

Serial No. SIP



SUNDARAM MUTUAL

Broker/Agent Name & Code
TimesofMoney ARN - 2115

### SIP Transaction Form, Auto Debit Facility & Common Transaction Form

This form is for use of Existing Investors only. Use this form for • ADDITIONAL PURCHASE • REDEMPTION • SWITCH • DIRECT CREDIT • CHANGE OF ADDRESS / BANK DETAILS • E-MAIL • SIP/SWP • NOMINATION DETAILS Please use separate Transactions Form for each Scheme/ Option and Transaction.

#### Existing Unitholder Information

Folio Number

Name of First Holder  Salutation  Mr.  Ms.  Dr.  Prof. PAN Number \*

Name of Second Holder  Salutation  Mr.  Ms.  Dr.  Prof. PAN Number \*

Name of Third Holder  Salutation  Mr.  Ms.  Dr.  Prof. PAN Number \*

\*Required if Amount Invested is Rs. 50,000/- and above (if not provided earlier)

#### Additional Purchase (see instruction)

Amount (in figures)  Rupees (in words) (Favouring respective scheme name is enclosed)

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 \_\_\_\_\_

#### Systematic Investment Plan

Each SIP amount

Scheme Name/Option

Frequency  Weekly  Fortnightly  Monthly  Quarterly

Period

Enrolment Period From  /  /  (dd/mm/yy) To  /  /  (dd/mm/yy)

#### Signatures

I/We have read and understood the contents of Offer Document(S) and Key Information Memorandum/Addenda issued till date, for the scheme(S) in which I am/are investing/transacting and agree to abide by the terms, conditions, rules and regulations of the scheme(S) as on date of this transaction and confirm that the funds invested in the scheme(S) legally belong to me/us. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this transaction.

Sole/First Holder \_\_\_\_\_

Second Holder \_\_\_\_\_

Third Holder \_\_\_\_\_

Date: \_\_\_\_\_

#### Systematic Transfer Plan (STP) (see instruction)

I/We would like to switch to the following:

From Scheme/Option  To Scheme/Option

Fixed Amount Rs. \_\_\_\_\_ OR  Capital Appreciation

Frequency  Weekly  Fortnightly  Monthly  Quarterly

Period

Enrolment Period From  /  /  (dd/mm/yy) To  /  /  (dd/mm/yy)

#### Particulars of Bank Account

If the investor is a minor please provide the Parent/Guardian bank account details for ECS debit - Auto debit

Bank Name

Branch Name

Account Number

Account Type

Savings  Current  Cash Credit  NRE  NRO

9 digit MICR Code (Please enter 9 digit number that appears after your cheque number)

Accountholder Name as in Bank Account

Cheque Nos. From: \_\_\_\_\_ To: \_\_\_\_\_

#### Redemption/Switch (see instruction)

Redemption  Switch Please redeem my/our Sundaram Mutual Scheme/Option units as per following details

Amount or Units (in figures)  Rupees or Units (in words)

Please fill any one i.e. either Amount or number of Units.

I/We would like to switch to the following:

From Scheme/Option  To Scheme/Option

Amount (Rs.) \_\_\_\_\_ OR Units \_\_\_\_\_

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

#### Acknowledgement Slip (to be filled in by the investor)

Name : \_\_\_\_\_

Scheme : \_\_\_\_\_ Folio No \_\_\_\_\_ Date : \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Received from Mr./Ms./Dr./Prof. \_\_\_\_\_

Additional Purchase or  SIP: Total Amount (Rs.) \_\_\_\_\_ Total Cheque(s) \_\_\_\_\_ Cheque No.(s) \_\_\_\_\_

Redemption or  Switch: Amount (Rs.) \_\_\_\_\_ OR Units \_\_\_\_\_

SWP  STP  DSP  Change of Bank Account  Change of Address  Nomination Details

Service Centre  
Signature & Stamp

### Systematic Withdrawal Plan (SWP) (see instruction)

Fixed Amount Rs. \_\_\_\_\_ OR  Capital Appreciation

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)

### Dividend Sweep-in Plan (see instruction)

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

From Scheme/Option  To Scheme/Option

_____	_____
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### 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 \_\_\_\_\_

### For Office Use only (Not to be filled in by investor)

Recorded on \_\_\_\_\_

Recorded by \_\_\_\_\_

Scheme Code \_\_\_\_\_

Credit Account Number \_\_\_\_\_

### Nomination Details

Nominee Name & Address \_\_\_\_\_

Signatures:

If Nominee is a minor: Date of Birth of Nominee, If minor 

D	D	M	M	Y	Y	Y	Y
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First Holder \_\_\_\_\_

