SUNDARAM BNP PARIBAS MUTUAL

Application Form-Systematic Transfer Plan

Channel Partner / Agent Information

Agent's Name and ARN	1.Sub Agent Code	2.Sub Agent Code	3.Sub Agent Code
ARN-6136			

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

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

Folio No ☐☐☐☐☐☐☐☐ / ☐☐

New Investor Information

Name of First/Sole Applicant

Permanent Account Number ☐☐☐☐☐☐☐☐☐☐ **KYC completed** ☐ Yes ☐ No

Name of Second Applicant

Permanent Account Number ☐☐☐☐☐☐☐☐☐☐ **KYC completed** ☐ Yes ☐ No

Name of Third Applicant

Permanent Account Number ☐☐☐☐☐☐☐☐☐☐ **KYC completed** ☐ Yes ☐ No

Contact details of First/Sole Applicant or existing investor

E-Mail _____ Mobile No ☐☐☐☐☐☐☐☐☐☐

Systematic Transfer Plan

Transferring funds from Scheme: Sundaram BNP Paribas

Plans: ☐ Retail ☐ Institutional ☐ Super Institutional | Option: **Dividend** ☐ *Payout* ☐ *Re-Investment* ☐ *Sweep* **or** ☐ **Growth**

Transferring funds to Scheme: Sundaram BNP Paribas

Plans: ☐ Regular ☐ Institutional | Option: **Dividend** ☐ *Payout* ☐ *Re-Investment* ☐ *Sweep* **or** ☐ **Growth**

Details of SIP using Systematic Transfer Plan

SIP Frequency ☐ Weekly (every Wednesday-Minimum amount Rs 1000) ☐ Monthly (Minimum amount Rs 250 Minimum No of installments 20) ☐ Quarterly (Minimum amount Rs 750 Minimum No of installments 7)

SIP Date (for monthly and quarterly options) ☐ 1 ☐ 7 ☐ 14 ☐ 20 ☐ 25

Each SIP Amount Rs ☐☐☐☐☐☐☐☐☐☐

Period for the SIP ☐ 6 months ☐ 1 year ☐ 2 years ☐ 3 years ☐ 5 years ☐ 10 years ☐ others.....mention ☐ ☐

SIP Period from M M Y Y Y Y to M M Y Y Y Y

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 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.

Receive PIN to track investment online [Please (✓)]

☐ Yes ☐ No

Nominee (available only for individuals)

Name:.....

Address:.....

.....

If nominee is a minor: Date of birth:.....Relationship:.....

Name of Guardian:.....

Address of Guardian:.....

.....

Signature of Nominee/Guardian of Nominee

Signatures

First / Sole Applicant / Guardian

Second Applicant

Third Applicant