

Application Form
Please refer to Riskometer details available on cover page and Your Guide To Fill
The Application Form (pages 12-15) before proceeding

Channel Partner / Agent Informat	ion				Serial No:	5683763
Distributor's Sub-broker's ARN & Name (Code)	ARN Sub-broker Code (internal)	EUIN* (Employee Unique Idendification Number)	Registered   Adviser (R		100	
		E 097712			190	's signature
ARN-93643 DHA	UMAR	_ 05// 11				e Stamping
* Declaration for "Execution only" tr		IN how is left hlank) 🗆 l	Me hereby con	ofirm that the	1 1111	e orambing
EUIN box has been intentionally left blathe employee/relationship manager/sa	ank by me/us as this transac	ction is executed without	any interaction	or advice by	Transaction	charges For ₹ 10,000 and above:
inappropriateness,if any, provided by the	he employee/relationship m	nanager/sales person of t	he distributor/su	ub broker.		restor-₹ 100 □ New Investor-₹ 150 mission shall be paid directl
First/Sole Applicant/	Second Applicant	Third Applicant			by the investigations	stor to the AMFI-registere based on the investors
1. Existing Investor Information (P			ection 3)		assessment	of various factors includin dered by the distributor.
Please note that applicant details	s and mode of holding will	be as per existing Folio	Number.	************	1 1 1	
CKYC compliant ☐ Yes ☐ No (if n		rm & proof/additional do	cuments.	olio No		
2. New Investor Information (ref						
Name of First/Sole Applicant Gen	ider*   Male  Female	Others	1 1 1	1 1	TIT	Name and DoB as per PA
				Data of Birdht	D D I	M M Y Y Y Y
Permanent Account Number (PAN)*				Date of Birth*		Proof attached (Mandatory)
Central KYC Number		\\( \( \) \\ \\ \ \ \ \ \ \ \ \ \ \ \ \				
Name of Guardian (in case of First	: / Sole Applicant is a <b>Min</b>	or)/Contact Person-D	esignation (in	case of non-i	ndividuai irive	Stors) / POA Holder Name
Permanent Account Number (PAN)*			Relationship			
Central KYC Number					□ CKYC	Proof attached (Mandatory)
Father's name (mandatory if PAN r	not provided)		I I			
Go Green Services (Save The Future	re): Please provide Conta	ct Details of First / Sol	e Applicant			
É-Mail*						
STD Code	Telephone			Mobile*		
Default Communication mode is E- □ Account Statement □ Annual Re	mail only, if you wish to re	eceive following docum formation	ent(s) via phys	ical mode: Ple	ease tick (🗸)	
Mode of Holding [Please (/)]			or Survivor			
Address of First / Sole Applicant						
TOWN	CITY/ DISTRICT		STATE		PIN COD	E*
Overseas Address (in case of NRIs	s/Flls) (Mandatory)					
Name of Second Applicant Gender	or* \( \text{Molo} \( \text{Tomple} \)	Others				Name and DoB as per PA
Name of Second Applicant Gende					PIN COD	
Permanent Account Number (PAN)*				Date of Birth	*   D   D	MMYYYY
Central KYC Number		CKYC Proof at	tached (Mandatory)	Mobile*		
	* C Malo C Formula C O		***************************************	terrane I		Name and DoB as per PA
Name of Third Applicant Gender*	~ □ Male □ Female □ Of	uiers 		1   1	PIN COD	
Permanent Account Number (PAN)*				Date of Birth	Harrison Co.	MMYYYY
Central KYC Number		CKYC Proof at	tached (Mandatory)	Mobile*		
To be submitted along with the appli	ication form: 1. Your FATCA-	CRS Details (Foreign Acco	unt Tax Complian	nce Act) & KYC	Additional Deta	ils (if not already submitted), an
2 Littimate Panaficial Owner(c) (LIRO) in	formation/for non-individuals o	only). Please quote the <b>Cent</b> sting investors, irrespective	rai KYC (CKYC) i	number in the bo	xes provided ab	love of Subtritt your filled-in Ch I