Guardian Name & Address \_\_\_\_\_

Second Holder \_\_\_\_\_

Third Holder \_\_\_\_\_

#### INSTRUCTIONS & INFORMATION

##### Systematic Investment Plan (SIP) Enrolment Form

- This form needs to be filled in addition to the Common Application Form if you are a new Investor in the Schemes of Sundaram Mutual Fund.
- You can invest a minimum of Rs.250/- or greater on a WEEKLY, FORTNIGHTLY, MONTHLY or a QUARTERLY basis by providing the Registrar and Share Transfer Agent post-dated cheques for at least one year, i.e., 12 cheques for monthly or 4 cheques for quarterly SIP. All cheques must be for a fixed amount.  
However under AIM plan investors can issue cheques of Rs.500/- and above in all the equities schemes except Sundaram Select Focus, along with the undertaking that the minimum investment will be completed within 12 months from the date of initial investment.
- The cheques should be drawn in favour of the scheme name and crossed "a/c payee only" and made payable at any of the Investor Service Centres. On receipt of the post-dated cheques the Registrar and Share Transfer Agent will send a letter to the unit holder confirming that his or her name has been included in the SIP.
- All cheques must be dated the same day of each month. The cheques will be presented on the same or the next Working Day and units will be allotted at the applicable NAV.
- Investors with e-mail will receive statements only by e-mail.
- An updated Account Statement will subsequently be sent to the unit holder indicating the new balance to his or her credit in the account. For investors without e-mail ids, a consolidated statement will be sent every quarter.
- If two consecutive post-dated cheques are returned unpaid by the bank, the SIP will be terminated and the balance cheque(s) if any, will be returned to the investor.
- The investor will have the right to discontinue SIP at any time he or she so desires by providing a written request at the office of the Registrar and Share Transfer Agent in Chennai. Notice of discontinuance should be received 7 days prior to the month that it is required to be effected in. The investor will cease to be a part of the SIP on receipt of the written request and any post-dated cheque(s) remaining with the Registrar and Share Transfer Agent or the Mutual Fund will be returned to the investor.
- Load: For investments made under Systematic Investment Plan, no entry load will be charged but there is an exit load 2.25% if redeemed within 24 months from the date of investment. For Tax Saver Entry Load: 2.25% and Exit Load: Nil.

### Change of Address

New Address \_\_\_\_\_ Following is  Home  Office

_____
-------

_____
-------

_____
-------

State \_\_\_\_\_ Pin Code \_\_\_\_\_

_____	_____
-------	-------

Office Tel \_\_\_\_\_ Resi. Tel. \_\_\_\_\_

_____	_____
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### Change of Bank Account

Bank Account Number \_\_\_\_\_

_____
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Please enclose a cancelled/photo copy of the cheque

Account Type  Savings  Current  NRO  NRE  Others \_\_\_\_\_

Bank Name \_\_\_\_\_

_____
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Bank Branch \_\_\_\_\_

_____	City	_____
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Direct Credit of Dividends/ Redemptions (available if you are banking with select banks)

I/We authorise Sundaram Mutual Fund to credit dividend payouts and redemptions pertaining to my/our account with:

ABN Amro  ICICI Bank  HDFC Bank

IDBI Bank  Standard Chartered Bank

Please provide the bank account details in the Change of Bank Account section above

ECS Facility available only in the following locations

- Ahmedabad • Bangalore • Baroda • Bhubaneswar • Bhopal# • Calcutta • Chandigarh • Chennai • Coimbatore • Delhi • Goa (Panjim)# • Hyderabad • Indore# • Jaipur • Kanpur • Lucknow • Madurai\*\* • Mumbai • Nagpur • Pune • Surat • Trivandrum • Trichy\* • Vaizag\* • Vijayawada\*

(\*7th of every month) (\*\*1st, 7th and 21st of every month) (#1st and 7th of every month)



SUNDARAM MUTUAL

## SIP Auto Debit Facility

Broker/Agent Name & Code

TimesofMoney  
ARN - 2115

### REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing)

First SIP Cheque and subsequent via Auto Debit in select cities only.

(Application should be submitted atleast Twenty One days before the 1st SIP start date)

### Investor and SIP details

Sole/First Investor Name

Salutation  Mr.  Ms.  Dr.  Prof.

Application Number

Folio Number

Scheme Name

Option

Each SIP Amount (Rs.)

Frequency

Weekly  Fortnightly  Monthly  Quarterly

First SIP Transaction via Cheque No.

Start From

End On

SIP Period

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(Note: Cheque should be drawn on bank details provided below)

I/We hereby, authorise Sundaram Mutual Fund and their authorised service providers, to debit my/our following bank account by DCS (Debit Clearing) for collection of SIP payments.

### Particulars of Bank Account

If the investor is a minor please provide the Parent/Guardian bank account details for ECS debit

Bank Name

Branch Name

Account Number

Account Type

Savings  Current  Cash Credit  NRE  NRO

9 digit MICR Code (Please enter 9 digit number that appears after your cheque number)

Accountholder Name as in Bank Account

### For Office Use only (Not to be filled in by investor)

Recorded on

Recorded by

Scheme Code

Credit Account Number

### Signatures (As in the bank records)

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will also inform Sundaram Mutual Asset Management Co. Ltd. about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

First Holder \_\_\_\_\_

Second Holder \_\_\_\_\_

Third Holder \_\_\_\_\_

### Authorisation of the Bank Account Holder (to be signed by the Investor)

This is to inform I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards my investment in Sundaram Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified and executed.

