

Folio No											Broker Code						Sub-Broker Code												
Name of First/Sole Applicant (Please use capital Letters)															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														
E-Mail										Mobile No																			
Fund Name																													
Plans: <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Super Institutional															Options: <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-Investment <input type="checkbox"/> Dividend Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Others.....														
Bank (on which Cheque is drawn or by which Demand Draft is issued)															Branch														
Amount (figures)					Amount (in words)					Cheque/DD No (attach a cancelled cheque leaf)										Cheque/DD Date									
Rs																				DDMMYYYY									

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document, as applicable • hereby apply for units as indicated in the application form • 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.

Signature																														
	First Applicant										Second applicant										Third Applicant									

Acknowledgement <input type="checkbox"/> Investment Request Date: DDMMYYYY															Time Stamp/Seal																													
Folio No										Cheque/DD No:																																		
Fund:																																												
Amount																														Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep or <input type="checkbox"/> Growth														

Toll Free 1800 425 1000 SMS SFUND to 56767 E-mail service@sundarammutual.com
 www.sundarammutual.com Sundaram Mutual Fund

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E-Mail										Mobile No																			
Transferring from															Transferring to														
<input type="checkbox"/> Regular Plan <input type="checkbox"/> Institutional Plan <input type="checkbox"/> Super Institutional Plan															<input type="checkbox"/> Regular Plan <input type="checkbox"/> Institutional Plan <input type="checkbox"/> Super Institutional Plan														
<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-Investment <input type="checkbox"/> Dividend Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Others.....															<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-Investment <input type="checkbox"/> Dividend Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Others.....														
STP Amount										STP Period <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 <input type="checkbox"/> Others.....																			
STP Frequency <input type="checkbox"/> Weekly (Wednesday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly										STP Starting MMYYYY					STP Date <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25														
Declaration: I/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 STPs which together with the current application will result in the total investments exceeding Rs. 30,000 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.															Request Date DDMMYYYY														

Signature																														
	First Applicant										Second applicant										Third Applicant									

Acknowledgement <input type="checkbox"/> Investment Request Date: DDMMYYYY															Time Stamp/Seal																													
Folio No																																												
Fund: Plan.....Option.....																																												
STP Rs					Period					From MMYYYY																				<input type="checkbox"/> Weekly (Wednesday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly					Date <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25									

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