

Application Form

Serial No: EQ

Cha	nnel Par	tner / Aş	gent Ir	ıforr	mati	on																			a) \							
	F	Agent's N	lame a	and ,	ARN	1		1.5	Sub /	Agen	t Co	de		2.S	ub A	gent	Cod	le		3.St	ıb Ag	gent (Code		ffic July							
	AR	N-56	003																						For Office	250						
	nt commission																		uding s	ervices	rendere	d by th	e distrik	outor								
1.	Existing													-						Fol	io No											
0	Please no									lding	WIII	be a	is pe	r exis	sting	FOIIC) Nu	mber	•													
2.	New Inv				•	er ins	struc	ction	2)																							
	Name of	First/So	ole Ap	plica	ant															_												
	Permanen			_											l		-	eted							D	D	Μ	M	Y	Y	Y	Y
	Name of	f Guardi	an (in	case	e of l	First /	/ Sol	e Ap	plica	nt is	a Mi	inor)	/ Co	ntac	t Per	son	– De	esigna	ation	1 (in (case	of no	n-in	divic	ual I	nves	tors)					
	Permanen			L											l			ted						· L								
	Contact	Details o	of First	/ So	le A	pplic	ant	(Pleas	se pro	vide	your	Emai	il ID	as it i	is a m	ust t	o tra	nsact	onli	ne/re	ceive	e-sta	teme	nt &	other	mai	lers)					
	E-Mail																															
	STD Code							Tele	phone											I	Mobile											
	Address	of First	/ Sole	App	lica	nt		_																								
														<u> </u>																		
	CITY											ST	ATE												PIN C	CODE						
	Monthly	Income	: 🗆 <	< Rs	10,0	000	□ <	Rs 2	5,00	0 [] < R	s 50,	000	_ <	< Rs 1	,00,	.000		> Rs	1,00	,000	Oc	cupa	tion								
	Mode	of Hold	ing [Pl	lease	e (🗸)]									Sta	itus	of Fi	rst / S	Sole	Appl	icant	[Plea	ase (/)]								
☐ Single ☐ Leint							□ Individual □ Minor through guardian □ HUF □ Partr											nership Society/Club														
							☐ Company ☐ Body Corporate ☐ Trust ☐ Others (please specify)										Mutu	al Fu	nd			Fun	d of F	unds	s in Ir	ndia						
	Name of	f Second	Appli	icant	t																											
	Permanen	it Accoun	t Numl	oer											KYO	co	mple	eted	□ Y	⁄es □	No											
	Name of	f Third A	pplica	ant																												
	Permanen	it Accoun	t Numl	oer											KYO	C co	mple	eted	□ Y	⁄es □	No											
3.	Choose t	the fund	you v	vish	to ir	nvest	and	l mak	ce Ch	nequ	e/DE) in t	the c	hose	n fun	d na	ame	(refe	r ins	truct	ion 3	3)	3A.	Plan	s (re	fer i	nstru	ctio	1 3)			
	☐ Sunda											Sund	aram	Sele	ct The	emat	ic Fu	nds F	inan	cial S	Servic	es										
	☐ Sunda ☐ Sunda											Oppo Sund			ct The	emat	ic Fu	nds E	ntert	tainm	ent			_	ar Pla itiona		n					
☐ Sundaram India Leadership Fund								Opportunities																								
☐ Sundaram S.M.I.L.E Fund ☐ Sundaram Equity Multiplier ☐ Sundaram Tax Saver						☐ Sundaram Select Thematic Funds PSU											3 B .	Opti	Options (refer instruction 3)													
						Opportunities										☐ Dividend Payout																
	☐ Sundaram Select Thematic Funds CAF☐ Sundaram Select Thematic Funds Run																	│ │ │ │ │ □ Dividend Re-Investment														
								aral India ☐ Sundaram Global Advantage Fund lergy Opportunities ☐ Sundaram Equity Plus										☐ Dividend Sweep ☐ Growth														
															<u>~</u>											4.0						
A	cknowled	lgement					Sun	daran	1 Asse	t Mai	nagen	nent C	Comp	any Li	mited	, II FI	oor, 4	6 Wh	ites R	load, (Chenn	ai - 60			Free: No: E)-425-	1000	Ph : ((044)	28578	3700
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	eived From																															
Ado	ress																					••••										
Con	munication	in conne	ction w	ith th	 ne api	olication	on sh	ld l	be ado	dresse	d to t	he Re	gistra	r Sunc	laram	BNP	Parib	as Fur	nd Se	rvices	Limit	 ed,				ISC'	s Sigr	nature	& St	amp		_ J
									Centra														P	ease Not	e: All Pur	rchases a	ro suhio	t to realis	ation of	choninos	/ demand	drafts

