

Channel Partner / Agent Information

Agent's Name and ARN NJ India Invest / ARN-0155	1.Sub Agent Code 55537	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)

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:.....

Mode of Holding [Please (✓)]	Status of First / Sole Applicant [Please (✓)]
<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor	<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)

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 Equity Multiplier <input type="checkbox"/> Sundaram India Leadership Fund <input type="checkbox"/> Sundaram Select Thematic Funds Rural India <input type="checkbox"/> Sundaram Select Thematic Entertainment Opportunities <input type="checkbox"/> Sundaram Select Thematic Energy Opportunities <input type="checkbox"/> Sundaram Select Thematic PSU Opportunities <input type="checkbox"/> Sundaram Select Thematic Funds CAPEX Opportunities <input type="checkbox"/> Sundaram Select Thematic Funds Financial Services Opportunities	<input type="checkbox"/> Sundaram Balanced Fund <input type="checkbox"/> Sundaram Monthly Income Plan <input type="checkbox"/> Aggressive <input type="checkbox"/> Moderate <input type="checkbox"/> Conservative <input type="checkbox"/> Sundaram Select Focus <input type="checkbox"/> Sundaram Select Mid Cap <input type="checkbox"/> Sundaram Growth Fund <input type="checkbox"/> Sundaram S.M.I.L.E Fund <input type="checkbox"/> Sundaram Tax Saver	<input type="checkbox"/> Sundaram Money Fund <input type="checkbox"/> Sundaram Ultra Short-Term Fund <input type="checkbox"/> Sundaram Flexible Fund-Short Term Plan <input type="checkbox"/> Sundaram Flexible Fund-Flexible Income Plan <input type="checkbox"/> Sundaram Gilt Fund <input type="checkbox"/> Sundaram Bond Saver <input type="checkbox"/> Sundaram Income Plus <input type="checkbox"/> Sundaram Select Debt Short-Term Asset Plan
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3A. Plans (refer instruction 3)

Regular Plan
 Institutional Plan
 Super 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.

Communication in connection with the application should be addressed to the Registrar **Computer Age Management Services (P) Ltd.**, SEBI Registration No. INR000002813, (Unit: Sundaram Mutual Fund), 148, Old Mahabalipuram Road (OMR), Okkiyam, Thoraiakkam, Chennai - 600 097. Phone: 044 - 3040 7080, Fax: 044 - 24581751.

Quoting full name of Sole/First applicant, Application Form No., Date, Name of the Bank & Branch and Centre where it was lodged.

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)

Account Statement Will be sent by Email To receive physical statement please tick <input type="checkbox"/>	Dividend <input type="checkbox"/> Direct Credit (DC) <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Electronic Clearing Service (ECS) <input type="checkbox"/> Warrant		Redemption <input type="checkbox"/> Direct Credit (DC) <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Warrant	
	Direct Credit is now available with: ABN Amro Bank, AXIS Bank, Bank, Citibank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Standard Chartered Bank, SBI & YES Bank.			

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)

Each SIP Amount Rs. <input type="text"/>	Mode of SIP <input type="checkbox"/> Auto Debit (also submit SIP Auto Debit form) <input type="checkbox"/> Post-dated cheques
SIP Frequency <input type="checkbox"/> Weekly (Minimum amount Rs 1000 Every Wednesday) <input type="checkbox"/> Monthly (Minimum amount Rs 250 Minimum No of installments 20) <input type="checkbox"/> Quarterly (Minimum amount Rs 750 Minimum No of installments 7)	Period for the SIP <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetuity
If you opt for SIP through post dated cheques, please indicate First SIP Cheque No <input type="text"/>	SIP Starting <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Last SIP Cheque No <input type="text"/>	SIP Date <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25

6. Bank Account Details are Mandatory (refer instruction 6)

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

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	Y	Y	Y	Y
Amount in words (Rs)	Drawn on Bank								
Amount in figures (Rs)	DD Charges	Net Amount	Branch Name						

Declaration: (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)

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"/> Institutional Plan <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-Investment								
	<input type="checkbox"/> Super Institutional Plan <input type="checkbox"/> Dividend Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Others.....								
Cheque / DD No.	Date	D	D	M	M	Y	Y	Y	Y
Amount in words (Rs)	Drawn on Bank								
Amount in figures (Rs)	DD Charges	Net Amount	Branch Name						