



## DBS CHOLA MUTUAL FUND

**Folio No.:** \_\_\_\_\_  
**Unitholder** \_\_\_\_\_ PAN1 \_\_\_\_\_  
 Joint 1 Name \_\_\_\_\_ PAN2 \_\_\_\_\_  
 Joint 2 Name \_\_\_\_\_ PAN3 \_\_\_\_\_  
**Mode of Holding:** \_\_\_\_\_

Date : \_\_\_\_\_  
 Scheme : \_\_\_\_\_  
 Plan/Option : \_\_\_\_\_  
 Tax Status : \_\_\_\_\_  
 Broker/ARN : \_\_\_\_\_  
 Sub Broker : \_\_\_\_\_

*PAN/GIR No. mandatory (all applicants) where investment is Rs. 50,000 or more*

I/We have read and understood the contents of the Offer Document(s) of the respective Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the respective Scheme(s).

**ADDITIONAL PURCHASE REQUEST**

Amount (in Rs.) \_\_\_\_\_ (in words) \_\_\_\_\_

Drawn on \_\_\_\_\_ Branch \_\_\_\_\_

Cheque/DD No. \_\_\_\_\_ dated \_\_\_\_\_

Bank Account Type (please ✓): ☐ Savings ☐ Current ☐ NRE ☐ NRO

**SWITCH REQUEST**

Please Switch (please ✓) ☐ All Units ☐ No. of Units \_\_\_\_\_

Amount (in Rs.) \_\_\_\_\_ (in words) \_\_\_\_\_

**From** Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

**To** Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

**REDEMPTION REQUEST**

Please redeem (please ✓) ☐ All Units ☐ No. of Units \_\_\_\_\_

Amount (in Rs.) \_\_\_\_\_ (in words) \_\_\_\_\_

Account to Account transfer facility for redemption available (please ✓ any one)

☐ HDFC Bank ☐ ICICI Bank ☐ CITI Bank\* ☐ IDBI Bank\* ☐ SCB\*

\* available only for DBS Chola Liquid Fund & DBS Chola Short Term Floating Rate Fund

SIGNATURE(S)

Sole First Unit holder/Guardian \_\_\_\_\_ Second Unit Holder \_\_\_\_\_ Third Unit Holder \_\_\_\_\_

*To be signed by all Applicants, if mode of holding is 'JOINT'*

Folio No.: \_\_\_\_\_ Scheme: \_\_\_\_\_

Plan : \_\_\_\_\_ Date : \_\_\_\_\_

**CHANGE IN BANK DETAILS****CHANGE IN CORRESPONDENCE ADDRESS**

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_ State \_\_\_\_\_

Bank Account No. \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

**Bank Account Type** (please ✓)

State \_\_\_\_\_

☐ Savings ☐ Current ☐ NRE ☐ NRO

Tel.: (Office) \_\_\_\_\_ (Res.) \_\_\_\_\_

**ELECTRONIC CLEARING SERVICES (ECS)**

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

I/We authorise DBS Chola Mutual Fund to credit my/our dividend through  
ECS (please ✓)

E-mail: \_\_\_\_\_

The 9 digit MICR Code number of my/our Bank &amp; Branch is

**I wish to receive Account Statement by e-mail (please ✓)**

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☐ **Weekly** ☐ **Monthly** ☐ **After every transaction**

(The 9 digit code appears on your cheque next to the cheque number. Please enclose xerox copy of your cheque leaf.)

SIGNATURE(S)

\_\_\_\_\_  
Sole First Unit holder/Guardian\_\_\_\_\_  
Second Unit Holder\_\_\_\_\_  
Third Unit Holder