINVERSE LIMITED.

SEBI Registration No.: IN-DP-788-2024 CIN No.:U66120MH2023PLC411440
Regd. Office : Centrum House, C.S.T. Road, Vidya Nagari Marg
Kalina, Santacruz (East) Mumbai – 400098
Corporate Office : Unit No 1-A,First Floor, Central Plaza,166 C.S.T
Road, Kalina, Santacruz (East) Mumbai – 400098

Annexure- A

Request for Premature Redemption of Sovereign Gold Bonds

DP ID	12012200	Form No.		Date	D	D	M	M	Y	Y	Y	Y

DP ID	1	2	0	1	2	2	0	0	Client ID								
Name of First Holder																	
Name of Second Holder																	
Name of Third Holder																	

Sr. No.	ISIN	Units of Securities to be Premature Redeemed	Total Face Value of securities to be Premature Redeemed (in Rs.)	RRN
1				
2				
3				

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

Depository Participant Seal and Signature

CENTRUM FINVERSE LIMITED CDSL (DP ID – 12012200)
Unit No 1-A,First Floor, Central Plaza,166 C.S.T Road, Kalina,
Santacruz (East) Mumbai – 400098 Tel : +912 26955 9000

REPURCHASE / REDEMPTION REQUEST FORM [RRF]

RRN : _____

Date:

RFN No. _____

Date :

I/We offer the below mentioned Mutual Fund (MF) units for repurchase / redemption and declare that my/our account be debited "All" or the number of MF Units to the extent of my/ our repurchase / redemption request and proceeds be paid to me/us cheque/ bank draft. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the MF Units mentioned.

Demat Account Number																
Name of First / Sole Holder																
Name of Second Holder																
Name of Third Holder																
No. of Securities to be Repurchased/Redeemed (in figures) or / **"ALL"**									**"AMOUNT" (₹)**							
In Words (Integers and Fractions)																
Name of the security / Scheme																
Name of the issuing Company / AMC																
Face Value																
ISIN																

If all holdings in the Demat account are to be redeemed / repurchased, then "ALL" should be mentioned in the Quantity column.

Specimen Signature(s)	**Name**	**Signature**
First / Sole Holder		
Second Holder		
Third Holder		

Participant Authorization
Received the above-mentioned MF Units for repurchase/ redemption from

Account No.											
ISIN											
Date	D	D	M	M	Y	Y	Y	Y			
Name of First / Sole Holder											

The application form is verified with the details of the beneficial owner's account and certified that the application form is in order. The account has sufficient balance to accept the repurchase/ redemption request. It is also certified that the beneficial owner's signatures are verified and found to be in order.

RFN Set up Date: Time: Date

Depository Participant's Signature Seal