

Folio No.: \_\_\_\_\_ Date : \_\_\_\_\_  
 Unitholder \_\_\_\_\_ PAN1 \_\_\_\_\_ Scheme : \_\_\_\_\_  
 Joint 1 Name \_\_\_\_\_ PAN2 \_\_\_\_\_ Plan/Option : \_\_\_\_\_  
 Joint 2 Name \_\_\_\_\_ PAN3 \_\_\_\_\_ Tax Status : \_\_\_\_\_  
 Mode of Holding: \_\_\_\_\_ Broker/ARN : **ARN-3852**  
 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: \_\_\_\_\_

**CHANGE IN BANK DETAILS**

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

Branch \_\_\_\_\_

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

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

Bank Account Type (please )

Savings  Current  NRE  NRO

**ELECTRONIC CLEARING SERVICES (ECS)**

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

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

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

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

**CHANGE IN CORRESPONDENCE ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

State \_\_\_\_\_

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

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

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

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

Weekly  Monthly  After every transaction

SIGNATURE(S)

\_\_\_\_\_  
 Sole First Unit holder/Guardian

\_\_\_\_\_  
 Second Unit Holder

\_\_\_\_\_  
 Third Unit Holder