

Channel Partner / Agent Information

Agent's Name and ARN	1.Sub Agent Code	2.Sub Agent Code	3.Sub Agent Code	For Office Use Only

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. CAMS 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

Mailing Address of First / Sole Applicant

CITY STATE PIN CODE

Contact Details of First / Sole Applicant

STD Code
Telephone Mobile
E-Mail

Mode of Holding [Please (✓)]

- Single Joint
 Anyone or Survivor

Status of First / Sole Applicant [Please (✓)]

- Individual Minor through guardian HUF Partnership Society/Club
 Company Body Corporate Trust Mutual Fund Fund of Funds in India
 Others _____ (please specify)

Monthly Income (optional): < Rs 10,000 < Rs 25,000 < Rs 50,000 < Rs 1,00,000 > Rs 1,00,000 Profession:.....

Name of Second Applicant

Permanent Account Number KYC completed Yes No

Name of Third Applicant

Permanent Account Number KYC completed Yes No

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

- Sundaram BNP Paribas Money Fund
 Sundaram BNP Paribas Liquid Plus
 Sundaram BNP Paribas Floating Rate Fund
 Sundaram BNP Paribas Bond Saver
 Sundaram BNP Paribas Monthly Income Plan

3B. Plans (refer instruction 3)

- Regular Plan Institutional Plan Super Institutional Plan
(for eligibility to avail the Institutional Plan, refer instructions, KIM and Offer Document)

3C. Options (refer instruction 3)

- Growth Dividend Payout Dividend Re-investment
(If you do not indicate an option, for default option refer instruction 3)

3D. Dividend Frequency (refer instruction 3)

- Daily Weekly Fortnightly Monthly
 Quarterly Halfyearly Annual

Acknowledgement

Sundaram BNP Paribas Asset Management, II Floor, 46 Whites Road, Chennai - 600 014. Toll Free: 1800-425-1000 (MTNL/BSNL) Ph : (044) 28578700

Received From Mr./Mrs./Ms.

Address

Communication in connection with the application should be addressed to the Registrar Computer Age Management Services (P) Ltd., (Unit: Sundaram BNP Paribas Mutual Fund), Rayala Towers 3, 1st Floor, No. 158, Anna Salai, Chennai 600 002. Tel: (044) 30212401/02/03/04 / 28521596 / 28520516 / 28520788 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.

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

Account Statement	Dividend	Redemption
<input type="checkbox"/> E-Mail <input type="checkbox"/> Courier <input type="checkbox"/> Post	<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: ABN Amro Bank, AXIS Bank, BNP Paribas Bank, Citibank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Standard Chartered Bank, YES Bank.

Do you wish to receive updates by E-Mail [Please (✓)] (refer instruction 5) Yes No

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 & attach cancelled cheque Yes No

Cheque MICR No: _____ Account Type [Please (✓)] SAVINGS CURRENT NRE NRO FCNR 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/Branch								
Amount in figures (Rs)	DD Charges	Net Amount							

8. Receive PIN to track investment online [Please (✓)] (refer instruction 8) Yes No

Declaration: I/We • Having read and understood the contents of the Offer Document; • hereby apply for units as indicated in Section 3; • agree to abide by the terms, conditions, rules and regulations of the scheme; • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment.

9. Nominee (available only for individuals) (refer instruction 9)

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

If nominee is a minor:
 Nominee's date of birth:.....Relationship:.....
 Name of Guardian:.....
 Address of Guardian:.....

Signature of Nominee/Guardian of Nominee:

10. Signature/s (refer instruction 10)
First / Sole Applicant / Guardian
Second Applicant
Third Applicant

Scheme Name:	Plans <input type="checkbox"/> Regular Plan <input type="checkbox"/> Institutional Plan <input type="checkbox"/> Super Institutional Plan Options <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-investment	Dividend Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Halfyearly <input type="checkbox"/> Annual							
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							

Channel Partner / Agent Information

Agent's Name and ARN	1.Sub Agent Code	2.Sub Agent Code	3.Sub Agent Code
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For Office
Use Only

Upront 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**

Mailing Address of First / Sole Applicant

CITY **STATE** **PIN CODE**

Contact Details of First / Sole Applicant (Email ID is a must as it also help you transact online)

STD Code

Telephone **Mobile**

E-Mail

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)

Monthly Income (optional): < Rs 10,000 < Rs 25,000 < Rs 50,000 < Rs 1,00,000 > Rs 1,00,000 **Profession:**.....

