

Folio Consolidation Form
(Acknowledgement copy)

Date: ___/___/_____

Source Folio Nos.

Target Folio No.

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FOLIO CONSOLIDATION FORM

Date: ___/___/_____

I/We wish to consolidate all my/our below mentioned folio numbers into one folio number (Target Folio).

Source Folio Nos.

Target Folio No.

Folio No.	
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I/we understand that on my/our request for consolidation being accepted by the AMC/PMF the Target Folio will overwrite all other Source Folio No(s). I/we also further understand that my /our Folio Consolidation Request will only be considered where the mode of holding across all Source Folio(s) provided is the same.

(Name of the Sole / First Holder / PoA Holder/Guardian)

(Signature)

(Name of the Second Holder)

(Signature)

(Name of the Third Holder)

(Signature)

