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Application Form

Channel Partner / Agent Information																																			
Agent's Name and ARN 1.Sub Agent Code 2.Sub Agent Code 3.Sub Agent Code																																			
															gent	Cod	e	ЭЩ ЭЩ	5																
	AF	RN - 0988 Ganesh S. Shanbhag																	For	Che															
Upfro	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.																																		
	Nar	Name of First/Sole Applicant																																	
	Pern	nanen	t Acc	count	Num	ber											KY	C co	mple	ted		íes 🗆] No	Dat	e of I	Birth	D	D	Μ	Μ	Y	Y	Y	Y	
	Nar	ne of	Gua	ardia	ın (in	cas	e of	First	/ Sol	le Ap	plica	nt is	a M	inor)	/ Co	ntac	t Per	son ·	– De	sign	atior	ı (in	case	of n	on-ir	ndivio	dual	Inve	stors)						
	Dorn		t Acc	ount	Num	hor													mpla	tod		/or [Pol	ation	chin [-					
	Permanent Account Number Yes INO Ref Contact Details of First / Sole Applicant (Please provide your Email ID as it is a must to transact online/receive e-site) Ref																Relationship																		
	Con	tact	veta	IIS O	T FIRS	t / S	ole A	pplic	ant	(Pleas	se pro	ovide	your	Emai	TD a	as it i	is a m	iust t	o trai	nsact	onli	ne/re	ceive	e e-sta	itatement & other mailers)										
	E-N	1ail																																	
	STD	Code								Tele	ephone]			Mobile												
	Address of First / Sole Applicant										•]															
								-			-											-			-				-	-	-				
	С	TY												ST	ATE												PIN (CODE							
	Monthly Income: □ < Rs 10,000 □ < Rs 25,000 □ < Rs 50,000 □ < Rs 1,00,000 □ > Rs 1,00,000														0	Occupation:																			
	Ν	Mode of Holding [Please ()] Status of First / Sole Applicant												t [Ple	Please (✓)]																				
														rtnership 🗆 Society/Club																					
		□ Single □ Joint □ Company □ Body Corporate □ Trust □ N □ Anyone or Survivor □ Others												Mutu	utual Fund 🛛 Fund of Funds in India																				
	Nar	ne of	Sec	ond	Appl	ican	nt			ouno								(p.ee	<u></u>		,,														
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	Pern	nanen	t Acc	count	Num	ber											KY	C co	mple	ted		íes 🗆] No												
3.	Cho	ose t	he f	und	you v	wish	to i	nvest	and	l mal	ke Cł	neque	e/DE) in t	he c	hose	n fur	nd na	ıme ((refe	er ins	truc	tion	3)	3A. Plans (refer instruction 3)										
	□ S	unda	ram (Grov	vth Fu	ind								Sund	aram	Sele	ct Th	emati	ic Fu	nds F	inan	cial	Servi	ces											
					et Foc et Mic		2							Oppo											🗆 Regular Plan										
					Lead			ind						Sund Oppo			ct Ih	emati	ic Fui	nds E	nter	tainn	nent		🗆 Institutional Plan										
					I.L.E F y Mu									Sund			ct Th	emati	ic Fu	nds F	PSU				3B. Options (refer instruction 3)										
		undai				шрп	lei							Oppo] Div	idena	d Pay	out						
					t The						oortu	nities		Sund Sund						Eurod	1									stme	nt				
					t The The						oortur	nities		Sund					age i	unu					 Dividend Re-Investment Dividend Sweep Growth 										
																	\$																		
Ac	kno	wled	gem	ent					Sun	daran	n Asse	et Mai	nagen	nent C	Compa	any Li	mited	I, II Fl	oor, 4	6 Wh	ites R	load,	Chenr	nai - 6	- 600 014. Toll Free: 1800-425-1000 Ph : (044) 28578700										
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Reco	eived	From	n Mr.	/Mrs	./Ms																				ſ										
Add	ess																																		
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Regi	trar a	and Tra	ansfer	Ager	nts, Un	iit: Su	ındara	im Mu	itual F																	Please No	ote: All Pu					<u> </u>	/ demand	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.																																			

