DBS Chola
MUTUAL FUND

SYSTEMATIC INVESTMENT PLAN (SIP) ENROLMENT FORM (Please read Instruction overleaf)

To, The Trustee

Date: ____ / _____ / _____

DBS Chola Mutual Fund

I/We have read and understood the contents of the Offer Document of the Scheme(s) and the instructions overleaf. I/We hereby apply for the SIP Enrolment under the following Scheme/Plan (please tick your choice) and agree to abide by the terms and conditions of the Scheme/Plan.

Folio No.	

Name of the Scheme	Investment Option (Please tick)	Dividend Option (Please tick)
DBS CHOLA GROWTH FUND *An open-ended Growth Scheme*	☐ Quarterly Dividend ☐ Cumulative	☐ Payout ☐ Reinvest
DBS CHOLA OPPORTUNITIES FUND *An open-ended Growth Scheme*	☐ Dividend ☐ Cumulative	☐ Payout ☐ Reinvest
DBS CHOLA MIDCAP FUND *An open-ended Equity Scheme*	☐ Dividend ☐ Cumulative	☐ Payout ☐ Reinvest
DBS CHOLA MULTI-CAP FUND *An open-ended Equity Scheme*	☐ Dividend ☐ Cumulative	☐ Payout ☐ Reinvest
DBS CHOLA GLOBAL ADVANTAGE FUND *An open-ended Equity Scheme*	☐ Dividend ☐ Cumulative	☐ Payout ☐ Reinvest
DBS CHOLA CONTRA FUND *An open-ended Equity Scheme*	☐ Dividend ☐ Cumulative	☐ Payout ☐ Reinvest
DBS CHOLA MONTHLY INCOME PLAN *An open-ended Income Scheme with no assured returns*	☐ Monthly Dividend ☐ Quarterly Dividend ☐ Cumulative ☐ Bonus	☐ Payout ☐ Reinvest
DBS CHOLA TRIPLE ACE *An open-ended pure Income scheme*	☐ Quarterly Dividend ☐ Semi Annual Dividend ☐ Cumulative ☐ Bonus	☐ Payout ☐ Reinvest
DBS CHOLA FLOATING RATE FUND *An open-ended Income Scheme*	☐ Dividend ☐ Cumulative	☐ Payout ☐ Reinvest
DBS CHOLA GILT FUND *An open-ended dedicated Gilts (Govt. Securities) Scheme*	☐ Quarterly Dividend ☐ Cumulative	☐ Payout ☐ Reinvest
DBS CHOLA TAX SAVER FUND *An open-ended Equity Linked Savings Scheme (ELSS)*	☐ Dividend Option ☐ Cumulative	☐ Payout ☐ Reinvest
☐ Investment ☐ Others _____ *(Please Specify)*		

Investment Details

Frequency: ☐ Monthly

Period: ☐ Enrolment Period

From ☐ 5, ☐ 15, ☐ 25, dd dd dd / ____ / ____ mm yy

To ☐ 5, ☐ 15, ☐ 25, dd dd dd / ____ / ____ mm yy

Investment Period: _____ months

No. of Cheques: _____

Cheques Nimber(s): _____

Name of the First/Sole Applicant/ Guardian (in case of minor) _____

Signature(s)

Sole/First Unitholder/Guardian _____ Second Unitholder _____ Third UnitHolder _____

Please Note: Signature(s) should be as it appears on the Application Form and in the same order.