



AMFI-Registered Mutual Fund Distributor

FOLIO CONSOLIDATION REQUEST FORM

Date: _____

I/We.....request
..... Mutual Fund to consolidate all my/our below mentioned folio numbers
into one folio number. Please find below my/our existing folio numbers in the blocks:

Source Folio Numbers:

Target Folio number:

.....
Name of the 1st Applicant

.....
Signature

.....
Name of the 2nd Applicant

.....
Signature

.....
Name of the 3rd Applicant

.....
Signature

ACKNOWLEDGEMENT – Folio Consolidation Request Form

Name of 1st. Applicant: _____ Date: _____

AMC: _____

Source Folio for Consolidation:

Target Folio number: