A Simple Way to INVEST

Purchase KYC acknowledgemen	t is mandatory for all investors w.e.	f. 01/01/2011. However in the case	of Micro SIP/Pruchase of an individual inves	tor (if the total amount of in	vestment including	SIP is less than R	50,000 per ir	vestor in any i	rolling 12-mon	th period or in	a financial	year) instead	of PAN pro	of other appr	oved docume	nt can be	accepted.
Folio No		Ag	ent's Name and ARN	Sub Br	oker ARN (code		Sub	Agent C	ode		euin					
		SC	SSL - 54854									LUIN	E) 2	6 6	5	1
Transaction charges: For Rs. 10,000 and above: Image: Karge and Karge																	
Name of First/Sole Applicant (capital Letters)						y ule ulsu	ibuloi.										
Name of Guardian in case Fir		·													++	+	+
E-Mail																	
Fund Name	Fund Name Plans: Regular Direct Options: Dividend Payout Dividend Re-Investment Dividend Sweep Growth Bonus Others																
Bank (on which Cheq	ue is drawn or	by which Dem				1	Bran										
		/															
Amount (figures)	Amount (in w	ords)		Ch	eque/DI	D No (att	ach a car	celled ch	ieque leat	f)		Cheq	ue/D	D Dat	e		
Rs												DE	M	M	YY	Y	Y
DEMAT Account Detai	Is (Investor willing	g to invest in Dema	t option, may provide a	copy of the DP	? Statemen	t enabling	us to n	natch th	e Dema	t details	as sta	ted in t	he app	licatio	n form.)	
□ National Securities D □ Central Depository Securities		Depository Parti	cipant Name		Papafic	ciary Acc	ount Nu	mbor									_
· /			ated In case of paymen	at from a loint		/			the Apr	lication	muct	boon		oloint	Accou	nt Ц	
Purchases made through third party cheque(s) will not be accepted. In case of payment from a Joint Bank Account, the First holder in the Application must be one of the Joint Account Holders of the Joint Bank Account. However the following are excluded from this restriction: 1. Gifts to a minor from Parents/Grand Parents up to Rs50,000(for each Purchase /per SIP Installment) 2. Employer's Remittance of Payroll deduction on behalf of Employees 3. Custodian's payment on behalf of an FII /Client. For further details please refer to Statement of Additional Information.																	
Declaration: I/We • having	read and understo	od the contents of	the Statement of Additio	nal Information	n/Scheme	Informatic	n Docu	ment/ad	ddenda	issued			Sig	natu	re		
to the SID and KIM till date rules and regulations of the directly or indirectly in mal in the total investments exc The ARN holder has disclos	 hereby apply for scheme(s) 	or units under the so	cheme(s) as indicated in conditions for Auto Deb	the application it • have not re	n form • a eceived no	gree to at or been in	ide by duced l	the term by any r	is, cond ebate o	litions, [r gifts,]							
directly or indirectly in mal	cing this investmen	t • do not have any	v existing Micro SIPs/inv or a rolling period of two	estments which	h together	with the of	current	applicat	ion will	result							
The ARN holder has disclos	ed to me/us all the	commissions (in the	e form of trail commissio	n or any other i	mode), pay	able to hi	m for th	e differ	ent com	peting		First /	Sole Ar	pplicant	/ Guarc	lian	
Schemes of various Mutual	Funds from among	st which the Schen	ie is being recommende	a to me/us.						ł							
for subscription have been r	emitted from abroa	d through normal b	anking channels or from	funds in my/ou	ir Non-Res	ident Exte	rnal/Or	dinary A	Account	FCNR							
Applicable to NRIs only: Please () I We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account on a Repatriation Basis Non-Repatriation Basis. I/We confirm that I am/we are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time.						Ilation	n Second Applicant										
I/We hereby declare that all	the particulars give	en herein are true. o	correct and complete to	the best of my/o	our knowle	edge and	belief. I	We fur	ther agr	ee not			Jecon	и дррп	Lan		
IWe hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/ We further agree not to hold Sundaram Asset Management, its sponsor, their employees, authorised agents, service providers, representatives of the distributors liable for any consequences/losses/costs/damages in case of any of the above particulars being false, incorrect or incomplete or in case of my/our not intimating/delay in intimating any changes to the above particulars being false, incorrect or incomplete or in case of my/our not intimating/delay in a provided by me/us, including all changes, updates to such information as and when provided by me/us, to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authorities and other investigation agencies without any obligation of advising me/us of the same. I/We hereby agree to provide any additional information/documentation that may be required in connection with this application.																	
intimating any changes to th	e above particulars	. I/We hereby authority	orise Sundaram Asset Ma	nagement to di	sclose, sha	re, remit i	n any fo	orm, mo	de or m	anner,							
governmental or statutory of	r judicial authoritie	es/agencies, the tax	revenue authorities and	other investiga	wnen prov ation agen	cies withc	ie/us, to iut any i	any inc obligatio	on of ac	oreign Ivising T	D		Thirc	Applic	ant		
me/us of the same. I/We he	reby agree to provi	de ăny additional i	nformation/documentation	on that may be	required i	n connec	tion wit	h this ap	oplicatio	on. Č	Request	t Date	ייו		1 Y	1	T.
				~_													
Acknowledgement	Purchase	e Request Da	te: DDM/	M Y Y	YY		Tin	ne Star	np/Se	al							
Folio No			Cheque/DD	No:													
Fund:			Plans:	Regular	🗆 Dir	ect]										
Amount		Options: I	Dividend □ Payout □ Re-Inv	/estment 🗆 Sweep	o or 🗆 Grow	/th 🗆 Bonu	s										
Toll Free: 1800 10 +91 44 49057300		a)	SMS SFU	ND to 56	5767		E-n			merse nrise							