Application Form

4. How do you wish to receive the following (refer instruction 4)																			10											
	Dividend																		Redemption											
	Direct Credit (D	,	🗆 RTC									<u> </u>		e (ECS			Warra				ect Cre	`	<i>'</i>				🗆 Wa			
	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.															nk.														
	Account Statement Will be se Do you wish to) [Ple	ease	(✔)]	by ∣	E-M	ail 🗆	Yes [] No	SN	MS □ `	Yes 🗆] No										
5.	Please indicate d	etails of	your	SIP (skip thi	s sectio	on if you	ı wish to	o make	a one-t	time inv	estme	nt)	Μ	lode o	of SIP		Auto I	Debit	(also su	ıbmit SIP	Auto D	ebit for	m) 🗌	Post	-date	d che	ques		
	Each SIP Amour	it Rs																			l for tl									
			I				I		1	1				□ 1	year	$\square 2$	2 year	rs 🗆 3	years	□ 5 y	ears (10	years	s 🗌	15 ye	ars 🗌	Perp	etuity		
	SIP Frequency	Month	nly (Mini	(Minimum amount Rs 1000 Every Wednesday) (Minimum amount Rs 250 Minimum No of installments 20) y (Minimum amount Rs 750 Minimum No of installments 7)									Y Y	Y	SIP D	ate	□ 1	□ 7	□ 14	1 🗆 2	0 🗆 2	5								
l	If you opt for SIP through post dated cheques, please indicate	First SIP	Cheq	ue N	10											Las	st SIP	Chequ	ue No											
6.	Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory)														ry) (r	efer i	efer instruction 6)													
	Name of the Bank															Br	ranch													
	Branch Address													ity (reden	mption & d	lividend w	vill be paya	able at this	location)											
	Account No																													
	If you opt for ECS fill	Cheque N	AICR No							1			Acc		int Type	[Please	[Please (✔)] □ SAV		NGS 🗆 (CURREN	T□ Oth	ers								
	RTGS / NEFT IFSC (Code	nstruction 7) Please issue a separate Cheque/Demand Draft in favour of the fund you wish to invest																											
7.	Payment Details	(refer in	struct	tion :	7) Ple	ease is	ssue a	a sepa	rate C	Chequ	ue/De	man	d D	raft in	favou	r of th	e fund	I you w i	ish to i	invest		1		-			1			
	Cheque / DD N	No.																	Date	D	D	N		\wedge	Y	Y	Y	Y		
	Amount in wo	ds (Rs)						<u> </u>											Draw	/n on	Bank									
	Amount in figu	Amount in figures (Rs)						DD N Charges A						et nount	t				Brand	ch Na	me									
													onal In	forma	ation/S	Scheme	Inforn	nation	Docun	nent •	here	by ap	oply fo	or unit	s as in	dicated				
	the terms, conditions, rules and regulations of the terms, conditions, rules and regulations of the terms, conditions, rules and regulations of the scheme • agree to terms & conditions of have not received nor been induced by any rebate or gifts, directly or indirectly in making													s of Pl	N agr	reemer eemer	nt • ag	ree to	receiv	e acco	unt sta	ateme Micro	ent/co	ommu Swbie	nicatio	on by I	Email •			
	Declaration: I/We • having read and understood the contents of the Statement of Additional in the application form • agree to abide by the terms, conditions, rules and regulations of the terms, conditions, rules and regulations of the scheme • agree to terms & conditions c have not received nor been induced by any rebate or gifts, directly or indirectly in makin current application will result in the total investments exceeding Rs. 50,000 in a year. commission or any other mode), payable to him for the different competing Schemes of variable.													ar. The	e ARN Mutua	l hold	ler has ds from	disclo	sed to	me/us	all th Scher	e cor ne is	nmis bein	sions g reco	(in the mmen	e form ded to	of trail			
	Nominee (availal										0					9. Signature (refer instruction 9)														
	□ I do not wish	□ I do not wish to choose a nominee																												
		I wish to nominate the following person												rst / S																
	Name:													.		pplic uardi														
	Name: Address:														Guardian															
	If nominee is a minor: Date of birth:Relationship:																													
	Name of Guardian: Address of Guardian:															econo polic	-													
																Applicant														
	Signature of Nominee/Guardian of Nominee																													
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	Schomo													>	-											Po l				
	Scheme:								 Regular P Institution 												l Payou I Swee						vestm			
	Cheque / DD No).																	Date	D	D	М	N	1	Y	Y	Y	Y		
	Amount in word	s (Rs)																I	Draw	n on E	Bank									
-	Amount in figure	es (Rs)						DD N Charges A						t ount				1	Branc	h Nar	ne									
w	ww.sundaramn	nu <u>tual</u> .	com											14								Sun	dara	m A	sset	Man	agem	nent		
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