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3. KYC details (Mandatory) (r	refer instruction 3) 🗆 Individual	☐ Non-Individual (Please attach mandatory I	FATCA-CRS Annexure for Entities including UBO
3. KYC details (Mandatory) (r Status of First/Sole Applicant [Please (/)]  Listed Company Unlisted Company Individual Minor through guardian HUF Partnership Society/Club Company Body Corporate Trust Mutual Fund FPI NRI-Repatriable NRI-Non-Repatriable FII/Sub account of FII Fund of Funds in India QFI Others	Occupation Details [Please (/)]     (To be filled only if the applicant is an individual)     First Applicant   Public Sector Service   Public Sector Service   Business     Professional   Agriculturist     Retired   Housewife     Student   Forex Dealer     Others	Gross Annual Income (in ₹) [Please (✓)]  First Applicant  □ Below 1 Lac □ 5-10 Lacs □ 10-25 Lacs □ > 25 Lacs - 1 Crore □ > 1 Crore (or)  Net-worth (Mandatory for non-individuals) ₹  □ as on  IDIDIMIMIVIYIYIYI (Not older than one year)  Second Applicant □ Below 1 Lac □ 1-5 Lacs □ 5-10 Lacs □ > 25 Lacs - 1 Crore □ > 1 Crore (or) Net-worth	PEP Status   First Applicant
	e spanous por come su describigares construir de la come de la com		☐ Not Applicable
		lividual investors & HUF should mandat	orily fill separate FATCA-CRS Annexure
The below information is requ	ired for all applicant(s) / guardian / Po	A holder	
Category	First Applicant/Guardian	Second Applicant	Third Applicant
Are you a Tax Resident of Country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is your Country of Birth/ citizenship other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is your Residence address /     Mailing address / Telephone     No. other than in India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If you have answered YES to	any of above, please provide the below	v details	
Country of Tax Residence			
Nationality			
Tax Identification Number <sup>\$</sup> or Reason for not providing TIN			
Identification Type (TIN or Other, please specify)			
Residence address for tax purposes (include City, State, Country & Pin code)			
Address Type	□ Residential or Business     □ Residential □ Business     □ Registered Office	☐ Residential ☐ Business	□ Residential or Business     □ Residential    □ Business     □ Registered Office
City of birth			
Country of birth			
\$ In case any of applicant being	resident/ tax payer in more than one cou	ntry, provide tax identification number for	each such country separately.
FATCA-CRS Instructions			
Dataila under EATCA CDC/Foreign Toy La	Th. O. 1 (B. 1 (B) 1.T. 1 (C) 15 (B)	44F1 4441	

Details under FATCA-CRS/Foreign Tax Laws: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities/appointed agencies. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or greencard holder, please include United States in the Country of Tax Residence field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation with supporting documents and attach this to the form.

with supporting doucments and attach this to the form.

5. Bank Account De	etails of First/Sole Applicant (as per SEBI	Regulations it is mandatory) (refer instru	ction 5)
Account No			
Name of the Bank		Branch	
Branch Address		Bank City (redemption will be	payable at this location)
Cheque MICR No	Áccou	nt Type [Please (✓)] ☐ Savings ☐ Current ☐ NR	Andrew State of the Control of the C
RTGS / NEFT / IFSC		*If the payment is by DD or	source of fund is not clear on the Cheque
6. Mode of paymen	t of redemption/dividend proceeds via Di	leaf, please provide a copy rect credit/NEFT/Other Mode (refer instru	
Direct Credit is now avail Bank, SBI, Standard Cha will receive the payment	able with: Axis Bank, BNP Paribas Bank, Citibank urtered Bank, YES Bank. If your bank falls in this I through NEFT mode based on the bank details a Please issue a separate Cheque/Demand D	k, Deutsche Bank, HDFC Bank, HSBC Bank, ICIC ist your Redemption/ Dividend proceeds will be c available. Otherwise, payment will be made by w	I Bank, IDBI Bank, IndusInd Bank, Kotak Mahindi directly credited to your account. Alternatively, yo ay of a cheque/demand draft/warrant.
Scheme Name			
Plan	☐ Regular ☐ Direct	☐ Regular ☐ Direct	☐ Regular ☐ Direct
	☐ Growth	☐ Growth	□ Growth
	Dividend	Dividend	Dividend
	□ Payout	□ Payout	☐ Payout
	□ Daily □ Weekly □ Fortnightly □ Monthly     □ Quarterly □ Half-Yearly □ Annual	□ Daily □ Weekly □ Fortnightly □ Monthly     □ Quarterly □ Half-Yearly □ Annual	□ Daily □ Weekly □ Fortnightly □ Monthly     □ Quarterly □ Half-Yearly □ Annual
	☐ Re-Investment	☐ Re-Investment	☐ Re-Investment
Option	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly
	☐ Quarterly ☐ Half-Yearly ☐ Annual	☐ Quarterly ☐ Half-Yearly ☐ Annual	☐ Quarterly ☐ Half-Yearly ☐ Annual
	☐ Sweep*	□ Sweep*	□ Sweep*
	*Target Scheme	*Target Scheme	*Target Scheme
	☐ Regular Growth ☐ Direct Growth	☐ Regular Growth ☐ Direct Growth	☐ Regular Growth ☐ Direct Growth
(If an investor fails to specify the opt	ion, he will be allotted units under the default option/suboption of the Targ	get scheme.) Any / each correction carried out in selecting the target sche	me has to be counter-signed by the investor(s) to make it a valid selection
Amount Invested (₹)			
DD Charges (₹)			
Net Amount Paid (₹)			
Payment Details	OTM Cheque DD RTGS Fund Transfer		OTM Cheque DD RTGS Fund Transfer
	Chq./Ref. No	Chq./Ref. No	Chq./Ref. No
Bank/Branch			
	payment (refer instruction 7): Please downloa	i i i i i i i i i i i i i i i i i i i	
	m) and attach the third party declaration form Pleas Details (refer instruction 8)	se tick M I nearby enclose the declaration for p	ayment through any third party account
☐ National Securities De			
Central Depository Ser		Beneficiary Account Number	
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	t in Demat option, may provide a copy of the I etails of your SIP (refer instruction 9) (skip		
	-dated cheques (please provide the det		
	Post-Dated Cheques) SIP I		SIP Frequency
SIP Starting	SIP Ending for Monthly/Qua	□ Weekle (Minimum and Edd)	000 Every Wednesday. Minimum No of installments 5)
MMYYYY	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	14 🗆 20 🗆 25 🗀 Monthly (Minimum amount 12	50 Minimum No of installments 20) 750 Minimum No of installments 7)
No. of PDCs	First SIP Cheque No	Last SIP Cheque No	
Each SIP Amount	₹	Refer page 23 Guide to investing through	SIP
		erleaf for Declaration & S	
			F000700
Acknowledgement	Sundaram Asset Management Company Limited, (		Serial No: DD83/03
_	I & II Floor, 46 Whites Road, Chennai - 600 014. Conta	active. 1860 425 7237 (India) +91 44 28310301 (NRI)	Oppose
Received From Mr./Mrs./	Ms		
	ection with the application should be addressed t		ISC's Signature & Stamp
	trar and Transfer Agents, Unit: Sundaram Mutual		Please Nata All Durchase are subject to realisation of abeques / demand drafts

