

Application Form-Systematic Transfer Plan

Channel Partner / Agent Information								a) -						\neg		
Agent's Name and ARN	1.Sub Agent Code	Sub Agent Code			3.Sub Agent Code				e de la composição de l							
A DAL 07764									For Office Use Only							
ARN-87761										E 7						
Upfront commission shall be paid directly by the investor to the AMF	vestors' asse	ssment of v	arious fact	ors includ	ling services r	endered	by the distr	ibutor								
Existing Investor Information (Please fill in Please note that applicant details and mode	existing	Folio	Numbe	er.	Foli	io No							/			
New Investor Information											, ,					
Name of First/Sole Applicant																
		_	1													
Permanent Account Number											KYC	comp	leted	Ш	Yes∟] No
Name of Second Applicant																
Permanent Account Number											KYC	comp	leted		Yes□] No
Name of Third Applicant	1															
			1								IOVC		1.4.4		V	
Permanent Account Number KYC completed Yes) INO		
Contact details of First/Sole Applicant or existing in	nvestor					14-	L.S. At.				_					
Systematic Transfer Plan						Mo	bile No	0								
,	Systematic Transfer Plan Transfer in the force Colored Syndown PND Devilors															
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Plans: Retail Institutional Super Institutional Option: Dividend Payout Re-Investment Sweep or Growth												_				
Transferring funds to Scheme Sundaram BNP Paribas																
Plans: Regular Institutional	Ор	tion: D	ividen	nd □ Pay	out [Re-Inv	estm	ent 🗌 .	Sweep	or 🗌	Grow	/th				
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)															nts 7)	
SIP Date (for monthly and quarterly options) $\Box 1 \Box 7 \Box 14 \Box 20 \Box 25$																
Each SIP Amount Rs																
Period for the SIP	years	□ 10	years	;	□ ot	thers			me	ntion						
															itions, naking	
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 Items & 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 • of on or have any existing Micro SIPs which together with the current application will result in the torm of the 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.														orm of		
Receive PIN to track investment online [P								tures								
☐ Yes ☐ I																
Nominee (available only for individuals)		First /	Sole													
		Applicant / Guardian														
Name:		Guar	ararr													
Address:																
If nominee is a minor: Date of birth:																
Name of Guardian:		Second Applicant														
Address of Guardian:																
Signature of Nominee/Guard														\dashv		
		Third														
		Appli	cant													
							_			A ID C	-1					
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