

PMS REDEMPTION REQUEST FORM

We hereby request you to MS ACCOUNT DETAILS	close my/our account with	h you as per the follo	owing details:	Date: DD/MM/YYYY				
MS Account code:								
lame of Sole/First Holder:								
lame of Second Holder:								
Jame of Third Holder:								
EDEMPTION DETAILS (Please	✓ tick anyone)	Full Dedemation						
Part Redemption		Full Redemption						
Mount in Figures: (Applicable	e only for partial redemption): -							
5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
EASON FOR REDEMPTION								
Portfolio Performance	Liquidity-Fund Req	uirement	Market Volatili	ty				
ervice issue								
	Others Reason:							
AYOUT OPTION (Please √ tic	k anvone)							
Cash Payout		Stock Transfer*						
		(Note: *Stock transfe	er is not available fo	or Part Redemption)				
a. Bank details for Rede	mption amount Cash Payo	out. (Please √tick an	yone)					
				1 . ·I **				
Registere	ed Bank	New Bank as per below details**						
Bank Details: (In case of Multip Client Name as per	le Bank is Registered, please	mentioned anyone bar Account Nu		or Payout)				
Bank		Account Nu	inder.					
Account Type:	-							
Bank Name:		Bank Branch	n & City					
		· · ·	a					
				tock Transfer				
	If Payout Option selected	is "Stock Transfer" o	r any Restricted s					
b. Target Demat details	If Payout Option selected	is "Stock Transfer" o	r any Restricted s					

Encl: - a) Personalized cancel cheque leaf will be required in case of a new bank other than the registered bank.b) CMR Copy Stamped by DP & attested by authorized Person of DP.

Note: Full Redemption will be constituted as Closure of a PMS Account and closure of Demat account shall be mandatory.

Name: First Applicant	Name: Second Applicant	Name: Third Applicant			
(Signature)	(Signature)	(Signature)			

Marcellus Investment Managers Private Limited



FORM 34 APPLICATION FOR CLOSING AN ACCOUNT (For Beneficiary Account only)

To, The Manager Kotak Mahindra Bank Ltd. A wing, 5th floor, Intellion Square, Infinity IT Park, General Arun Kumar Vaidya Marg, Malad East, Mumbai, Maharashtra – 400097

Date:

DP ID-

1. I / We hereby req	uest you to close my/our account with	1 you as pe	r followi	ng deta	ails:			
	Name of the ho	lder(s)						
Sole/ First Holder				h.,				
Second Holder					h.,			
Third Holder		-						
2. Reason/s for Close	ure of depository account-		_		-			
3. Client ID (of accord	unt to be closed)							
4. Please tick the app	plicable option(s)			1				
Option A [Ther	e are no balances / holdings in this acc	ount]						
Option B Transfer to my / our own account Target Account Details								
[Transfer the balances /holdings In this account as per details given]	 (Provide target account details and enclose Client Master Report of Target Account) Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders) 	NSDL CDSL	DP ID Client ID					

Option C [Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)]

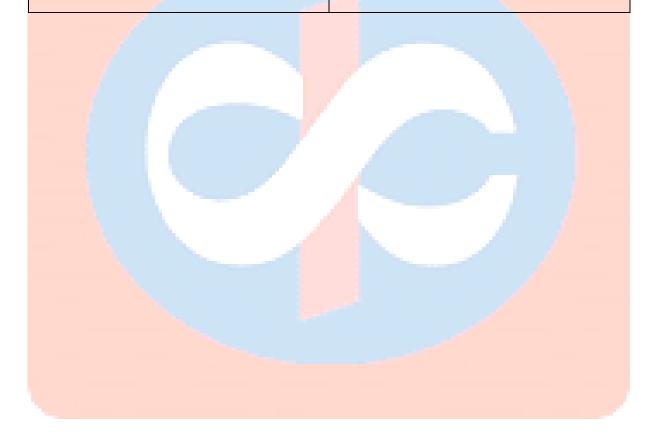
5. Signatures

Sole/ First Holder	
Second Holder	
Third Holder	

Kotak Mahindra Bank Ltd. CIN: L65110MH1985PLC03813 Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051. www.kotak.com



Acknowledgement								
We hereby acknowledge the receipt of your request for closing the following Account subject to verification:								
DP ID								
Client ID								
Name of Sole/First Holder	Name of Sole/First Holder							
Name of Second Holder								
Name of Third Holder								
Signature of the Authorised Signatory		Seal/Stamp of Participant						
Date								



Kotak Mahindra Bank Ltd. CIN: L65110MH1985PLC03813 Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E), Mumbai - 400 051. www.kotak.com



Annexure

Request for addition/deletion of beneficiary account details for execution of off-market transfer

To <participant's name=""></participant's>		Date		D	D	М	Μ	Y	Y	Y	Y
<participant's< td=""><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></participant's<>		•									
DP ID		Ι	N								
Client ID											
Sole/First Hole	der Name										
Second Holder	Name										
Third Holder N	lame										
	nform you that I/we wish to add/del -depository transfers.	ete the b	eneficiary	accounts	detail	s be	low for ex	ecution	ofoffi	nark	et transfers
Add	Beneficiary DP ID										
Delete	Beneficiary Client ID										
	PAN of the First Holder		_	_							
Add	Beneficiary DP ID										
Delete	Beneficiary Client ID										
	PAN of the First Holder										
Add	Beneficiary DP ID										
	Beneficiary Client ID										_
	PAN of the First Holder										
						_					
1	2					3_					
	Authorised Signatory (ies)										

Participant Authorisation

Name: Signature:

Participant's Stamp & Date