



Cha	nnel	Par	tner	/ Ag	ent I	nfo	rmatio	on																					d)								
							I ARN			1.	Sub /	Ager	it Cod	de		2.5	Sub A	gei	nt C	ode	9		3.	Sub	Ag	ent C	ode	•	For Office	Use Only							
1.							t <b>ion (F</b> detai															1.	CAN	ЛS Fo	olio N	)									/ [		
2.	Nev	v Inv	esto	r Inf	orma	tior	ı (refe	er ins	truc	tion	2)																										
	Nan	ne of	Fir	st/So	le Ap	plio	cant					1																									_
	Pern	nanen	t Ac	coun	t Num	ber				Sole Applicant is a Minor) / C							<b>KYC completed</b> ☐ Yes ☐ No						No	Date (	of B	irth	D	D	М					Y	Y		
	Nan	ne of	Gu	ardia 	an (ir	cas	se of I	irst /	Sol	e Ap	plica I	nt is	a Mi	inor)	/ C	onta	t Pei	rsoi	n – I	Des	signa	atio	n (ir	n ca	ase o	of nor	n-in	divic	lual	Inve	stors)	)		_	_		$\neg$
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					Num												KY	C c	com	olet	ed	☐ Yes ☐ No Relat					ions	hip									
	Mai	ling	Add	ress	Of FII	rst /	Sole	Appi	ican	t	Т				Т								Т	Т						Т	Τ	Τ		$\top$	$\top$		$\neg$
				<u> </u>	<u> </u>	<u> </u>	+				<u> </u>		<u> </u>		<u> </u>	+		<u> </u>	+			<u> </u>	+	+		_				+	<u> </u>	<u> </u>	+	+	+	+	$\dashv$
																																	<u> </u>	$\downarrow$	$\downarrow$	<u> </u>	$\dashv$
Contact Details of First / Sole Appli											ATE														PIN	CODE				$\perp$	$\perp$						
								pplic	cant STD Code																												
	Telephone  E-Mail																							Мо	obile												
	٨	∕lode	of I	Hold	ing [F	Please (🗸)] Status of First / Sole Applicant [Please													se (	/)]																	
	☐ Single ☐ loint													HUF																							
	Monthly Income (optional): □ < Rs 10,000 □ < Rs 25,000 □ Name of Second Applicant									□ <	□ < Rs 50,000 □ < Rs 1,00,000 □ >								> Rs	1,00	,00	) <b>P</b>	rofe	ession	ı <b>:</b>												
	Pern	nanen	t Ac	count	t Num	ber											olet	red □ Yes □ No					·														
	Nan	ne of	Thi	ird A	pplic	ant											1																				
	Pern	nanen	t Ac	count	t Num	ber											KY	C c	com	olet	ed		Yes	1	No	·											
3A.	Pleas	e tick	the f	iund y	ou wi	sh to	invest	and m	nake (	Chequ	ie/DD	in th	e chos	en fu	nd n	ame (r	efer in	stru	ıctior	3)	3E	3. Pl	lans	(re	efer	instru	ıcti	on 3)	)								
		Sund	arar	n BN	IP Pa	riba	ıs Mo	ney F	und												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)																
		Sund	arar	n BN	IP Pa	riba	s Liqu	ıid P	lus												30	C. O	ptic	ons	(ref	er ins	stru	ctior	1 3)								
		Sund	arar	n BN	IP Pa	riba	s Floa	ating	Rate	e Fur	nd																			Divid					3)		
		Sund	arar	n BN	IP Pa	riba	s Bon	d Sa	ver												3[	D. D	ivid	lenc	d Fr	equer	тсу	(refe	er ir	struc	tion	3)					
		Sund	arar	n BN	IP Pa	riba	s Mo	nthly	Inc	ome	Plan											Da Q		erly		Wee				Fortr		ly		Mont	hly		$\neg$
A	 ckno	 wled	lgen	 nent			Sı	ındara	am Bl	NP Pa	– – ıribas	Asse	t Mana	agem	ent,	II Floo	<u>\$</u> -	Vhit	tes Ro	oad,	Che	nnai	- 60	0 01	14. To	oll Free	_ e: 18	00-42	25-10	000 (N	 1TNL/I	BSN	 L) Ph	: (044	) 28!	 57870	0
				·./Mrs																																	
						uld bo ~	ddressed to	tha Ronies-	ar Com-	utor Ane	Managore	nt Sond	ac (D) 14,1	(I Init- S.	ndarar	RND Dwile	e Mutual F	und	Randa T	nwor ?	 1 de El-	or No	158 4-	na Cal-	ai Chor-	 nai 600							ıre &				
002. Te	cauon  : (044) 3(	connec )212401/0	นบา With )2/03/04	are appli / 285215!	caudii 500 96 / 28520	ыи ве а 516 / 28	uuressett to 8520788 quo	ne negistr iting full n	an compi ame of Si	ole/First a	pplicant, /	n servic	n Form No	., Date, N	anuaram lame of	the Bank &	Branch an	d Cen	nayata ti ntre wher	owers 3 e it was	,, 181 FIC s lodged	лл, iNO.	130, AN	ııa ədlê	us, CHENI	ul UUU	P	ease No	te: All I	Purchases	are subje	ct to re	alisation	of chequ	es / der	mand draf	ts.



