

Please read instructions before filling the Form

DISTRIBUTOR INFORMATION

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

Distributor / Broker ARN ARN -	Sub-Broker Code
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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Application No.:

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
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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

D	D	M	M	Y	Y	Y	Y
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Name

Mr.	Ms.	M/s.
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PAN* Enclosed copy of (please ✓) PAN proof KYC Compliance Proof

Guardian (if Sole / First applicant is a Minor) **Contact Person** (in case of Non-individual Investors only) Gender (please ✓) Male Female

Name

Mr.	Ms.	M/s.
-----	-----	------

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Guardian's PAN* Enclosed copy of (✓) PAN proof KYC Compliance Proof

Nationality 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)

City

State Country 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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name

Mr.	Ms.	M/s.
-----	-----	------

PAN* Enclosed copy of (please ✓) PAN proof KYC Compliance Proof

Third Applicant Gender (please ✓) Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name

Mr.	Ms.	M/s.
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PAN* Enclosed copy of (please ✓) PAN proof KYC Compliance Proof

Mode of Holding (please ✓) Single OR Joint OR Anyone or Survivor

PoA Holder Details (If the investment is being made by a Constituted Attorney please furnish the details of PoA Holder) Gender (please ✓) Male Female

Name

Mr.	Ms.	M/s.
-----	-----	------

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.

3 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines)

A/c. No. Account Type (please ✓) Current Savings NRE FCNR NRO

Bank Name

Branch Address City

MICR Code (9 digit number next to your Cheque No.) † IFSC Code

Account to Account transfer facility for redemptions available (please ✓ any one) Please enclose copy of your cheque leaf.

HDFC Bank# ICICI Bank# Citibank ^ Standard Chartered Bank ^ † IDBI Bank ^ † DBS Bank ^

Available for all Debt Schemes ^ Available for DBS Chola Liquid Fund and DBS Chola Short Term Floating Rate Fund RTGS (IFSC Code is Mandatory)

† Available for DBS Chola Freedom Income Short Term Fund

ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

Application No.:

Received from Mr. / Ms. / M/s
an application for Units of Scheme

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 Plan

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Option

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 Dividend 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 & Date

4 INVESTMENT AND PAYMENT DETAILS (Please see the Ready Reckoner table on Page No. 8)

Scheme Name
 Plan # Option #
 Dividend Facility (please ✓) Reinvestment* Payout (* Default Facility) # Please see the Ready Reckoner table on Page No. 8 for Plans / Options available in the respective Scheme

4A. LUMP SUM INVESTMENT
 Investment Amount (Rs.) DD charges (Rs.) Net Amount (Cheque / DD amount) (Rs.)
 Amount in words
 Mode of Payment Cheque / DD* No. Dated
 Drawn on Bank
 Branch
 City
 A/c. No. Account Type (please ✓) Current Savings NRE FCNR NRO

The details of the bank account provided above pertain to my / our own bank account in my / our name Yes No. If No, my relationship with the bank account holder is Spouse Child Parent Relative Sibling Friend Others. **Application Form without this information may be rejected.**

* 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 of respective Schemes)

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 To 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)
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)

E-mail Services (please ✓)
 I/We wish to receive the following documents via e-mail in lieu of physical document(s)
 Account Statement* All other Statutory Communications Marketing Updates
 e-mail
 * Will be sent Monthly After every transaction
Other E-mail Services (please ✓)
 Daily NAV Weekly Market Review Event Updates
T-PIN Services (please ✓)
 Would you like a T-PIN assigned?
 (T-PIN : For Internet based Transactions)

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 Scheme Information 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.
 The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
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 Cholamandalam Asset Management Limited - Branches

- Ahmedabad - 66611151 / 9601255975 • Bangalore - 41811050-55 • Baroda - 9898598644 / 2351740 • Chandigarh - 9878406940 / 3068051
- Chennai - 25307402/5 • Cochin - 9895168160 • Coimbatore - 9994997599 / 4292471 / 72 • Hyderabad - 64557001 / 23311330 • Jaipur - 9829422699 / 9928725699
- Kanpur - 9839296100 • Kolkata - 22837370 / 71 • Lucknow - 4003245 / 9838119887 • Ludhiana - 9815947016 • Madurai - 9865966013 / 2301378
- Mumbai - 66574000 / 66104946 / 66908000 • New Delhi - 66134274 / 32483263 • Pune - 32912911 / 25510468.

