## Application Form-Systematic Transfer Plan

| Channel Partner / Agent Information  |                  |                         |                    |                  |            |                        |               |            |
|--|------------------|-------------------------|--------------------|------------------|------------|------------------------|---------------|------------|
| Agent's Name and ARN   | 1.Sub Agent Code | 2.Sub Ag                | gent Code          | 3.Sub Agent Code |            | For Office<br>Use Only |               |            |
| ARN-167174   |                  |                         |                    |                  |            | or C<br>Use            |               |            |
| _  |                  | (                       | P                  |                  | <b>L</b> - |                        |               |            |
| 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  | kisting Folio    | Number.                 | Folio No           |                  |            |                        |               |            |
| New Investor Information   |                  |                         |                    |                  |            |                        |               |            |
| Name of First/Sole Applicant   |                  |                         |                    |                  |            |                        |               |            |
|  |                  |                         |                    |                  |            |                        |               |            |
| Permanent Account Number   |                  |                         |                    |                  |            | ŀ                      | (YC completed | 🗆 Yes 🗆 No |
| Name of Second Applicant   |                  |                         |                    |                  |            |                        |               |            |
|  |                  |                         |                    |                  |            |                        |               |            |
| Permanent Account Number   |                  |                         |                    |                  |            | F                      | (YC completed | □ Yes □ No |
|  |                  |                         |                    |                  |            |                        |               |            |
| Name of Third Applicant  |                  |                         |                    |                  |            |                        |               |            |
|  |                  |                         |                    |                  |            |                        |               |            |
| Permanent Account Number   |                  |                         |                    |                  |            | ŀ                      | (YC completed | □ Yes □ No |
| Contact details of First/Sole Applicant or existing i  | nvestor          |                         |                    | 14 14 N          |            |                        |               |            |
| E-Mail<br>Systematic Transfer Plan   |                  |                         |                    | Mobile No        |            |                        |               |            |
| Transferring funds from Scheme Sundaram BNP Paribas  |                  |                         |                    |                  |            |                        |               |            |
| Plans:     □     Institutional     □     Super Institutional     Option:     Dividend □     Payout □     Re-Investment □     Sweep or □     Growth   |                  |                         |                    |                  |            |                        |               |            |
| Transferring funds to Scheme     Sundaram BNP Paribas  |                  |                         |                    |                  |            |                        |               |            |
| Plans:     □ 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   |                  |                         |                    |                  |            |                        |               |            |
| Ferrod for the SiP       6 months       1 year       2 years       3 years       10 years       10 years       10 othersmention         SIP Period       from       M       Y       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 agree to 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 investiment • do not have any existing Nicro I/Bs which together with be current application will result in the total investiment for addition on a year. The ARN holder has disclosed to me/us all the commissions (in the ior oil 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 [P  |                  |                         | Signatures         |                  |            |                        |               |            |
| Yes 🗆  |                  |                         |                    |                  |            |                        |               |            |
| Nominee (available only for individuals)   |                  | First / Sole            |                    |                  |            |                        |               |            |
|  |                  | Applicant /<br>Guardian |                    |                  |            |                        |               |            |
| Name:<br>Address:  |                  | Guaranan                |                    |                  |            |                        |               |            |
|  |                  |                         |                    |                  |            |                        |               |            |
| If nominee is a minor: Date of birth:  |                  |                         |                    |                  |            |                        |               |            |
| Name of Guardian:  |                  | Second<br>Applicant     |                    |                  |            |                        |               |            |
| Address of Guardian:   |                  |                         |                    |                  |            |                        |               |            |
| Signature of Nominee/Guar  |                  |                         |                    |                  |            |                        |               |            |
|  |                  |                         |                    |                  |            |                        |               |            |
|  |                  |                         |                    |                  |            |                        |               |            |
|  |                  |                         | Third<br>Applicant |                  |            |                        |               |            |
|  |                  |                         |                    |                  |            |                        |               |            |
|  |                  |                         |                    |                  |            |                        |               |            |
| www.sundarambnpparibas.in Sundaram BNP Paribas Asset Management  |                  |                         |                    |                  |            |                        |               | nagement   |