

Distributor's Service Request Form

Please fill in the respective columns in case of change in Bank Mandate, Address and Nomination

| |
|----------------------|
| Distributor ARN code |
| ARN- |

| | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|--|
| Name | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|----------------------|---|---|---|---|---|---|---|---|
| Permanent Account Number | | | | | | | | | Date of Birth | D | D | M | M | Y | Y | Y | Y |
|---------------------------------|--|--|--|--|--|--|--|--|----------------------|---|---|---|---|---|---|---|---|

| | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Mailing Address | | | | | | | | | | | |
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|-------------|--|--|--|--|--|--------------|--|--|--|-----------------|--|--|--|--|
| City | | | | | | State | | | | PIN Code | | | | |
|-------------|--|--|--|--|--|--------------|--|--|--|-----------------|--|--|--|--|

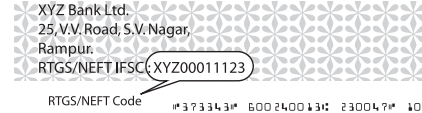
| | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|-----------------|--|--|--|--|
| Contact Details | | | | | | | | STD Code | | | | |
| Telephone | | | | | | | | Mobile | | | | |
| E-Mail | | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|-----------------------------|--|--|--|
| Please (✓) the brokerage option you prefer | | | | | | | | | | | |
| <input type="checkbox"/> NEFT | | | | <input type="checkbox"/> Direct Credit (DC) | | | | <input type="checkbox"/> DD | | | |
| Direct Credit is now available with: AXIS Bank, HDFC Bank, ICICI Bank, Kotak Mahindra Bank, State Bank of India | | | | | | | | | | | |

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|----------------------------------|----------------------------------|--|--|----------------------------------|--|--|--------------------------------------|--|--|--|--|
| Bank Account Details | | | | | | | | | | | |
| Name of the Bank | | | | | | Branch | | | | | |
| Branch Address | | | | | | City (brokerage would be paid at this location) | | | | | |
| Account No | | | | | | | | | | | |
| Account Type [Please (✓)] | <input type="checkbox"/> Savings | | | <input type="checkbox"/> Current | | | <input type="checkbox"/> Others..... | | | | |

| | | | | | | | | |
|---------------------------------|------------------|--|--|--|--|--|--|--|
| If you opt for NEFT fill | IFSC Code | | | | | | | |
|---------------------------------|------------------|--|--|--|--|--|--|--|

Please enclose cancelled cheque leaf for verification



| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Nominee (applicable for individuals) | | | | | | | | | | | |
| Name:..... | | | | | | | | | | | |
| Relationship:..... | | | | | | | | | | | |
| Address:..... | | | | | | | | | | | |
| | | | | | | | | | | | |
| If nominee is a minor: | | | | | | | | | | | |
| Nominee's date of birth:..... | | | | | | | | | | | |
| Name of Guardian:..... | | | | | | | | | | | |
| Address of Guardian:.. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Signature of Nominee/Guardian of Nominee:..... | | | | | | | | | | | |

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|------------------------------|--|
| Distributor Signature | |
| | |
| | |
| Distributor Name | |

I do not wish to choose a nominee.

Signature of the Distributor:.....

Acknowledgement Sundaram Asset Management Company Limited, II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 Ph : (044) 28569869

Received Distributor's Service Request from:

Mr./Mrs./Ms.....ARN.....

Change in address Nomination Change in Bank mandate

Service Center Signature & Stamp