Toll Free No.: 1800-209-7575

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 -	

FOR OFFICE USE ONLY

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

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	
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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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name

Mr.	Ms.	M/s.
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PAN*

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 Enclosed copy of (please ✓) PAN proof KYC Compliance Proof

Guardian (if Sole / First applicant is a Minor) **Contact Person** (in case of Non-individual Investors only) Gender (please ✓) Male Female

Name

Mr.	Ms.	M/s.
-----	-----	------

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Guardian's PAN*

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 Enclosed copy of (✓) PAN proof KYC Compliance Proof

Nationality

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 Country of Residence

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

City

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 State

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 Pin Code

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Contact Details

Phone O

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 Extn.

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 Fax

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Phone R

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 Mobile

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I/We wish to receive updates via SMS on my mobile (Please ✓)

e-mail

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

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

D	D	M	M	Y	Y	Y	Y
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Name

Mr.	Ms.	M/s.
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PAN*

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 Enclosed copy of (please ✓) PAN proof KYC Compliance Proof

Third Applicant Gender (please ✓) Male Female Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name

Mr.	Ms.	M/s.
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PAN*

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 Enclosed copy of (please ✓) PAN proof KYC Compliance Proof

Mode of Holding (please ✓) Single OR Joint OR Anyone or Survivor

PoA Holder Details (If the investment is being made by a Constituted Attorney please furnish the details of PoA Holder) Gender (please ✓) Male Female

Name

Mr.	Ms.	M/s.
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PAN*

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 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.

3 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines)

A/c. No.

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 Account Type (please ✓) Current Savings NRE FCNR NRO

Bank Name

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Branch Address

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MICR Code (9 digit number next to your Cheque No.)

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 City

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IFSC Code

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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

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Option (please ✓) Cumulative Dividend **Dividend 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 & Date

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

Scheme Name

Option (please ✓) Cumulative* Dividend **Dividend Facility** (please ✓) Reinvestment* Payout (* Default Option / Facility)

4A. LUMP SUM INVESTMENT

Investment Amount (Rs.) DD charges (Rs.) Net Amount (Cheque / DD amount) (Rs.)

Amount in words

Mode of Payment Cheque / DD / Fund Transfer / Cheque / DD* No. Dated

Drawn on Bank Branch City

A/c. No. Account Type (please ✓) Current Savings NRE FCNR NRO

The details of the bank account provided above pertain to my / our own bank account in my / our name Yes No. If No, my relationship with the bank account holder is Spouse Child Parent Relative Sibling Friend Others. **Application Form without this information may be rejected.**

* 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 of respective Schemes)

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 To 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)

E-mail Services (please ✓)

I/We wish to receive the following documents via e-mail in lieu of physical document(s)

Account Statement* All other Statutory Communications Marketing Updates

e-mail

* Will be sent Monthly After every transaction

Other E-mail Services (please ✓)

Daily NAV Weekly Market Review Event Updates

T-PIN Services (please ✓)

Would you like a T-PIN assigned? (T-PIN : For Internet based Transactions)

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 Scheme Information 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.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

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 Cholamandalam Asset Management Limited - Branches

- Ahmedabad - 66611151 / 9601255975 • Bangalore - 41811050-55 • Baroda - 9898598644 / 2351740 • Chandigarh - 9878406940 / 3068051
- Chennai - 25307402/5 • Cochin - 9895168160 • Coimbatore - 9994997599 / 4292471 / 72 • Hyderabad - 64557001 / 23311330
- Jaipur - 9829422699 / 9928725699 • Kanpur - 9839296100 • Kolkata - 22837370 / 71 • Lucknow - 4003245 / 9838119887 • Ludhiana - 9815947016
- Madurai - 9865966013 / 2301378 • Mumbai - 66574000 / 66104946 / 66908000 • New Delhi - 66134274 / 32483263 • Pune - 32912911 / 25510468.

Toll Free No.: 1800-209-7575