4.	now do you wish to receive the following (re													
		Dividend			Redemption									
	☐ Direct Credit (DC) ☐ RTGS/NEFT	☐ Electronic Clearing			☐ Direct Credit (DC) ☐ RTGS/NEFT ☐ Warrant									
			k, ICICI Bank, IDBI	Bank, IndusInd Bank, ING Vysya, Ko	otak Mahindra Bank, Royal Bank of Scotland, SBI, Standard Chartered Bank, YES Bank.									
	Account Statement Will be sent by Email. To receive physical statement please Do you wish to receive updates (refer instru		v F-Mail □	Yes□No SMS□	Yes □ No									
5.	Please indicate details of your SIP (skip this section)				Debit (also submit SIP Auto Debit form) □ Post-dated cheques									
J.	,	1 700 WISH to HIAKE A OHE-UNIE INVES	MICHU /MI	oue of 31r Auto	Period for the SIP									
	Each SIP Amount Rs			vear □ 2 vears □ 3	years ☐ 5 years ☐ 10 years ☐ 15 years ☐ Perpetuity									
	☐ Weekly (Minimum amount Rs 1000) Every Wednesday)	_	, ,	,									
	SIP Frequency Monthly (Minimum amount Rs 250	Minimum No of installments 2	20) SI I	P Starting M M Y	Y Y Y SIP Date □ 1 □ 7 □ 14 □ 20 □ 25									
	, , ,	o Williman No of installments	<i>'</i>	Last SID Char	uo No									
	dated eneques, prease indicate	(CERL R I d'	•••	Last SIP Cheq										
6.	Bank Account Details of First/Sole Applicant	(as per SEBI Regulatio	ns it is mar		ction 6)									
	Name of the Bank			Branch										
	Branch Address			City (redemption &	dividend will be payable at this location)									
	Account No													
	If you and for FCS #II Charges AICD No.		Accou	ot Type [Please (/)]	AICCE CURRENT TO OIL									
	If you opt for ECS fill Cheque MICR No		Accou	nt Type [Please (✔)] ☐ SAVI	NGS CURRENT Others									
	RTGS / NEFT IFSC Code													
7.	Payment Details (refer instruction 7) Please iss	ue a separate Cheque/Den	nand Draft in	favour of the fund you v	vish to invest									
	Cheque / DD No.				Date D D M M Y Y Y									
	Amount in words (Rs)				Drawn on Bank									
	Amount in figures (Rs)	DD Charges	Net Amount		Branch Name									
	Declaration: I/We • having read and understood the	ne contents of the Stateme	ent of Additio	nal Information/Scheme	e Information Document • hereby apply for units as indicated the terms and conditions for Auto Debit • agree to abide by gree to receive account statement/communication by Email • to not have any existing Micro SIPs which together with the disclosed to me/us all the commissions (in the form of trail a amongst which the Scheme is being recommended to me/us.									
	the terms, conditions, rules and regulations of the	scheme • agree to terms	& conditions	of PIN agreement • agree to	gree to receive account statement/communication by									
	current application will result in the total investi	ments exceeding Rs. 50,	,000 in a ye	ar. The ARN holder has	disclosed to me/us all the commissions (in the form of trail									
	commission of any other mode), payable to film for	the different competing 50	chemes of va											
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													
				First / Sole										
	Name:			Applicant /										
	Address:			Guardian										
	, real ess.													
	If nominee is a minor: Date of birth:	Relationship												
	Name of Guardian:			Second										
	Address of Guardian:			Applicant										
	Signature of Nominee/Guardi	an of Nominee												
				Third										
				Applicant										
			<u> </u>											
	Scheme:	☐ Regular Plan	N.		☐ Dividend Payout ☐ Dividend Re-Investment									
		☐ Institutional F	'lan		□ Dividend Sweep □ Growth □ Others									
	Cheque / DD No.				Date D M M Y Y Y Y									
	Amount in words (Rs)		1 1		Drawn on Bank									
	The same in words (No)	DD	NI-1		2. a.m. on built									
	Amount in figures (Rs)	DD Charges	Net Amount		Branch Name									