www.sundarammutual.com

Sundaram Mutual Fund

SUNDARAM MUTUAL

To Make a Redemption/Switch and Modify Address/Contact details

Redemption request submitted along with change of bank mandate would result in payment being with	held upto 10 days for validating new bank mandate. Effective May 01, 2012 the	forms for redemption request and change of bank acc	count will be segregated to ensure that the two differe	ent requests are handled and executed separately for all existing and new customers.				
Folio No	Agent's Name and ARN	Sub Broker ARN code	Sub Agent Code	EUIN				
I/We hereby confirm that the FUIN box has been intentionally left blank by if any, provided by the employee/relationship manager/sales person of the distri	me/us as this is an "execution-only" transaction without any i butor and the distributor has not charged any advisory fees or	nteraction or advice by the employee/relat 1 this transaction.	tionship manager/sales person of the abov	e distributor or notwithstanding the advice of in-appropriateness,				
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.								
Name of First/Sole Applicant (Please use capital Letters	s)							
Redemption								
Are you submitting a change of bank request along with your redemption Yes (if yes please also use the stand alone bank mandate form) No Fund Name: Plan: Regular Direct Others Options: Dividend Payout Re-Investment Sweep Growth Bonus Amount Units. If the balance in the account does not cover the amount of this request. I/We authorize you to close the account and send the available amount. Switch								
Amount 🗆 Units	From:							
Plan: Regular Direct Others	Optio	ns: Dividend 🗆 Payout 🗆	🛛 Re-Investment 🗆 Swee	p 🗆 Growth 🗆 Bonus				
То:		Direct Options: Divide	e nd □ Payout □ Re-Inve	stment Sweep Growth Bonus				
□ Change of Address*/Contact Detai	ls			·				
Address:				PIN				
Email:			Mobile No					
*(For non-KYC folios only). For those who are KYC	C compliant, please use the KYC change	e details form, and provide	e self-attested copy of proc	of of new address, and PAN card.				
Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issued to the SID and KIM till date • hereby apply for units under the scheme(s) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(s) • agree to the terms and conditions for Auto Debit • 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/investments which together with the current application will result in the total investments exceeding Rs. 50,000 in a financial year or a rolling period of twelve months (applicable tor PAN exempt category of investors). 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.								
Applicable to NRIs only: Please (√) □ I/We confirm that I am/W remitted from abroad through normal banking channels or fron Repatriation Basis. I/We confirm that I am/we are not United Sta time to time.	e are Non-Resident of Indian Nationality/Origin a n funds in my/our Non-Resident External/Ordina tes persons within the meaning of Regulation (S)	nd I/We hereby confirm that the fi ry Account/FCNR Account on a under the United States Securities	unds for subscription have been Repatriation Basis Non- s Act of 1933, as amended from	Second Applicant				