																					А	ppi	ıca	lioi	n Fo	rm		
5.	How do you wish					(refe	er inst	ructio	on 4)	)																		
	Acc	count S	tate	ment				7.5:		D. or		Divid	end		T.C. 2	) IFFT				I	Red	lemį	ptio	n				
	□ E-Mail	□ Co			□ P			□ Elec	tronic		ing :	Service			Varra	nt										Varrant		
	Direct Credit is now avail												C Bank	ICICI Ba	ınk, IE	OBI Bank,	IndusInd	Bank, K	otak M	ahindra	Bank	, Stand	lard Ch	nartere	d Bank,	YES Bank.		
	Do you wish to	receive (	updat	es by	E-Mail	[Ple	ease (•	/)] (re	efer i	instru	ctio	on 5)				Yes		No										
6.	Bank Account De	etails are	Man	datory	(refe	r inst	tructio	on 6)																				
	Name of the Bank													Bra	anch													
	Branch Address													Cit	y (red	lemption & dividend will be payable at this location)												
	Account No																											
	If you opt for ECS fill & attach cancelled cheque	Cheque MI	ICR No									Accou	unt Typ	e [Please	<b>(∕</b> )]	□ SAVI	NGS □ CL	JRRENT	Γ□ NRI	E 🗆 NR	0 🗆	FCNR [	□ Oth	ers			]	
	If you have chos	sen RTG	ease fi	II:								RTGS / N	NEFT	IFSC Cod	le										7			
	Beneficiary Name					Ī																						
	Name of the Bank										Branch			City														
7.	<b>Payment Details</b>	) Please	e issue	e a sep	arate C	Chequ	ıe/Den	nand	l Draft i	n favo	our of th	ne fui	nd you v	wish to i	nvest													
	Cheque / DD N	No.															Date	D	D	N	1	М	Υ	Y	/ \	/ Y		
	Amount in wor	ds (Rs)			'			'	'								Drawr	on E	Bank/I	Branc	h			'				
	Amount in figu	res (Rs)									- 1	DD Charge	es				Net Amou	nt										
8.	Receive PIN to t	rack invo	estme	ent onl	ine [F	Pleas	e (🗸)]	(refe	r ins	tructi	on 8	8)				□ Yes		No										
	Declaration: I/We	e • Having	read a	and und	lerstood	the o	conten	ts of th	e Off	er Doo	ume	ent:	10. Signature/s (refer instruction 10)															
	• hereby apply for conditions, rules and	units as	indica	ited in	Section	3;	agree	e to ak	oide	by the	terr	ms,		First / Colo														
	by any rebate or gift	-								DCCII II	iiuu	cu			rst / Sole pplicant /													
9.	Nominee (availal	ble only	for in	ndividu	ıals) (ı	efer	instru	uction	9)					Guardian														
	Name:																										$\frac{1}{2}$	
	If nominee is a Nominee's date				Re	latio	nship	:						econd opplica														
	Name of Guardi Address of Guar																											
																											+	
	Signature of No	minee/C	Suard	ian of	Nomi	noo.								hird														
	Signature of Nominee/Guardian of Nominee:													pplica	ınt													
	Scheme Name:				Plans Opti			<b>Regular</b> Growth	Plan			<b>nstitutio</b> Dividend					t <b>itutional</b> Re-investr			Daily	<mark>lend Frequency</mark> nily □ Weekly □ Fortnightly □ Month µarterly □ Halfyearly □ Annual						у	
	Cheque / DD No	).															Date	D	D	M	1	M	Υ	Υ	Y	Y		
	Amount in words	s (Rs)		•													Drawn	on B	ank		-			•				
	Amount in figure	s (Rs)					DD Charg	ges				et mount					Branch	Nam	ne								So they are done	
	/w/w/sundaramb	•	•				- "(	_			$\vdash$								am R	NID E							_ =	

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## **Application Form**

Cha	Channel Partner / Agent Information																e >																		
	/	Agent	t's N	ame	and	ARN			1.S	iub A	vgen	t Coo	de		2.5	Sub A	ge	ent Coo	de		3.9	Sub A	gent (	Code	e	For Office									
Upfro	nt commission	n shall b	e paid	directly	by the	investo	r to the	AMFI-	-register	ed distr	ibutor	s based	on the ir	vesto	rs' asse	ssment	of va	arious fact	tors incl	ludin	g service	es render	ed by the	distri	butor										
