

Please read instructions before filling the Form

Application No.:

## DISTRIBUTOR INFORMATION

(Only empanelled Distributors / Brokers will be permitted to distribute Units)

Distributor / Broker ARN

Sub-Broker Code

**ARN - Neerav S Parekh**  
**ARN - 36250**

## FOR OFFICE USE ONLY

## 1 EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. below. Please furnish PAN details in Section 2 and then proceed to section 3)

Folio No.  Name of Sole / First Unit Holder 

## 2 APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters use one box for one alphabet leaving one box blank between two words)

First / Sole Applicant Gender (please ☒ Male ☐ Female Date of Birth Name PAN\*  Enclosed copy of (please ☒ PAN proof ☐ KYC Compliance ProofGuardian (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only) Gender (please ☒ Male ☐ FemaleName Date of Birth  Guardian's PAN\*  Enclosed copy of (☒ PAN proof ☐ KYC Compliance ProofNationality  Country of Residence 

Address for Correspondence [P.O. Box Address is not sufficient]

  
City  State  Pin Code 

## Contact Details

Phone O  Extn.  Fax Phone R  Mobile ☐ I/We wish to receive updates via SMS on my mobile (Please ☒e-mail 

Overseas Address (Mandatory in case of NRI / FII applicant in addition to mailing address)

  
State  Country  City  Zip Code Status (please ☒ Individual ☐ Partnership ☐ Company ☐ Society / Club ☐ HUF ☐ NRI / FII ☐ Trust ☐ Minor ☐ Body Corporate ☐ Others Occupation of Sole / First Applicant (please ☒ Private Sector Service ☐ Public Sector / Government Service ☐ Business ☐ Professional  
☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify) Second Applicant Gender (please ☒ Male ☐ Female Date of Birth Name PAN\*  Enclosed copy of (please ☒ PAN proof ☐ KYC Compliance ProofThird Applicant Gender (please ☒ Male ☐ Female Date of Birth Name PAN\*  Enclosed copy of (please ☒ PAN proof ☐ KYC Compliance ProofMode of Holding (please ☒ Single OR ☐ Joint OR ☐ Anyone or SurvivorPoA Holder Details (If the investment is being made by a Constituted Attorney please furnish the details of PoA Holder) Gender (please ☒ Male ☐ FemaleName PAN\*  Enclosed copy of (please ☒ PAN proof ☐ KYC Compliance Proof

\* PAN Proof is mandatory for all Applicants, irrespective of the amount of investment. Please attach a copy of PAN Card. KYC is mandatory (from February 1, 2008) if amount invested is Rs. 50,000 or more. It is also mandatory to attach a copy of KYC Compliance. This will be applicable for each of the applicants. In the absence of KYC Compliance the Application will be rejected.

## 3 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines)

A/c. No.  Account Type (please ☒ Current ☐ Savings ☐ NRE ☐ FCNR ☐ NROBank Name Branch Address MICR Code (9 digit number next to your Cheque No.)  City IFSC Code Account to Account transfer facility for redemptions available (please ☒ any one) Please enclose copy of your cheque leaf.☐ HDFC Bank ☐ ICICI Bank☐ RTGS (IFSC Code is Mandatory)

## ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

Application No.:

Received from Mr. / Ms. / M/s

an application for Units of Scheme Option (please ☒ Cumulative ☐ DividendDividend Facility (please ☒ Reinvestment ☐ Payout☐ Lump Sum investment alongwith Cheque / DD No.  Dated Drawn on (Bank)  Amount (Rs.) ☐ SIP investment ☐ Total Cheque  ☐ SIP Auto Debit Facility Amount per instalment (Rs.)  Total Amount (Rs.) 

Please Note : All purchases are subject to realisation of cheques / demand drafts.

Signature, Stamp &amp; Date

**4 INVESTMENT AND PAYMENT DETAILS (Please see the Ready Reckoner table on Page No. 10)**

<b>Scheme Name</b> _____	
<b>Option</b> (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Cumulative* <input type="checkbox"/> Dividend	<b>Dividend Facility</b> (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Reinvestment* <input type="checkbox"/> Payout (* Default Option / Facility)
<b>4A. LUMP SUM INVESTMENT</b>	
Investment Amount (Rs.) _____	DD charges (Rs.) _____
Net Amount (Cheque / DD amount) (Rs.) _____	
Amount in words _____	
Mode of Payment <input type="checkbox"/> Cheque / DD / Fund Transfer / _____	Cheque / DD* No. _____ Dated _____
Drawn on Bank _____	_____
Branch _____	_____
_____	City _____
A/c. No. _____	Account Type (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRO
The details of the bank account provided above pertain to my / our own bank account in my / our name <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, my relationship with the bank account holder is <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Others. <b>Application Form without this information may be rejected.</b>	

\* Please mention the application No. on the reverse of the Cheque / DD. Please ensure there is only one Cheque / DD per Application Form. Cheque/DD must be drawn in favour of Scheme as applicable and crossed 'account payee only'.

**4B. SIP INVESTMENT (Please see the Load Structure under SIP on page No. 8)**

I / We would like to enroll for Systematic Investment Plan under DBS Chola Mutual Fund subject to terms and conditions of the Scheme / Plan and subsequent amendments thereto.

