

**Channel Partner / Agent Information**

Agent's Name and ARN <b>RAMKUMAR H. BARCHHA</b> <b>ARN-0163</b>	1.Sub Agent Code	2.Sub Agent Code	3.Sub Agent Code
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**For Office Use Only**
**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.

 CAMS Folio No  / 
**2. New Investor Information (refer instruction 2)**
**Name of First/Sole Applicant**


 Permanent Account Number  **KYC completed**  Yes  No **Date of Birth**        
**Name of Guardian (in case of First / Sole Applicant is a Minor) / Contact Person – Designation (in case of non-individual Investors)**


 Permanent Account Number  **KYC completed**  Yes  No **Relationship** 
**Mailing Address of First / Sole Applicant**
  
  


CITY	STATE	PIN CODE
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**Contact Details of First / Sole Applicant**

 STD Code 

Telephone	Mobile
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E-Mail
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**Mode of Holding [Please (✓)]**

- 
- Single
- 
- Joint
- 
- 
- Anyone or Survivor

**Status of First / Sole Applicant [Please (✓)]**

- |  |   |                                |                                      |   |
|--|---|--------------------------------|--------------------------------------|---|
| <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"/> 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**


 Permanent Account Number  **KYC completed**  Yes  No

**Name of Third Applicant**


 Permanent Account Number  **KYC completed**  Yes  No

**3A. Please tick the fund you wish to invest and make Cheque/DD in the chosen fund name (refer instruction 3)**

- 
- Sundaram BNP Paribas Money Fund
- 
- 
- Sundaram BNP Paribas Liquid Plus
- 
- 
- Sundaram BNP Paribas Floating Rate Fund
- 
- 
- Sundaram BNP Paribas Bond Saver
- 
- 
- Sundaram BNP Paribas Monthly Income Plan

**3B. Plans (refer instruction 3)**

- 
- Regular Plan
- 
- Institutional Plan
- 
- Super Institutional Plan
- 
- (for eligibility to avail the Institutional Plan, refer instructions, KIM and Offer Document)

**3C. Options (refer instruction 3)**

- 
- Growth
- 
- Dividend Payout
- 
- Dividend Re-investment
- 
- (If you do not indicate an option, for default option refer instruction 3)

**3D. Dividend Frequency (refer instruction 3)**

- 
- Daily
- 
- Weekly
- 
- Fortnightly
- 
- Monthly
- 
- 
- Quarterly
- 
- Halfyearly
- 
- Annual

**Acknowledgement**

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

Received From Mr./Mrs./Ms. ....

Address .....

ISC's Signature &amp; 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 3, 1st Floor, No. 158, Anna Salai, Chennai 600 002. Tel: (044) 30212401/02/03/04 / 28521596 / 28520516 / 28520788 quoting full name of Sole/First 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.

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

Account Statement	Dividend	Redemption
<input type="checkbox"/> E-Mail <input type="checkbox"/> Courier <input type="checkbox"/> Post	<input type="checkbox"/> Direct Credit (DC) <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Electronic Clearing Service (ECS) <input type="checkbox"/> Warrant	<input type="checkbox"/> Direct Credit (DC) <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Warrant

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 by E-Mail [Please (✓)] (refer instruction 5)**     Yes     No

**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 & attach cancelled cheque    Cheque MICR No

Account Type [Please (✓)]     SAVINGS     CURRENT     NRE     NRO     FCNR     Others.....

If you have chosen RTGS / NEFT please fill:    RTGS / NEFT IFSC Code

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/Branch								
Amount in figures (Rs)	DD Charges	Net Amount							

**8. Receive PIN to track investment online [Please (✓)] (refer instruction 8)**     Yes     No

**Declaration:** I/We • Having read and understood the contents of the Offer Document; • hereby apply for units as indicated in Section 3; • 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.

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

Name:.....  
 Address:.....  
**If nominee is a minor:**  
 Nominee's date of birth:.....Relationship:.....  
 Name of Guardian:.....  
 Address of Guardian:.....  
**Signature of Nominee/Guardian of Nominee:**

**10. Signature/s (refer instruction 10)**

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Scheme Name:	Plans	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> Institutional Plan	<input type="checkbox"/> Super Institutional Plan	Dividend Frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
	Options	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Re-investment		<input type="checkbox"/> Quarterly	<input type="checkbox"/> Halfyearly	<input type="checkbox"/> Annual	
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						