	<b>Existing</b> Please no	Inves	tor	Infori	nati	on (P	lease	fill	in yo	ur F	olio	No.	and t	hen	pro	ceed	to	Section	on 3)		_	olio No									] /				
2.	New Inv	estor	' Inf	orma	tion	(refe	er ins	truc	tion 2	2)																									
	Name of	f Firs	t/So	le Ap	plica	ant																													
	Permaner	nt Acc	ount	Numl	ber											KY	C d	compl	eted		Yes	□No	Date	of B	irth	D	D	М	M	Y	Y	Y	Υ		
	Name of	f Gua	ırdia	<b>ın</b> (in	case	e of F	irst /	Sol	е Арр	olica	nt is	a Mi	inor) ,	/ Co	ntac	ct Per	rso	n – D	esign	atio	on (in	case	of no	n-in	divid	lual	Inve	stors	)						
	Permaner	nt Acc	ount	Numl	ber											KY	C o	comple	eted		Yes [	□No	Rela	tions	hip										
	Mailing	Addr	ess (	of Fir	st / S	Sole	Appl	ican	t							1									_										
																				<u> </u>		+													
	CITY							STATE													PIN	CODE													
	Contact Details of First / Sole Applicar									t (Email ID is a must as it also help you transact online)														ST	D Cod	е									
	Telephone	9															T					Mobile			T			Ť			寸				
	E-Mail																Ì																		
Mode of Holding [Please (✓)]									Status of First / Sole Applicant [Please													ase (	<b>√</b> )]												
	☐ Single ☐ Joint ☐ ☐ Anyone or Survivor									Individual   Minor through guardian   HUF   Partners   Company   Body Corporate   Trust   Mutual   Others (please specify)																									
	Monthly	Inco	me	(opti	onal	): [	] < R	s 10	0,000 □ < Rs 25,000 □ < Rs 50,000 □ < Rs 1,00,000 □ > Rs 1,00,0													0,00	0 <b>P</b>	rofes	sion	<b>:</b>									
	Name of	f Sec	ond	Appl	ican	t																													
	Permaner	nt Acc	ount	Numl	ber											KY	C o	compl	eted		Yes	□No													
	Name of	f Thir	d A	pplica	ant [				KYC completed ☐ Yes ☐ No																										
																]				_	12/														
	Permaner				l.													compl																	
3.	Please ti	ck th	e fui	nd yo	u wi	ish to	inve	est a	nd m	ake (	Chec	ue/E	DD in	the	cho	sen f	un	d nam	e (ret	fer	instr	uction	3)		Plan	,									
	☐ Sunda☐ Sunda☐ Sunda	ıram l	BNP	Pariba	ıs Sel	ect N	1id Ca	•			unda	ıram	BNP P	arib	as Ru	ıral In	dia	portuni a Services		orti	ınitios			(for KIN	eligibi 1, Sta	lity to temen	ar Plan ☐ Institutional Plan  lity to avail the Institutional Plan, refer instructions  rement of Additional Information / Scheme  n Document / Offer Document)								
																			•••					3B.	Opt	ions	(refe	er ins	stru	ction	3)				
	☐ Sundaram BNP Paribas S.M.I.L.E Fund										unda	ıram	BNP P	arib	as En	tertai	nm	nent Op	portu	ıniti	ies				Grow	th	□ Di	ivide	nd P	ayout					
	☐ Sundaram BNP Paribas India Leadersh ☐ Sundaram BNP Paribas Tax Saver										unda	ıram	BNP P	arib	as Ba	lance	d F	Fund						l .	Divid ou do					n, for o	default	optio	n refei		
	⊔ Sunda									Q									ruction				1.77	,		1									
A	Acknowledgement Sundara								BNP Paribas Asset Management, II Floor, 46 Whites Road, Chennai - 600 014. Toll Free:													e: 18	e: 1800-425-1000 (MTNL/BSNL) Ph : (044) 2857870												
Rec	eived Fron	n Mr.	/Mrs	./Ms																															
Add	ress																																		
																											ISC'	's Sigi	natuı	re & St	amp				
Commu	Communication in connection with the application should be addressed to the Registrar C 002. Ph : 044-28521596, 28520516, 28520788 (through BSNL/MTNL) 30212401/02/03/0						ar Compu	uter Age M	anagemer	nt Service	es (P) Ltd.,	(Unit: Suno	laram Bi	NP Pariba	ns Mutual F	Fund), . Date	, Rayala Towe	rs-1, 2nd F	Floor, N Branch	No. 158, A	nna Salai, Cl	hennai 600 ras Indoed	P	lease Not	te: All Pu				lisation of		demand	drafts.			

