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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 Age					gent	nt Code Int Code Int Code												
ARN-82882								AMEL projectowed distributions have been been been been been been been be								accomment of various factors including convices wandowed					11 4			For	5								
1. Existing Investor Information (Please fill in your									istered distributors based on the investors' assessment of various factors including services rendered by your Folio No. and then proceed to Section 3) e of holding will be as per existing Folio Number.								ed by th	ie distri	butor														
2.	. New Investor Information (refer instruction 2)																																
	Name of First/Sole Applicant																																
	Permanent Account Number															l					Yes 🗆					D	D	Μ	Μ	Y	Y	Y	Y
	Name of Guardian (in case of First / Sole Applicant is a Minor) / Contact Person – Designation (in case of											of n	f non-individual Investors)																				
					i																												
												completed 🗆 Yes 🗆 No Relationship																					
	Contact Details of First / Sole Applic								ant (Please provide your Email IE						D as it is a must to transact o					t onli	online/receive e-stat				tement & other ma				ailers)				
	E-Mail																																
	STD Code							Telephone														Mobile											
	Address of First / Sole Applicant																			1													
																DINU																	
													0				CODE																
	Monthly Income: \square Rs $10,000$ \square Rs $25,000$ \square Rs $1,00,000$ \square Rs $1,00,000$ \square																•••••																
	Mode	of H	oldiı	ng [P	lease	e (🗸)	J							.1							Appl						_						
													tnership																				
	Anyone or Survivor								□ Company □ Body Corporate □ Trust □ Mut □ Others (please specify)										i vi acc														
	Name of Second Applicant																																
	Permanent Account Number															KY	C co	omple	eted		Yes 🗆] No											
	Name of	Thir	d Ap	oplica	ant		1													1					1								
_	Permanen															l		-			Yes 🗆			_									
3.	Choose t	the fu	ind y	you v	vish	to ii	nvest	and	mak	e Ch	eque	e/DD) in t	the c	chose	n fui	nd n	ame	(refe	er ins	struct	tion 3	3)	3A. Plans (refer instruction 3)									
	□ Sundaram Money Fund □ Sundaram Gilt Fund														Regular Plan																		
	□ Sundaram Ultra Short-Term Fund □ Sundaram Bond Saver													 Institutional Plan Super Institutional Plan 																			
	□ Sundaram Ultra Short-Term Fund □ Sundaram Bond Saver													3B. Options (refer instruction 3)																			
	🗆 Sund	laram	Fle	xible	Fur	nd-Sh	ort T	erm	Plan			🗆 Su	ında	ram	Incor	ne P	lus							Dividend Payout									
	🗆 Sund	laram	Fle	xible	Fur	nd-Fle	exibl	e Inc	come	Plar	ı	🗆 Su	ında	ram	Selec	t De	ebt S	hort-	Term	ı Ass	et Pla	n		 Dividend Re-Investment Dividend Sweep G Growth 									
A	c <mark>knowled</mark>	geme	ent					Sun	daram	Asse	t Mar	nagem	ent (Comp	any Li	miteo	I, II F	loor, 4	46 Wh	nites F	Road, (Chenn	iai - 6	00 01	4. Tol	l Free:	: 1800)-425	-1000	Ph :	044)	2857	8700
Rec	eived From	n Mr./	Mrs.	/Ms																													
Add	ress																																
 Com	munication	in co	nnec		 /ith +	 16 200	nlicati		ould b		Irecco	 d to ⁺¹	he Pr	ojetro	r Sund	laram	RNIP	p paril	nae Fri	nd 6/	rvices	limit	ed	ISC's Signature & Stamp									
Regi	strar and Trandy, Chenna	ansfer	Agen	ts, Un	it: Su	ndara	m Mu	tual F																Please Note: All Purchases are subject to realisation of cheques / demand drafts.									
v	ww.sun	dara	mm	utua	al.co	om										11								Sundaram Asset Management									

Application Form

4.	How do you wish to re																		
			Redemption																
	Direct Credit (DC)	Image: Direct Credit (DC) RTGS/NEFT Warrant Kotak Mahindra Bank, Royal Bank of Scotland, SBI, Standard Chartered Bank, YES Bank.																	
	Account Statement Will be sent by Emai												,						
5	Do you wish to receiv Please indicate details of	•				,] Yes [Debi		umit SIP /	Auto Debit	form)	7 Post	-dated	l chea	11165
5.	Each SIP Amount R				Mode of SIP Auto Debit (also submit SIP Auto Debit form) Dest-dated cheques Period for the SIP										ues				
			1 year 2 years 3 years 5 years 10 years 11 years 15 years P									Perpet	tuity						
	SIP Frequency Mor	nthly (Minimu arterly (Minimu	SIP S	SIP Starting M Y Y Y SIP Date 1 7 14 20 25										;					
6.	If you opt for SIP through post dated cheques, please indicate Bank Account Details a			Las	t SIP Che	que No	0												
	Name of the Bank		Branch																
	Branch Address	3ranch Address										lend will be payable at this location)							
	Account No																		
	If you opt for ECS fill Cheque	Ac	count T	ype [Please	(✔)] □ SA	VINGS 🗆	NGS 🗆 CURRENT 🗆 Others												
	If you have chosen RT	If you have chosen RTGS / NEFT please fill:							RTGS / N	NEFT IFSC C	de								
	Beneficiary Name																		
	Name of the Bank	Name of the Bank							Branch					City					
7.	Payment Details (refer	instructio	nd Draft	t in fav	our of th	e fund you	wish to	invest					1						
	Cheque / DD No.	Cheque / DD No.									Date	D	D	Μ	M	Y	Y	Y	Y
	Amount in words (Rs)	Amount in words (Rs)										Drawn on Bank							
		Amount in figures (Rs) DD Charges Net Am										Branch Name ed in the application form • agree to abide by the terms, conditions, rules and regulations							
	Declaration: I/We • having read and u of the scheme • agree to the terms and have not received nor been induced by The ARN holder has disclosed to me/u	nd regulatio t have any e	ns of the xisting N	scheme • ag Aicro SIPs whi	ee to terms & o ch together wit	conditions on the currer	of PIN agree nt applicatio	ment • ag n will resu	gree to receiv ult in the to	ve accou otal inves	nt stateme tments ex	nt/commu ceeding R	nication by s. 50,000 i	y Email • in a year.					
8.	Receive PIN to track investment online [Please (✓)] (refer instruction 8)										10. Sig	gnature	e (ref	er inst	ructi	on 10))		
		🗆 Yes)															
9.	Nominee (available onl	y for indiv	viduals) (re	fer instruc	tion 9)				First / Sole										
	□ I do not wish to choos	se a nomine	ee 🗆 I wish	to nominat	e the fo	llowing p	person		Applicant / Guardian										
	Name:		-																
	Address:																		
	If nominee is a minor								Second Applica										
	Name of Guardian: Address of Guardian:.																		
	Signatu	o of Nom	inee/Guarc	lion of No	minoo			-											
	oiginta		Third Applicant																
	L							<u>~</u>											
	Scheme:	□ onal Pl		itutiona	l Plan		Dividend Payout Dividend Re-Investment Dividend Sweep Growth Others												
	Cheque / DD No.										Date		D		M	Y	Y	Y	Y
	Amount in words (Rs)			Drawn on Bank															
_	Amount in figures (Rs)	Net Amou	nt			Brand	ch Nam	ie											
ν	vww.sundarammutua	2	Sundaram Asset Management																

SMF-KIM-October 10