SUNDARAM MUTUAL

A Simple Way to INVEST

Folio No | | | | | | | | | / | |

Broker Code | | Sub-Broker Code | |

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)

E-Mail | **Mobile No**

Fund Name

Plans: ☐ Regular ☐ Institutional ☐ Super Institutional | *Options:* ☐ Dividend Payout ☐ Dividend Re-Investment ☐ Dividend Sweep ☐ Growth ☐ Others.....

Bank (on which Cheque is drawn or by which Demand Draft is issued) | **Branch**

Amount (figures)	**Amount (in words)**	**Cheque/DD No** (attach a cancelled cheque leaf)	**Cheque/DD Date**
Rs			D D M M Y Y Y Y

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document, as applicable • hereby apply for units as indicated in the application form • 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.

Request Date D D M M Y Y Y Y

Signature

First Applicant	Second applicant	Third Applicant

Acknowledgement ☐ Investment **Request Date:** D D M M Y Y Y Y

Time Stamp/Seal

Folio No | | | | | | | | | / | | Cheque/DD No:

Fund:

Amount | **Dividend** ☐ *Payout* ☐ *Re-Investment* ☐ *Sweep* **or** ☐ **Growth**

SUNDARAM MUTUAL

To Modify Bank Mandate/Address & Make a Redemption/Switch

Folio No | | | | | | | | | / | | | Name of First/ Sole Applicant | | | | | | | | | | | | | | | | | | | | | | |

Change of Bank Mandate

Bank	
Branch/Location	
Account No	
Account Type	☐ SB ☐ NRE ☐ NRO ☐ FCNR ☐ CURRENT ☐ Others.....
RTGS/NEFT/IFSC	
MICR No	

Change of Address/Contact Details

Email:_____

Mobile No

Address:_____

_____

_____

_____PIN_____

Redemption

Fund Name:.....

Amount Units

Dividend ☐ *Payout* ☐ *Re-Investment* ☐ *Sweep* ☐ **Growth**

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:_____

Dividend ☐ *Payout* ☐ *Re-Investment* ☐ *Sweep* ☐ **Growth**

To:_____

Dividend ☐ *Payout* ☐ *Re-Investment* ☐ *Sweep* ☐ **Growth**

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document, as applicable • hereby apply for units as indicated in the application form • 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.

Request Date D D M M Y Y Y Y

Signature

First Applicant	Second applicant	Third Applicant

Acknowledgement ☐ Change of Bank Mandate ☐ Change of Address ☐ Redemption ☐ Switch **Request Date:** D D M M Y Y Y Y

Folio No | | | | | | | | | / | | |

Fund:

Amount | Switch to:

Time Stamp/Seal