Name of Second Applicant

Permanent Account Number **KYC completed** Yes No

Name of Third Applicant

Permanent Account Number **KYC completed** Yes No

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

<input type="checkbox"/> Sundaram BNP Paribas Select Focus	<input type="checkbox"/> Sundaram BNP Paribas CAPEX Opportunities
<input type="checkbox"/> Sundaram BNP Paribas Select Mid Cap	<input type="checkbox"/> Sundaram BNP Paribas Rural India
<input type="checkbox"/> Sundaram BNP Paribas Growth Fund	<input type="checkbox"/> Sundaram BNP Paribas Financial Services Opportunities
<input type="checkbox"/> Sundaram BNP Paribas S.M.I.L.E Fund	<input type="checkbox"/> Sundaram BNP Paribas Entertainment Opportunities
<input type="checkbox"/> Sundaram BNP Paribas India Leadership Fund	<input type="checkbox"/> Sundaram BNP Paribas Balanced Fund
<input type="checkbox"/> Sundaram BNP Paribas Tax Saver	

3A. Plans (refer instruction 3)

Regular Plan Institutional Plan
(for eligibility to avail the Institutional Plan, refer instructions, KIM, Statement of Additional Information / Scheme Information Document / Offer Document)

3B. Options (refer instruction 3)

Growth Dividend Payout
 Dividend Re-investment
(If you do not indicate an option, for default option refer instruction 3)

Acknowledgement

Sundaram BNP Paribas Asset Management, II Floor, 46 Whites Road, Chennai - 600 014. Toll Free: 1800-425-1000 (MTNL/BSNL) Ph : (044) 28578700

Received From Mr./Mrs./Ms.

Address

ISC's Signature & Stamp

Communication in connection with the application should be addressed to the Registrar Computer Age Management Services (P) Ltd., (Unit: Sundaram BNP Paribas Mutual Fund), Rayala Towers-1, 2nd Floor, No. 158, Anna Salai, Chennai 600 002. Ph : 044-28521596, 28520516, 28520788 (through BSNL/MTNL) 30212401/02/03/04 (through Reliance) quoting full name of Sole/First applicant, Application Form No., Date, Name of the Bank & Branch and Centre where it was lodged.

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	Dividend	Redemption
To receive physical statement please tick <input type="checkbox"/>	<input type="checkbox"/> Direct Credit (DC) <input type="checkbox"/> Electronic Clearing Service (ECS)	<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, BNP Paribas Bank, Citibank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Standard Chartered Bank, YES Bank.

Do you wish to receive updates (refer instruction 4) [Please (✓)] by E-Mail Yes No **or by 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
SIP Frequency	<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)													
SIP Date	<input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25													
Mode of SIP					<input type="checkbox"/> Auto Debit (also submit SIP Auto Debit form) <input type="checkbox"/> Post-dated cheques									
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"/> others.....														
SIP Period					from <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"/> <input type="text"/> to <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"/> <input type="text"/>									
<small>If you opt for SIP through post dated cheques, please indicate</small>					First SIP Cheque No					Last SIP Cheque No				

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		
<small>If you opt for ECS fill</small>	Cheque MICR No <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"/> <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"/> <input type="text"/> <input type="text"/>	
Account Type [Please (✓)] <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> Others.....		
<small>If you have chosen RTGS / NEFT please fill:</small>		
RTGS / NEFT IFSC Code <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Beneficiary Name <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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
<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"/> <input type="text"/> <input type="text"/>
Amount in words (Rs)	Drawn on Bank
<input type="text"/>	<input type="text"/>
Amount in figures (Rs)	Branch Name
<input type="text"/>	<input type="text"/>

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/Offer 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 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. Receive PIN to track investment online [Please (✓)] (refer instruction 8)

Yes No

9. Nominee (available only for individuals) (refer instruction 9)

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

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

 Signature of Nominee/Guardian of Nominee

10. Signature (refer instruction 10)

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Scheme Name:	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Institutional Plan	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-investment
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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Amount in words (Rs)	DD Charges	Net Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount in figures (Rs)	Branch Name	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>