: Management



Form for SIP Auto Debit Facility

Channel Partner / Agent Information												е	_							
Agent's Name and ARN	1.Sub Agent Co	de	2.	Sub A	gent Code		3.S	ub Ag	gent	Code	9)ffic								
ARN-56003												For Office	Use Only							
		41 1	L.,						11 4	P 4 9		ш.								
Upfront commission shall be paid directly by the investor to the AMFI- Existing Investor Information (Please fill in)		on the inv	estors asse	essment o	r various factors	incluair			a by the	e distrib	utor					_		_	_	
Please note that applicant details and mode		as per	existir	ng Foli	o Numbe	r.	Foli	io No												
New Investor Information																				
Name of First/Sole Applicant															_					
Permanent Account Number													K	YC o	con	nple	eted		Yes	□ No
Name of Second Applicant																				
Powerout Account Number			_	1										VC 4	con	nnla	atad		Voc	⊥ □ No
Permanent Account Number Name of Third Applicant													N	. 1 C C	COII	iibie	eteu	ш	ies	
														T	Т					
Permanent Account Number					Dealess		104/-	. 1.			.1	1								□ No
If Micro SIP, please tick Yes (Micro SIP: Less the	han Rs 50,000 per person in any r	olling 12-mo	onth period)		Declara Stateme	ent of	Additic	nal I	nforn	natio	n/Scl	hem	e Inf	orma	atio	n D	ocu	men	t•h	ereby
If Micro SIP, supporting document/identification n	umber:			ĺ	apply for	or uni	ts as ir	ndicat	ed i	n the	арр	licat	tion	form	•	agre	ee to	ab	ide l	by the
Fund Name				ĺ	and cor	nditio	ns for A	uto E)ebit	• ag	ree t	o ab	ide l	by the	e te	erms	s, cc	ndit	ions	, rules
Plans and Options				ĺ	and reg • agree	ulatio	ns of th	e sch	eme	• ag	ree to	o ter	ms &	con	ndit	ions	s of l	PIN a	agre	ement
<u>Plan</u> ☐ Regular Plan ☐ Institutional Plan					receive	d nor	been	induc	ed b	oy an	ıy re	bate	or	gifts,	di	rect	ly o	r in	direc	ctly in
Option ☐ Dividend Payout ☐ Dividend Re-☐ Dividend Sweep ☐ Growth ☐ O					making with the	curr	ent app	licati	on w	ill re	sult i	n the	e to	taĪ in	ives	stme	ents	exce	edir	ng Rs.
Each SIP Amount Rs				ĺ	50,000 (in the	form	of trail	com	nissi	on o	r any	y oth	ner n	node	e), p	oaya	ble	to h	im f	or the
				1	differen	t con	peting	Sche	mac	of v	ariou	is M	lutua	l Eur	nds	tro	m a	mor	ıgst ı	which
Weekly (Minimum amount Rs 100			N)		the Sch	eme i	s being	reco	mme	ended	d to i	me/ι	JS.						0	
SIP Frequency Weekly (Minimum amount Rs 100 Monthly (Minimum amount Rs 25 Quarterly (Minimum amount Rs 7	0 Minimum No of install				the Sch	eme i	s being	reco	mme	ended	d to i	me/ι	IS.						0	
SIP Frequency ☐ Monthly (Minimum amount Rs 25	50 Minimum No of install 750 Minimum No of insta				the Sch	eme i	s being	reco	mme	ended	d to i	me/ι	IS.						0	
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SIP Frequency ☐ Monthly (Minimum amount Rs 25 ☐ Quarterly (Minimum amount Rs 7 Period for the S ☐ 1 year ☐ 2 years ☐ 10 years ☐ 15 years ☐ Perpetuity	60 Minimum No of install 150 Minimum No of insta SIP 5 years	Ilments 7	")		the Sch First / Applie	eme i Sole	s being	reco	mme	ended	d to i	me/ι	IS.							
SIP Frequency	50 Minimum No of install 50 Minimum No of insta GIP 5 years	Ilments 7	")	1	the Sch	eme i Sole	s being	reco	mme	ended	d to i	me/ι	IS.							
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SIP Frequency Monthly (Minimum amount Rs 25 Quarterly (Minimum amount Rs 77 Period for the S 1 year	60 Minimum No of install 150 Minimum No of install 150 Minimum No of instal 151 P	llments 7	25 		First / Applic Guard	Sole cant /	s being	i reco	mme	ended	d to i	me/ι	IS.							
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