

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					e filic										
	ARN-56003																					For Office											
	nt commis																			uding s	ervices	rendere	d by th	e distri	outor								
1.	Existin																				Fo	lio No											
2	Please										laing	WIII	be a	s pe	r exis	sting	FOII	o Nu	mber	•													
2.	2. New Investor Information (refer instruction 2) Name of First/Sole Applicant																																
	Name	OI F	irst/50	ле Ар	piic	ant																											
	Permar	ent /	Accoun	t Num	ber											KYO	C co	mple	eted		∕es □] No	Date	of B	irth	D	D	M	М	Y	Y	Y	Y
	Name	of C	Guardi	an (in	cas	e of	First	/ Sol	е Ар	plica	nt is	а М	inor)	/ Co	ntac	t Per	son	– De	esigna	ation	ı (in	case	of no	on-in	divid	lual I	nves	tors)					
	Permanent Account Number						KYC completed ☐ Yes ☐ No Rel							Rela	ationship																		
	Contact Details of First / Sole Applicant (Please provide							your	Emai	il ID	as it i	is a m	iust 1	to tra	nsact	onli	ne/re	ceive	e-sta	atement & other mailers)													
	E-Mail																																
	STD Co	de							Tele	phone												Mobile											
	Addre	Address of First / Sole Applicant																															
	CITY												ST	ATE												PIN (CODE						
Monthly Income: \square < Rs 10,000 \square < Rs 25,000 \square < Rs 50,000 \square < Rs 1,00,000 \square > Rs 1,00,000 Occupation								n:																									
									rst / S	Sole	ole Applicant [Please (✓)]																						
		☐ Individual ☐ Minor through guardian ☐ HUF☐ Single ☐ Joint ☐ Company ☐ Body Corporate ☐ Trust									artnership ☐ Society/Club Iutual Fund ☐ Funds in India																						
		☐ Single ☐ Joint ☐ Company ☐ Body Corporate ☐ Trust ☐ Others										Mutu	al Fu	nd			Fun	d of F	unds	in Ir	ndia												
		me of Second Applicant																															
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	Permanent Account Number KYC completed Yes							res L																									
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	□ Sundaram S.M.I.L.E Fund □ Sundaram Select Thematic Funds PSU □ Sundaram Toy Source □ Opportunities												ptions (refer instruction 3)																				
		 □ Sundaram Tax Saver □ Sundaram Select Thematic Funds CAPEX Opportunities □ Sundaram Balanced Fund 							☐ Dividend Payout																								
	□ Sundaram Select Thematic Funds Rural India □ Sundaram Global Advantage Fund								□ Dividend Re-Investment																								
	☐ Sun														Div	Dividend Sweep □ Growth																	
A	 knowl	edge	ement					Sun	daran	1 Asse	– – t Mar	– – nagen	ent C	Compa	any Li	mited	, II Fl	loor, 4	 16 Wh	– – ites R	oad,	– – Chenn	ai - 6	00 01	4. Tol	Free:	1800)-425	-1000	Ph : (044) :	 28578	3700
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Rec	oived Fr	om	Mr/Mr	: /Mc																													
Received From Mr./Mrs./Ms. Address																																	
																									lanca M	tor All D.			nature			don	l drafts
Communication in connection with the application should be addressed to the Registrar Sundaram BNP Paribas Fund Services Limited, 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.																																	

4.	Dividend														
		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.		n you wish to make a one-time live:	Idde of Sir	Period for the SIP											
	Each SIP Amount Rs		year \(\text{2 years} \(\text{3 years} \) 5 years \(\text{10 years} \) 10 years \(\text{15 years} \) 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	uu No										
	f you opt for SIP through post lated cheques, please indicate Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory) (refer instruction 6)														
6.		(as per SEBI Regulation	ons it is mai	,	ction 6)										
	Name of the Bank	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 issue a separate Cheque/Demand Draft in favour of the fund you wish 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	Int 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 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 trait 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	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														
				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)				Drawn on Bank										
	Amount in figures (Rs)	DD	Net		Branch Name										
	(10)	Charges	Amount												

: Management