Bank Account Number

Signatures (As in Bank Records)

First Holder \_\_\_\_\_

Second Holder \_\_\_\_\_

Third Holder \_\_\_\_\_

# FORM NO. 60

[See third provision to rule 114B]

Form of declaration to be filed by a person who does not have either a permanent account number or General Index Register Number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B

1. Full name and address of the declarant

.....  
.....  
.....

2. Particulars of transaction:.....

3. Amount of the transaction:.....

4. Are you assessed to tax?     Yes     No

5. If yes,

(i) Details of Ward/ Circle/ Range where the last return of income was filed? .....

(ii) Reasons for not having permanent account number/General Index Register Number? .....

6. Details of the document being produced in support of address in column (1) .....

### Verification

I, ..... do hereby declare that what is stated above is true to the best of my knowledge

and belief. Verified today, .....the day of

Date : .....

Place : ..... Signature of the declarant.....

**Instructions :** Documents which can be produced in support of the address are :-

- (a) Ration Card
- (b) Passport
- (c) Driving licence
- (d) Identity Card issued by any institution
- (e) Copy of the electricity bill or telephone bill showing residential address
- (f) Any document or communication issued by any authority of Central Government, State Government or local bodies showing residential address
- (g) Any other documentary evidence in support of his address given in the declaration.



## Power of Attorney

TO ALL TO WHOM THESE PRESENTS SHALL COME, I/WE \_\_\_\_\_  
residing in India at \_\_\_\_\_ (hereinafter  
referred to as the "Client", which shall unless it be repugnant to the meaning or context thereof, be  
deemed to mean and include it's heirs, executors, administrators and permitted assigns) have registered  
with the login ID \_\_\_\_\_  
on the web site www.timesofmoney.com, hereinafter referred to as the Website") and enrolled for  
service(s) offered by TimesofMoney Limited, a company incorporated under the Companies Act 1956  
with its registered office at 1st Floor, Times of India Building, Dr. D.N. Road, Fort, Mumbai 400 001  
(hereinafter referred to as the "Company", which shall unless it be repugnant to the meaning or context  
thereof, be deemed to mean and include its successors in title and assigns) and has/have read,  
understood and agreed to be bound by the Terms and Conditions of the service(s), appearing on the  
Website or as specified by the Company, as amended from time to time. I/W e do hereby jointly and  
severally nominate, constitute and appoint the Company, acting through any of its officer(s) and/or  
agent(s) as my/our true and lawful attorney (hereinafter referred to as 'the Attorney") for me/us, in  
my/our name and on my/our behalf and at my/our risk and costs to do, perform or execute all or any of  
the following acts, deeds, matters and things.

1. To subscribe to and/or redeem units of mutual funds schemes of Asset Management Companies in India on my/our behalf and to pay for the same.
2. To confirm having read and understood the contents of the offer documents of various schemes of mutual funds in which the Company may invest on behalf of me/us and not to hold the mutual fund liable for any transaction processed on the basis of information provided by the Company.
3. To receive statements and other documents and items pertaining to the above units and to acknowledge receipt of the same.
4. To sign all such application forms, transfer deeds, redemption requests, depository forms, and other writings and do all such acts as may be required for all or any of the above purposes.
5. To correspond with and give notice to the corresponding asset management company/body corporate[s]/issuer including giving instructions with regard to nomination/change in investment plans/any other changes that may be necessitated.
6. To do or omit to do all such acts and things as the Company may in its discretion consider to be necessary or desirable in order to exercise its powers hereunder or to comply with any laws, orders rules, regulations or directions of any government or regulatory or other authorities.
7. To make necessary application(s) on my/our behalf to any officials or authorities in India, in connection with my/our purchase/sale and to represent me/us in all respects before such authority or authorities and establish without encumbrance the ownership of the mutual fund units in my name.

AND generally to do, perform and execute all such other acts, deeds, instruments, matters and things for on my/our behalf as the said Attorney may think fit in respect of the above matters as fully and effectually and to all intents and purposes as I/we myself/ourselves could do if I/we were personally present AND for the further, better and more effectually doing, effecting, executing and performing the several matters and things aforesaid I/we hereby give and grant unto the said Attorney full power and authority from time to time to appoint one or more substitute and substitutes to do, execute and perform all or any of such matters and things as aforesaid and the substitute or substitutes at pleasure to remove and to appoint another or others in his/her place AND I/we hereby ratify and confirm and agree and undertake to ratify and confirm whatsoever the said Attorney shall lawfully do or cause to be done by virtue of these presents.

AND I/We hereby agree that the Company shall exercise the powers and authorities conferred under the above Power of attorney only pursuant to the instructions in the behalf given by me/us. These instructions may be given electronically through the internet to the Company and shall be admissible in evidence and shall not be questioned by me/us and shall be conclusive and binding against me/us.

AND I/we hereby agree that all such acts done by me/our above mentioned attorney shall be deemed to be acts done by me/us and if necessary shall be ratified by me/us on the instructions of the Attorney.

IN WITNESS WHEREOF I/We \_\_\_\_\_

have hereunto set my/our hand[s] at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_.

SIGNED, SEALED AND DELIVERED  
By the within names

X \_\_\_\_\_

X \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)