Enrolment Period \_\_\_\_\_ months From MMYYYY To MMYYYY Frequency ☐ Monthly SIP Date : ☐ 5th or ☐ 15th or ☐ 25th

Amount per Instalment (Rs.) \_\_\_\_\_ Number of Instalments \_\_\_\_\_ Total Amount (Rs.) \_\_\_\_\_

(Minimum 6 instalments of Rs.1,000 each or more for all Schemes and minimum of Rs. 500 or in multiples of Rs. 500 for DBS Chola Tax Saver Fund)

**Payment Mechanism** (please ☒ any one only)

☐ Cheques (please provide the Cheques details below) *All Cheques should be drawn in favour of Scheme name and crossed 'account payee only'.*

Total number of Cheques \_\_\_\_\_ Cheque No. From \_\_\_\_\_ To \_\_\_\_\_

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

Drawn on Bank \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ A/c. No. \_\_\_\_\_

☐ SIP Auto Debit Facility (please fill the SIP Auto Debit Form provided and submit it together with the Cheque for first SIP transaction and provide the First SIP instalment cheque details below)

First instalment Cheque No. \_\_\_\_\_ Amount (Rs.) \_\_\_\_\_

Bank \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ A/c. No. \_\_\_\_\_

**5 ELECTRONIC CLEARING SERVICES (ECS) FOR DIVIDEND PAYMENTS\***

You may choose to receive dividends in your bank account through the Electronic Clearing Service (only in select cities). Unitholders who do not opt for the ECS facility will receive dividends by cheques payable at par / DD

☐ I / We authorise DBS Chola Mutual Fund to credit my / our dividend through ECS (please ☒) \* Please enclose photo copy of your cheque leaf.

The 9-digit MICR Code number of my / our Bank & Branch is \_\_\_\_\_ ◀ This is a 9 digit number next to your Cheque No.

**6 OTHER SERVICES (Optional)**

<b>E-mail Services</b> (please <input checked="" type="checkbox"/> ) I/We wish to receive the following documents via e-mail in lieu of physical document(s) <input type="checkbox"/> Account Statement* <input type="checkbox"/> All other Statutory Communications <input type="checkbox"/> Marketing Updates <b>e-mail</b> _____ * Will be sent <input type="checkbox"/> Monthly <input type="checkbox"/> After every transaction	<b>Other E-mail Services</b> (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Daily NAV <input type="checkbox"/> Weekly Market Review <input type="checkbox"/> Event Updates <b>T-PIN Services</b> (please <input checked="" type="checkbox"/> ) Would you like a T-PIN assigned? <input type="checkbox"/> (T-PIN : For Internet based Transactions)
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**7 FOR INVESTORS WHO WISH TO OPT FOR NOMINATION (For Nomination Form please refer to last page)**

Nomination Form is enclosed ☐ Yes ☐ No

**8 DECLARATION & SIGNATURE(S)**

I / We have read and understood the contents of the Offer Document of the Scheme(s) of DBS Chola Mutual Fund. I / We hereby apply to the trustee of DBS Chola Mutual Fund for units of respective Schemes of DBS Chola Mutual Fund, as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I / We hereby declare and confirm that the amount invested in the scheme(s) indicated above is in no way in contravention of any Act, rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. I / We have understood the details of the scheme and I / We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I / We confirm that the funds invested in the Scheme, legally belong to me / us. If the fund is not satisfied with regard to the completion of the "Know Your Customer" process for me / us, I / We hereby authorize the Mutual Fund to redeem the funds invested in the Scheme at the applicable NAV prevailing on the date of such redemption and initiate such other action that may be required by the law.

**Applicants other than Individuals / HUF :** I / We certify that as per the Memorandum and Articles of Association of the Company, byelaws, trust deed, Partnership Deed and resolutions passed by the Company / firm / trust I / We are authorized to enter into this transaction for and on behalf of the Company / Firm / Trust. Please ☒ Yes ☐ No

**For NRIs only:** I / We confirm that I am / we are Non Residents of Indian Nationality / Origin and that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account.

I / We confirm that details provided by me / us are true and correct. Date \_\_\_\_\_

**SIGNATURES**

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

**DBS Chola Chalamandalam Asset Management Limited - Branches**

• Ahmedabad - 9898046210 / 2656 1295 • Bangalore - 4181 1050 / 4181 1051-56 • Kolkata - 22837370 / 71 • Chennai - 25307402 / 25307405  
• Chandigarh - 3208979 • Coimbatore - 4292471 / 2 • New Delhi - 23353048 / 23353049 / 23312072 • Hyderabad - 66737001 / 66837001 • Lucknow - 4003245  
• Madurai - 2301378 / 9865966013 • Pune - 3291 2911 / 2551 0468 • Kochi - 6533130 • Jaipur - 4000901-922 • Jamshedpur - 9934314147  
• Mumbai - 66574000 / 6690 8000 / 6610 4946 • Ludhiana - 9815947016 • Kanpur - 9839296100 • Salem - 9965540667 • Trichy - 9865966013 • Vadodara - 2351740

**Toll Free No.: 1800-209-7575**