

Application Form

Serial No: EQ

Channel Partner / Agent Information																																	
	Agent's Name and ARN						1.Sub Agent Code						2.Sub Agent Code						3.Sub Agent Code					ffic									
	ARN-13308																					For Office	0.00										
	pfront commission shall be paid directly by the investor to the AN																	uding s	ding services rendered by the distributor														
1.	Existing	-													-						Fo	lio No											
2	Please										laing	WIII	ре а	s pe	rexis	sung	FOIIC) Nu	mber	•													
۷.	2. New Investor Information (refer instruction 2) Name of First/Sole Applicant																																
	Name	OI FI	1751/30	не Ар	piica	anı												I			Ι	Т										_	
	Perman	ent A	ccoun	t Numl	oer [KYO	co	mple	eted		∕es □] No	Date	of B	irth	D	D	M	М	Υ	Υ	Y	Y
	Name	of G	uardi	an (in	case	e of l	First .	/ Sol	e Ap	plica	nt is	a Mi	inor)	/ Co	ntac	t Per	son	– De	signa	ation	ı (in	case	of no	on-in	divid	lual I	Inves	stors)					
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	Permanent Account Number					KYC completed ☐ Yes ☐ No] No	·																	
	Contac	t De	tails o	f First	/ Sc	ole A	pplic	cant (nt (Please provide your Email ID as it is a must to transact online/receive										e-sta	statement & other mailers)													
	E-Mail																																
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	STD Cod								Tele	ephone												Mobile											
	Address of First / Sole Applicant																																
	OUT!																									BU L					\vdash	\vdash	
	CITY				_				-					ATE	<u> </u>												CODE				<u> </u>		
Monthly Income: □ < Rs 10,000 □ < Rs 25,000 □ < Rs 50,000 □ Mode of Holding [Please (✔)] □																																	
]		Status of First / Sole Applicant [Please																								
	☐ Individual ☐ Minor through guardian ☐ HUF☐ Single ☐ Joint ☐ Company ☐ Body Corporate ☐ Trust									☐ Partnership ☐ Society/Club ☐ Mutual Fund ☐ Fund of Funds in India																							
	☐ Anyone or Survivor ☐ Company ☐ Body Corporate ☐ Trust ☐ Others ☐ Others ☐ (please specify)									_ matean rand rand or rands in file							iuia																
	Name	Name of Second Applicant																															
		T																															
					-																												
	Permanent Account Number KYC completed ☐ Yes ☐ N] No																										
	Name of Third Applicant							_																									
	Perman	ont A	ccount	Numl	[KV(^ co	mnle	eted	\Box	/os [l No	l										
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3.	Choose			•		to II	nvest	and	mal	ce Cr	iequ													3A.	Plar	ıs (re	ter i	nstru	ictioi	n 3)			
	☐ Sund															Ct Ine	emat	ic ru	nas r	man	ciai :	Servic	es		Regu	ular Plan							
	 ☐ Sundaram Select Focus ☐ Sundaram Select Mid Cap ☐ Sundaram Select Thematic Funds Entertainment 											_	tutional Plan																				
	 ☐ Sundaram India Leadership Fund ☐ Sundaram S.M.I.L.E Fund ☐ Sundaram Select Thematic Funds PSU 																																
											3B.	Opt	ptions (refer instruction 3)																				
	 ☐ Sundaram Tax Saver ☐ Sundaram Select Thematic Funds CAPEX Opportunities ☐ Sundaram Balanced Fund ☐ Sundaram Global Advantage Fund 										Div	idenc	dend Payout																				
										☐ Dividend Re-Investment																							
	□ Sundaram Select Thematic Funds Rural India □ Sundaram Select Thematic Funds Energy Opportunities □ Sundaram Equity Plus						0						Div	Dividend Sweep Growth																			
																<u>~</u>																	
A	cknowle	edge	ment					Sun	daran	n Asse	t Mai	agen	nent C	Compa	any Li	mited	, II Fl	oor, 4	6 Wh	ites R	oad,	Chenn	ai - 6	00 01	4. Tol	l Free:	1800)-425	-1000	Ph : (044) 2	28578	3700
																								Se	rial	No: E	Q						
Rec	Received From Mr./Mrs./Ms.																																
Address																																	
Communication in connection with the application should be addressed to the Registrar Sundaram BNP Paribas Fund Services Limited, ISC's Signature & Stamp																																	
Regi	strar and	Trans	fer Agei	nts, Uni	t: Su	ndara	m Mu	ıtual F																P	ease No	te: All Piii						demand	I drafts.
Registrar and Transfer Agents, Unit: Sundaram Mutual Fund, Central Processing Center, RR Towers, II III Floor, Thiru Vi Ka Industrial Estate, Guindy, Chennai 600 032. Toll Free: 1800-425-7237.																							-							01	12007		

