

Application Form-Systematic Transfer Plan

Channel Partner / Agent Information															Γ	e 、							
							ent	Cod	е		3.Sub Agent Code					o∰i Chlv	•						
113651																For Office Use Only							
Upfront commission shall be paid directly by the investor to the AMFI	sment of various factors includir					g services rendered by the distributor																	
Existing Investor Information (Please fill in your Folio No.) Please note that applicant details and mode of holding will be as per existing							g Folio Number.					Folio No									/[
New Investor Information																							
Name of First/Sole Applicant			_																				
Permanent Account Number															KYC completed Yes No								
Name of Second Applicant																							
Permanent Account Number																	КҮ	Сс	ompl	eted		res □] No
Name of Third Applicant																							
Permanent Account Number																	кү	Сс	ompl	eted		∕es [] No
Contact details of First/Sole Applicant or existing in							_																
E-Mail											Mo	oile N	0										
Systematic Transfer Plan																							
	n BNP Parib	bas																					
Plans: □ Retail □ Institutional □ Super Institutional Option: Dividend □ Payout □ Re-Investment □ Sweep or □ Growth																							
Transferring funds to Scheme Sundaran	n BNP Parib	as																					
Plans: □ Regular □ 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)															ents 7)								
SIP Date (for monthly and quarterly options) 1 1 7 14 20 25																							
Each SIP Amount Rs																							
Period for the SIP							□ 10 years □ othersmention □								n 🗆 [
SIP Period from M M Y Y Y to M M 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 abide by the terms, conditions, rules and regulations of the scheme • agree to terms & 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 • do not have any existing Micro SIPs which together with the current application will result in the total investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trial 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 [Please (✓)]								Signatures															
$\Box Yes \Box No$														0									
Nominee (available only for individuals)							Fi	rct /	Solo														
								First / Sole Applicant /															
Name:								Guardian															
Address:																							
Manufaction in a minore Data of high																							
If nominee is a minor: Date of birth:Relationship: Name of Guardian:																							
Address of Guardian:								Second Applicant															
				···																			
Signature of Nominee/Guard																							
								hird															
								pplic	cant														
																	and la			N/-			
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