

Serial No: EQ

**Channel Partner / Agent Information**

Agent's Name and ARN <b>ARN-56003</b>	1.Sub Agent Code	2.Sub Agent Code	3.Sub Agent Code
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For Office Use Only

Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including services rendered by the distributor

**1. Existing Investor Information (Please fill in your Folio No. and then proceed to Section 3)**  
Please note that applicant details and mode of holding will be as per existing Folio Number.

Folio No

**2. New Investor Information (refer instruction 2)**

**Name of First/Sole Applicant**

Permanent Account Number  **KYC completed**  Yes  No **Date of Birth**

**Name of Guardian (in case of First / Sole Applicant is a Minor) / Contact Person – Designation (in case of non-individual Investors)**

Permanent Account Number  **KYC completed**  Yes  No **Relationship**

**Contact Details of First / Sole Applicant (Please provide your Email ID as it is a must to transact online/receive e-statement & other mailers)**

E-Mail

STD Code  Telephone  Mobile

**Address of First / Sole Applicant**

CITY  STATE  PIN CODE

**Monthly Income:**  < Rs 10,000  < Rs 25,000  < Rs 50,000  < Rs 1,00,000  > Rs 1,00,000 **Occupation:**.....

<b>Mode of Holding [Please (✓)]</b> <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor	<b>Status of First / Sole Applicant [Please (✓)]</b> <input type="checkbox"/> Individual <input type="checkbox"/> Minor through guardian <input type="checkbox"/> HUF <input type="checkbox"/> Partnership <input type="checkbox"/> Society/Club <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Fund of Funds in India <input type="checkbox"/> Others _____ (please specify)
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**Name of Second Applicant**

Permanent Account Number  **KYC completed**  Yes  No

**Name of Third Applicant**

Permanent Account Number  **KYC completed**  Yes  No

**3. Choose the fund you wish to invest and make Cheque/DD in the chosen fund name (refer instruction 3)**

- |  |  |
|--|--|
| <input type="checkbox"/> Sundaram Growth Fund                                | <input type="checkbox"/> Sundaram Select Thematic Funds Financial Services Opportunities |
| <input type="checkbox"/> Sundaram Select Focus                               | <input type="checkbox"/> Sundaram Select Thematic Funds Entertainment Opportunities      |
| <input type="checkbox"/> Sundaram Select Mid Cap                             | <input type="checkbox"/> Sundaram Select Thematic Funds PSU Opportunities                |
| <input type="checkbox"/> Sundaram India Leadership Fund                      | <input type="checkbox"/> Sundaram Balanced Fund  |
| <input type="checkbox"/> Sundaram S.M.I.L.E Fund                             | <input type="checkbox"/> Sundaram Global Advantage Fund                                  |
| <input type="checkbox"/> Sundaram Equity Multiplier                          | <input type="checkbox"/> Sundaram Equity Plus  |
| <input type="checkbox"/> Sundaram Tax Saver                                  |  |
| <input type="checkbox"/> Sundaram Select Thematic Funds CAPEX Opportunities  |  |
| <input type="checkbox"/> Sundaram Select Thematic Funds Rural India          |  |
| <input type="checkbox"/> Sundaram Select Thematic Funds Energy Opportunities |  |

**3A. Plans (refer instruction 3)**

- Regular Plan  
 Institutional Plan

**3B. Options (refer instruction 3)**

- Dividend Payout  
 Dividend Re-Investment  
 Dividend Sweep  Growth

**Acknowledgement**

Sundaram Asset Management Company Limited, II Floor, 46 Whites Road, Chennai - 600 014. Toll Free: 1800-425-1000 Ph : (044) 28578700

Received From Mr./Mrs./Ms. ....

Address .....

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.

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ISC's Signature & Stamp

Please Note: All Purchases are subject to realisation of cheques / demand drafts.

4. How do you wish to receive the following (refer instruction 4)

Dividend				Redemption		
<input type="checkbox"/> Direct Credit (DC)	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Electronic Clearing Service (ECS)	<input type="checkbox"/> Warrant	<input type="checkbox"/> Direct Credit (DC)	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Warrant

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 if you wish to make a one-time investment)

Mode of SIP  Auto Debit (also submit SIP Auto Debit form)  Post-dated cheques

Each SIP Amount Rs

Period for the SIP

1 year  2 years  3 years  5 years  10 years  15 years  Perpetuity

SIP Frequency

- Weekly (Minimum amount Rs 1000 Every Wednesday)  
 Monthly (Minimum amount Rs 250 Minimum No of installments 20)  
 Quarterly (Minimum amount Rs 750 Minimum No of installments 7)

SIP Starting

SIP Date  1  7  14  20  25

If you opt for SIP through post dated cheques, please indicate

First SIP Cheque No

Last SIP Cheque No

6. Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory) (refer instruction 6)

Name of the Bank	<input type="text"/>	Branch	<input type="text"/>
Branch Address	<input type="text"/>		
City (redemption & dividend will be payable at this location)	<input type="text"/>		
Account No	<input type="text"/>		
If you opt for ECS fill	Cheque MICR No <input type="text"/>	Account Type [Please (✓)]	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> Others.....
RTGS / NEFT IFSC Code	<input type="text"/>		

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.	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Amount in words (Rs)	<input type="text"/>						Drawn on Bank	<input type="text"/>				
Amount in figures (Rs)	<input type="text"/>	DD Charges	<input type="text"/>	Net Amount	<input type="text"/>	Branch Name	<input type="text"/>					

**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 trail 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.

8. Nominee (available only for individuals) (refer instruction 8)

I do not wish to choose a nominee  
 I wish to nominate the following person

Name:.....  
 Address:.....  
 .....

If nominee is a minor: Date of birth:.....Relationship:.....  
 Name of Guardian:.....  
 Address of Guardian:.....

**Signature of Nominee/Guardian of Nominee**

9. Signature (refer instruction 9)

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Scheme:	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Re-Investment
	<input type="checkbox"/> Institutional Plan	<input type="checkbox"/> Dividend Sweep	<input type="checkbox"/> Growth <input type="checkbox"/> Others.....
Cheque / DD No.	<input type="text"/>	Date	<input type="text"/>
Amount in words (Rs)	<input type="text"/>		
Amount in figures (Rs)	<input type="text"/>	DD Charges	<input type="text"/>
		Net Amount	<input type="text"/>
		Branch Name	<input type="text"/>