4.	now do you wish to receive the following (re														
		Dividend		Redemption											
	☐ Direct Credit (DC) ☐ RTGS/NEFT	☐ Electronic Clearing	☐ Warrant ☐ Direct Credit (DC) ☐ RTGS/NEFT ☐ W												
	Direct Credit is now available with: Axis Bank, BNP Paribas Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, ING Vysya, Kotak Mahindra Bank, Royal Bank of Scotland, SBI, Standard Chartered Bank, YES Bank.														
	Account Statement Will be sent by Email. To receive physical statement please tick □ Do you wish to receive updates (refer instruction 4) [Please (✓)] by E-Mail □ Yes □ No SMS □ Yes □ No														
5.	Please indicate details of your SIP (skip this section i				Debit (also submit SIP Auto Debit form) ☐ Post-dated cheques										
J.		ii you wish to make a one-time live:	Idde of Sir	Period for the SIP											
	Each SIP Amount Rs		year □ 2 years □ 3 years □ 5 years □ 10 years □ 15 years □ Perpetuity												
	☐ Weekly (Minimum amount Rs 1000 Every Wednesday)														
	SIP Frequency Monthly (Minimum amount Rs 250 Quarterly (Minimum amount Rs 75	Minimum No of installments	20) SI	P Starting M M Y	Y Y Y SIP Date □ 1 □ 7 □ 14 □ 20 □ 25										
	, , , ,	o Willimidii No of installinents	, , ,	Last SID Chas	ura No										
	dated cheques, piease moreate	(CERLE L C		Last SIP Chec											
6.	Bank Account Details of First/Sole Applicant	(as per SEBI Regulatio	ons it is mai	,	ction 6)										
	Name of the Bank		Branch	Branch											
	Branch Address			City (redemption & dividend will be payable at this location)											
	Account No														
	V A TOO CH CL AVCDAL		A												
	If you opt for ECS fill Cheque MICR No		Accou	nt Type [Please (✓)] ☐ SAV	INGS □ CURRENT □ Others										
	RTGS / NEFT IFSC Code														
7.	Payment Details (refer instruction 7) Please issu	ue a separate Cheque/Der	nand Draft in	favour of the fund you v	vish to invest										
	Cheque / DD No.				Date D D M M V V V										
	cheque / BB No.				Date D D M M Y Y Y Y										
	Amount in words (Rs)				Drawn on Bank										
	Amount in figures (Rs)	DD	Net	nt Branch Name											
	ŭ .	Charges													
	Declaration: I/We • having read and understood the in the application form • agree to abide by the terr	ne contents of the Statemons, conditions, rules and	ent of Additic regulations o	onal Information/Schemon of the scheme • agree to	e Information Document • hereby apply for units as indicated o the terms and conditions for Auto Debit • agree to abide by										
	the terms, conditions, rules and regulations of the scheme • agree to terms & conditions of PIN agreement • agree to receive account statement/communication by Email														
	current application will result in the total investr	Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document • hereby apply for units as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme • agree to the terms and conditions for Auto Debit • agree to abide by the terms, conditions, rules and regulations of the scheme • agree to terms & conditions of PIN agreement • agree to receive account statement/communication by Email • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment • do not have any existing Micro SIPs which together with the current application will result in the total investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of train 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													
	commission or any other mode), payable to him for	the different competing S	irious Mutuai Funds iror												
8.	Nominee (available only for individuals) (refe	er instruction 8)	9. Signature (refer instruction 9)												
	☐ I do not wish to choose a nominee☐ I wish to nominate the following person														
	2 1 Wish to Hommace the following person			First / Sole											
	Name:			Applicant /											
				Guardian											
	Address:														
	If nominee is a minor: Date of birth:			Second											
	Name of Guardian:			Applicant											
	Address of Guardian:			''											
	Signature of Nominee/Guardia	an of Nominee													
				Think											
				Third Applicant											
				присан											
	Scheme:	☐ Regular Plan			☐ Dividend Payout ☐ Dividend Re-Investment										
		☐ Institutional I	Plan		□ Dividend Sweep □ Growth □ Others										
	Cheque / DD No.				Date D D M M Y Y Y										
	3.54.57.55.113.				Date D D M M Y Y Y Y										
	Amount in words (Rs)				Orawn on Bank										
	Amount in figures (Rs)	DD	Net		Branch Name										
	(10)	Charges	Amount												

: Management