**Application Form** 

4.	How do you wish to red	ceive t	he follov	ving (ı	refer ins	tructio	n 4)															
	Account Statement	Will	be sent	by E	mail		a li /a c		iden							R	ede	emp	tion			
	To receive physical s	tatem	ent plea	ase tio	ck 🗆 📙	Direct Electro	Credit (DC onic Clearir	:) ig Servi	ce (ECS	5) [	RTGS/ Warra			☐ Direc	t Credi	t (DC)	) [	□ RT0	GS/NE	FT [	☐ Warr	ant
	Direct Credit is now available with	ABN Am	nro Bank, AX	(IS Bank,									IndusInd E	Bank, Kota	ak Mahir	ndra Ba	nk, St	tandard	Charte	red Ban	k, YES B	ank.
	Do you wish to receiv																					
5.	Please indicate details of	of your	SIP (skip t	his section	n if you wish	to make a	one-time invest	ment)	Mod	de of	SIP	□ Auto	Debit	(also subi	mit SIP /	luto De	bit fo	rm) 🗌	Post	-date	d che	ques
	Each SIP Amount R	s												Period <sup>1</sup>								
	SIP Frequency Mor	thly (M	linimum am	ount Rs	250/- Minin	num No	of installmen	ts 20)	□ 1 y	year [	□ 2 ye	ars 🗌 3	years	□ 5 ye	ars 🗆	10 y	ears	s 🗆 c	thers		•••••	
	- / L Qua	, .	linimum am 14			num No	of installmen	ts 7)	SIP F	Perio	d	from \Lambda	M Y	YY	Υ	to	M	ИΥ	Y	Y		
	If you opt for SIP through post dated cheques, please indicate First SI	P Che	que No								Last S	IP Che	que No									
6.	Bank Account Details a			refer	instructi	on 6)																
	Name of the Bank			(10101							Branc	h										
	Branch Address										City (i	edemption &	dividend w	ill be payab	le at this l	ocation)						
	Account No																					
	If you opt for ECS fill Cheque	MICR No							Account	Type [F	Please (🗸)	] SAV	/INGS □ C	URRENT	☐ Othe	rs						
	If you have chosen RTGS / NEFT please fill:									RT	GS / NEF	T IFSC Co	ode									
	Beneficiary Name																$\dashv$					
	Name of the Bank									Bra	nch					City						
7.	Payment Details (refer	nstruc	tion 7) P	lease is	ssue a sepa	arate Cl	negue/Dem	and Dr	aft in fa			ınd vou	wish to i	nvest		/						
	Cheque / DD No.											,	Date	D	D	М		М	Υ	Υ	Y	Y
	Amount in words (Rs)												Draw	n on B	ank							
	Amount in figures (Rs					h Nam																
				-ti D		)" D				:	:	l : al	l:	·		. 4						
	by the terms, conditions, rules and directly or indirectly in making this	Charges Amount  Claration: 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 he 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, cityl or indirectly in making this investments exceeding 8s. 50,000 in a year. The ARN holder has disclosed to 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.															e or gifts, sclosed to					
8.	me/us all the commissions (in the f  Receive PIN to track in								competin	ig Schei	nes of va		al Funds fro								to me/us	5.
0.	Receive I IIV to track III	\cstille				(Telel	instruction	лі о <i>)</i>				•	o. sigi	iatare	(ICI		oti u	ictio		,		
0	Nominee (available onl					ıction	<b>a</b> )			Eiw	+ / Cal											
9.	Nominee (available on	y IOI II	luiviuua	15) (16)	iei ilistit	iction	<i>3)</i>				st / Sol plicant											
	Name:									Guardian												
	Address:																					
	If nominee is a minor:  Name of Guardian:						•				,											
	Address of Guardian:										ond plicant											
										'												
	Signatur	e of N	ominee/	Guard	lian of N	lomine	ee															
										Thi	rd											
											plicant											
									_ ~	L												
	Scheme Name:								Regi	ular	Plan			rowth	al Da			D::	م مرمام	l Da		
	Cl. (Sp.)								Insti	ituti	onal P	idfl		ivider	iu Pa		Ι.	.	uenc	r Ke-l	invest	ment
	Cheque / DD No.												Date	D	D	M		/1	Υ	Υ	Y	Y
	Amount in words (Rs)												Drawi	n on Ba	ank							
					DD			NIat														
	Amount in figures (Rs)				DD Char	ges		Net Amo					Branc	h Nam	e							nent