



Channel Partner / Agent Information

Agent's Name and ARN ARN-23258	1.Sub Agent Code	2.Sub Agent Code	3.Sub Agent Code
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For Office Use Only

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

1. Existing Investor Information (Please fill in your Folio No. and then proceed to Section 3)
Please note that applicant details and mode of holding will be as per existing Folio Number.

Folio No																				
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2. New Investor Information (refer instruction 2)

Name of First/Sole Applicant

Name of First/Sole Applicant																			
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Permanent Account Number																					KYC completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	D	D	M	M	Y	Y	Y	Y
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Name of Guardian (in case of First / Sole Applicant is a Minor) / Contact Person – Designation (in case of non-individual Investors)

Name of Guardian / Contact Person – Designation																			
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Permanent Account Number																					KYC completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	
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Mailing Address of First / Sole Applicant

Mailing Address of First / Sole Applicant																			
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Mailing Address of First / Sole Applicant																			
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CITY																					STATE																					PIN CODE																				
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Contact Details of First / Sole Applicant (Email ID is a must as it also help you transact online)

																		STD Code								
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Telephone																					Mobile																			
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E-Mail																			
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Mode of Holding [Please (✓)]					Status of First / Sole Applicant [Please (✓)]														
<input type="checkbox"/> Single	<input type="checkbox"/> Joint														<input type="checkbox"/> Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership	<input type="checkbox"/> Society/Club
<input type="checkbox"/> Anyone or Survivor														<input type="checkbox"/> Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Fund of Funds in India	
					<input type="checkbox"/> Others _____ (please specify)														

Monthly Income (optional): < Rs 10,000 < Rs 25,000 < Rs 50,000 < Rs 1,00,000 > Rs 1,00,000 **Profession:**.....

Name of Second Applicant

Name of Second Applicant																			
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Permanent Account Number																					KYC completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Third Applicant

Name of Third Applicant																			
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Permanent Account Number																					KYC completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Please tick the fund you wish to invest and make Cheque/DD in the chosen fund name (refer instruction 3)

<input type="checkbox"/> Sundaram BNP Paribas Select Focus	<input type="checkbox"/> Sundaram BNP Paribas CAPEX Opportunities
<input type="checkbox"/> Sundaram BNP Paribas Select Mid Cap	<input type="checkbox"/> Sundaram BNP Paribas Rural India
<input type="checkbox"/> Sundaram BNP Paribas Growth Fund	<input type="checkbox"/> Sundaram BNP Paribas Financial Services Opportunities
<input type="checkbox"/> Sundaram BNP Paribas S.M.I.L.E Fund	<input type="checkbox"/> Sundaram BNP Paribas Entertainment Opportunities
<input type="checkbox"/> Sundaram BNP Paribas India Leadership Fund	<input type="checkbox"/> Sundaram BNP Paribas Balanced Fund
<input type="checkbox"/> Sundaram BNP Paribas Tax Saver	

3A. Plans (refer instruction 3)

<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Institutional Plan
<small>(for eligibility to avail the Institutional Plan, refer instructions, KIM, Statement of Additional Information / Scheme Information Document / Offer Document)</small>	

3B. Options (refer instruction 3)

<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout
<input type="checkbox"/> Dividend Re-investment	
<small>(If you do not indicate an option, for default option refer instruction 3)</small>	

Acknowledgement Sundaram BNP Paribas Asset Management, II Floor, 46 Whites Road, Chennai - 600 014. Toll Free: 1800-425-1000 (MTNL/BSNL) Ph : (044) 28578700

ARN-23258

Received From Mr./Mrs./Ms.

Address

ISC's Signature & Stamp

Communication in connection with the application should be addressed to the Registrar Computer Age Management Services (P) Ltd., (Unit: Sundaram BNP Paribas Mutual Fund), Rayala Towers-1, 2nd Floor, No. 158, Anna Salai, Chennai 600 002. Ph : 044-28521596, 28520516, 28520788 (through BSNL/MTNL) 30212401/02/03/04 (through Reliance) quoting full name of SoleFirst applicant, Application Form No., Date, Name of the Bank & Branch and Centre where it was lodged.

Please Note: All Purchases are subject to realisation of cheques / demand drafts.

4. How do you wish to receive the following (refer instruction 4)

Account Statement Will be sent by Email To receive physical statement please tick <input type="checkbox"/>	Dividend		Redemption	
	<input type="checkbox"/> Direct Credit (DC) <input type="checkbox"/> Electronic Clearing Service (ECS)	<input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Warrant	<input type="checkbox"/> Direct Credit (DC)	<input type="checkbox"/> RTGS/NEFT

Direct Credit is now available with: ABN Amro Bank, AXIS Bank, BNP Paribas Bank, Citibank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Standard Chartered Bank, YES Bank.

Do you wish to receive updates (refer instruction 4) [Please (✓)] by E-Mail Yes No or by SMS Yes No

5. Please indicate details of your SIP (skip this section if you wish to make a one-time investment)

Each SIP Amount Rs <input type="text"/>	Mode of SIP <input type="checkbox"/> Auto Debit (also submit SIP Auto Debit form) <input type="checkbox"/> Post-dated cheques
SIP Frequency <input type="checkbox"/> Monthly (Minimum amount Rs 250/- Minimum No of installments 20) <input type="checkbox"/> Quarterly (Minimum amount Rs 750/- Minimum No of installments 7)	Period for the SIP <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"/> others.....
SIP Date <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25	SIP Period from <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y to <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
If you opt for SIP through post dated cheques, please indicate First SIP Cheque No <input type="text"/>	Last SIP Cheque No <input type="text"/>

6. Bank Account Details are Mandatory (refer instruction 6)

Name of the Bank	Branch
Branch Address	City (redemption & dividend will be payable at this location)
Account No	
If you opt for ECS fill Cheque MICR No <input type="text"/>	Account Type [Please (✓)] <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> Others.....
If you have chosen RTGS / NEFT please fill:	RTGS / NEFT IFSC Code <input type="text"/>
Beneficiary Name	
Name of the Bank	Branch City

7. Payment Details (refer instruction 7) Please issue a separate Cheque/Demand Draft in favour of the fund you wish to invest

Cheque / DD No.	Date	D	D	M	M	Y	Y	Y	Y
Amount in words (Rs)	Drawn on Bank								
Amount in figures (Rs)	DD Charges	Net Amount	Branch Name						

Declaration: 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 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.

8. Receive PIN to track investment online [Please (✓)] (refer instruction 8)

Yes No

9. Nominee (available only for individuals) (refer instruction 9)

Name:.....
 Address:.....
 If nominee is a minor: Date of birth:.....Relationship:.....
 Name of Guardian:.....
 Address of Guardian:.....
Signature of Nominee/Guardian of Nominee

10. Signature (refer instruction 10)

First / Sole Applicant / Guardian
 Second Applicant
 Third Applicant

Scheme Name: Regular Plan Institutional Plan Growth Dividend Payout Dividend Re-investment

Cheque / DD No.	Date	D	D	M	M	Y	Y	Y	Y
Amount in words (Rs)	Drawn on Bank								
Amount in figures (Rs)	DD Charges	Net Amount	Branch Name						