SUNDARAM BNP PARIBAS MUTUAL

Common Transaction Form

Channel Partner / Agent Information

Agent's Name and ARN	1.Sub Agent Code	2.Sub Agent Code	3.Sub Agent Code	For Office Use Only

Existing Investor Information (Please fill in your Folio No.)
Please note that applicant details and mode of holding will be as per existing Folio Number.

CAMS Folio No ☐☐☐☐☐☐☐☐ / ☐☐

Fund in which you wish to invest ☐

Additional Purchase

Amount (in figures) ☐ Cheque/Draft No. ☐ Cheque/Draft Dated ☐☐☐☐☐☐☐☐ Drawn on (Name of Bank and Branch) ☐

PAN No. Required for additional purchases of Rs.50,000 and above (if not provided earlier)

First Holder ☐☐☐☐☐☐☐☐☐☐ Second Holder ☐☐☐☐☐☐☐☐☐☐ Third Holder ☐☐☐☐☐☐☐☐☐☐

Change of Bank Account

Bank Account Number ☐
Please enclose a cancelled/photo copy of the cheque
Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ Others_____

Bank Name/Branch ☐ City ☐

Direct Credit of Dividends/ Redemptions (available if you are banking with select banks). I/We authorise Sundaram BNP Paribas Mutual Fund to credit dividend payouts and redemptions pertaining to my/our account 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. Please provide the bank account details in the Change of Bank Account section above

Change of Address

New Address
Following is ☐ Home ☐ Office

☐ State ☐ Pin Code ☐

Mobile No. ☐ Alternative number (Landline at office/residence or second mobile) ☐

Redemption

☐ Redemption ☐ Switch Please redeem my/our Sundaram BNP Paribas Mutual units as per following details

Scheme/Option ☐

Amount or Units (in figures) Please fill any one i.e. either Amount or number of Units. ☐

Amount (Rs.)_____ OR Units_____

Please note that the switch can be done either in Units of in Amount only and not both

Systematic Withdrawl Plan (SWP)

☐ Fixed Amount Rs._____OR ☐ Capital Appreciation

Scheme Name/Option ☐

Frequency ☐ Monthly ☐ Quarterly
SWP will be processed on 1st working day of the month/quarter
Period
Enrolment Period From ___/___/_____(dd/mm/yy) To ___/___/_____(dd/mm/yy)

Systematic Transfer Plan (STP)

I/We would like to switch to the following:
☐ From Scheme/Option ☐ To Scheme/Option ☐

☐ Fixed Amount Rs._____OR ☐ Capital Appreciation
Frequency ☐ Monthly ☐ Quarterly
Period
Enrolment Period From ___/___/_____(dd/mm/yy) To ___/___/_____(dd/mm/yy)

Dividend Sweep-in Plan

I/We would like to transfer the dividend to the following:

☐ From Scheme/Option ☐ To Scheme/Option ☐

Switch

I/We would like to switch to the following:
☐ From Scheme/Option ☐
☐ To Scheme/Option ☐

E-Mail Communication

I wish to receive the following via e-mail instead of physical document (please ✓)
☐ Account Statement ☐ Quarterly Review & Annual Report ☐ Communication on Change of Address, Bank etc.
My E-mail ID_____

Signature/s
First / Sole Applicant / Guardian
Second Applicant
Third Applicant