## FORM FOR CONSOLIDATION OF FOLIOS

To:

First Account Holder

S Babu Arunachalam ARN-10520 EUIN-E036140

A UNIT HOLDER  1. Folio Number	7		
2. Name of Sole/	First Unit Holder :		
B. I/we wish to c	onsolidate the investments of th	e following folios.	
Sr. no	Folio number	Sr. no	Folio number
1. 2.		4 5.	
3.		6.	
Target Folio No.	for consolidation (If no Folio is selected take place in any of the Folios listed about	ed,	
consolidation will	take place in any of the rollos listed ab	ove)	

Second Account Holder