IWe hereby declare that all the particulars given herein are true, Management, its sponsor, their employees, authorised agents, sen the above particulars being false, incorrect or incomplete or in cas Asset Management to disclose, share, remit in any form, mode or when provided by me/us, to any Indian or foreign governmental o obligation of advising me/us of the same. IWe hereby agree to pr	correct and complete to the best of my/our know vice providers, representatives of the distributors li e of my/our not intimating/delay in intimating any r manner, all/any of the information provided by r or statutory or judicial authorities/agencies, the fax rovide any additional information/documentation	Aledge and belief. If We further ag- table for any consequences/losses? changes to the above particulars. I, me/ us, including all changes, upd (revenue authorities and other inv that may be required in connectio	ree not to hold Sundaram Asset (costs/damages in case of any cathorise We hereby authorise Sundaram lates to such information as and restigation agencies without any in with this application.	Third Applicant Request Date				
Acknowledgement Change of Address	Redemption Switch Request Date:	DMMYYYY	Time Stamp/Seal					
Folio No								
Fund:	<i>Plans:</i> □ Regular □ Direc	ct 🗆 Others						
Amount	Options: Dividend Payout Re-Investment	□ Sweep or □ Growth □ Bonus						
Toll Free: 1800 103 7237 (India) +91 44 49057300 (NRI)	SMS SFUND to			ervices@sundarammutual.com ervices@sundarammutual.com				
www.sundarammutual.com				Sundaram Mutual Fund				

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<u> </u>	

SUNDARAM MUTUAL

Stand Alone Form to modify Bank Mandate / Address

Redemption request submitted along with change of bank mandate would result in payment being withheld upto 10 days for validating new bank mandate. Effective May 01, 2012 the forms for redemption request and change of bank account will be segregated to ensure that the two different requests are handled and executed separately for all existing and new customers. Name of First/Sole Applicant (Please use capital Letters)

Are you submitting a redemption request along with change of bank details. \Box Yes \Box No

Change of Bank Mandate (please	refer check-list for supporting documents-Annexure 1)	Change of Addr	ress*/Contact Details (please refer check-list for supporting documents-Annexure 2)								
Bank		Address:	Address:								
Branch/Location]									
Account No		Email:	PIN								
Account Type SB NRE NRO	$FCNR \square CURRENT \square Others$	Mobile No									
RTGS/NEFT/IFSC		*(For non-KYC folios	s only). For those who are KYC compliant, please use the KYC change								
MICR No			details form, and provide self-attested copy of proof of new address, and PAN card.								
Declaration: I/We, having read and ur Information Document, as applicable, a	nderstood the contents of the Statemen agree to abide by the terms, conditions,	t of Additional Informa rules and regulations of	ation/Scheme Request Date D D M M Y Y Y								
First Applicant	Second applicant	Applicable to NRIs only: Please (~) □ IWe confirm that I amWe are Non-Resident of India Nationality/Origin and IWe hereby confirm that th funds for subscription have been remitted from abroat through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account FCNR Account on a □ Repatriation Basis □ Non Repatriation Basis.									
Acknowledgement Change of Bank	Mandate Change of Address Request Date:		Time Stamp/Seal								
Folio No]								
Fund:											
Amount											
Toll Free 1800 103 7237 (India) +91 4	14 49057300 (NRI) SI	MS SFUND to 56767	E-mail customerservices@sundarammutual.com								
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