SUNDARAM MUTUAL

Systematic Investment Plan

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: ☐ Regular ☐ Institutional ☐ Super Institutional | *Options:* ☐ Dividend Payout ☐ Dividend Re-Investment ☐ Dividend Sweep ☐ Growth ☐ Others.....

SIP Amount | **SIP Period** ☐ 1 year ☐ 2 years ☐ 3 years ☐ 5 years ☐ 10 years ☐ 15 years ☐ Perpetuity ☐ Others.....

SIP Frequency ☐ Weekly (Wednesday) ☐ Monthly ☐ Quarterly **SIP Starting** M M Y Y Y Y **SIP Date** ☐ 1 ☐ 7 ☐ 14 ☐ 20 ☐ 25 SIP using post dated cheques, indicate

Bank | Branch/Location | Account Type ☐ SB ☐ NRE ☐ NRO ☐ FCNR ☐ Current ☐ Others..... | First Cheque No

Account No | MICR No | RTGS/NEFT/IFSC | Last Cheque No

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 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.

Request Date D D M M Y Y Y Y

Signature

First Applicant	Second applicant	Third Applicant

Acknowledgement ☐ Investment **Request Date:** D D M M Y Y Y Y

Time Stamp/Seal

Folio No /

Cheque/DD No:

Fund:

Plan.....Option.....

SIP Rs | Period | From M M Y Y Y Y

☐ Weekly (Wednesday) ☐ Monthly ☐ Quarterly

Date ☐1 ☐7 ☐14 ☐20 ☐25

Toll Free 1800 425 1000 | SMS SFUND to 56767 | E-mail service@sundarammutual.com