

Folio No																				/																				Broker Code										ARN-257030										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.																																																																																																																							
Request Date										DDMMYYYY																																																																																																													
Signature										First Applicant																				Second applicant																				Third Applicant																																																																					
<div> <div>Acknowledgement</div> <div> <input type="checkbox"/> Investment Request Date: DDMMYYYY </div> <div> Folio No <div></div> / <div></div> Cheque/DD No: <div></div> </div> <div> Fund: <div></div> </div> <div> Amount <div></div> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep or <input type="checkbox"/> Growth </div> </div> <div> <div>Time Stamp/Seal</div> <div></div> </div>																																																																																																																							
Toll Free 1800 425 1000 SMS SFUND to 56767 E-mail service@sundarammutual.com																																																																																																																							
www.sundarammutual.com																														Sundaram Mutual Fund																																																																																									

Folio No																				/																				Broker Code										ARN-257030																				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																																																																															
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																				<div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>																				STP Date																				<input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25																																							
<p><small>Declaration: 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. 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.</small></p>																																																																																																																																											
Request Date																				<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>																																																																																																																							
Signature																				First Applicant																																								Second applicant																																								Third Applicant																																							
Acknowledgement <input type="checkbox"/> Investment Request Date: <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>																																								Time Stamp/Seal																																																																																																			
Folio No																																								/																																																																																																			
Fund:																																								Plan.....Option.....																																																																																																			
STP Rs																				Period																				From <div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <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																																																																															
Toll Free 1800 425 1000																																								SMS SFUND to 56767																																								E-mail service@sundarammutual.com																																																											
www.sundarammutual.com																																																																																Sundaram Mutual Fund																																																											

Folio No																				Broker Code										ARN-257030										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.....																																																											
SIP Amount																				SIP 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.....																																																	
SIP Frequency																				<input type="checkbox"/> Weekly (Wednesday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly																				SIP Starting										M M Y Y Y Y										SIP Date										<input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25									
Bank																				Branch/Location																				Account Type										<input type="checkbox"/> SB <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Current <input type="checkbox"/> Others.....																													
Account No																				MICR No																				RTGS/NEFT/IFSC																																							
<p><small>Declaration: I/We have read and understood the contents of the Statement of Additional Information/Scheme Information Document and hereby apply for units as indicated in the application form. I agree to abide by the terms, conditions, rules and regulations of the scheme. I agree to the terms and conditions for Auto Debit. I agree to abide by the terms, conditions, rules and regulations of the scheme. I agree to terms & conditions of PIN agreement. I agree to receive account statement/communication by Email. I have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I 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 or various Mutual Funds from amongst which the scheme is being recommended to me/us.</small></p>																																								Request Date										D D M M Y Y Y Y																													
Signature										First Applicant										Second applicant										Third Applicant																																																	
Authorisation & Signature of Bank Account Holder																				<div> <div></div> <div>Signature</div> </div>																																																											
Account Number <div></div>																																																																															
I/We have registered for ECS for my investment in Sundaram Mutual Fund from the indicated account with your bank and authorise the representative carrying this mandate to get it verified and executed.																																																																															
Toll Free 1800 425 1000																				SMS SFUND to 56767																																																											
www.sundarammutual.com																				E-mail service@sundarammutual.com Sundaram Mutual Fund																																																											

Folio No																				Broker Code										ARN-257030										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.....																																																											
SIP Amount																				SIP 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.....																																																											
SIP Frequency <input type="checkbox"/> Weekly (Wednesday) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly										SIP Starting										M M Y Y Y Y										SIP Date <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25										SIP using post dated cheques, indicate																																							
Bank										Branch/Location										Account Type <input type="checkbox"/> SB <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Current <input type="checkbox"/> Others.....										First Cheque No																																																	
Account No										MICR No										RTGS/NEFT/IFSC										Last Cheque No																																																	
<p><small>Declaration: (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 the us all the commissions in the form of trail commission or any other mode, payable to him for the different competing schemes or various Mutual Funds from amongst which the scheme is being recommended to the us.</small></p>																																								Request Date										D D M M Y Y Y Y																													
Signature																																																																															
First Applicant										Second applicant										Third Applicant																																																											
Acknowledgement <input type="checkbox"/> 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										<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																																							
Toll Free 1800 425 1000																																								SMS SFUND to 56767																				E-mail service@sundarammutual.com																			
www.sundarammutual.com																																																												Sundaram Mutual Fund																			