0. Nominee (available on	ly for individuals) (re	CONTROL CONTRO	☐ I wish to nominate the foll	
1st Nominee	and the second s	2nd Nominee		3rd Nominee Name:
Name:Relationship:				Relationship:
Address:				Address:
Proportion (%)* in which uni	its will be shared by fire		which units will be shared by first	Proportion (%)* in which units will be shared by first nominee%
If nominee is a minor:		If nominee is a min	or:	If nominee is a minor:
Date of birth:				Date of birth:Name of Guardian:
Name of Guardian: Address of Guardian:			1:	Address of Guardian:
* Proportion (%) in which units will be si				
☐ I do not wish to choose	e a nominee. Signature	of investor(s)		
1st / Sole Applica	ant / Guardian			3rd Applicant
1. Declaration, Certific	cation & Signature	(refer instruction		Document/addenda issued to the SID and KIM till date • herel regulations of the scheme(s) • agree to the terms and condition do not have any existing Micro SIPs/investments which togeth relve months (applicable for PAN exempt category of investors im for the different competing Schemes of various Mutual Fund
om alribigs which the scheme specificable to NRIs only: Please om abroad through normal ban urther declare that I/We am/are if We hereby declare that all the above particulars being false, inclanagement, its sponsor, their elbove particulars being false, inclanagement to disclose, share, by me/us, to any Indian or foreignithout any obligation of advising certification: I/We have underst provided by me/us on this Form We agree to indemnify Sundara or U.S. federal income tax purportion.   (Applicable only for in Sundaram Mutual Fund underst purportions)	is the being recommended by the confirm that I is king channels or from function a citizen of USA/Canad particulars given herein amployees, authorised agerocrect or incomplete or in remit in any form, mode or gn governmental or statut g me/us of the same. I/We cood the information require is true, correct, and complete in the complete or in respect of any converted to see the coordinate of the confirmation of the converted that the confirmation of the converted that the confirmation of the confirmatio	am/We are Non-Resident of as in my/our Non-Resident of as every case of my/our not intime manner, all/any of the information of this Form (read enter I/We also confirm that noany Limited in respect of the information as may be the I/We also confirm that one of the information as may be the above mentioned over the above mentioned in the information of the infor	of Indian Nationality/Origin and I/We het External/Ordinary Account/FCNR Indianality in intimating any changes to import the far/Fevenue authorities, only additional information/documentation along with the FATCA-CRS Instruction I/We have read and understood the F/of any false, misleading, inaccurate and e required under applicable tax laws.  **Declaration:** I/We, the above-national Account No(s)./Folio No(s).	ereby confirm that the funds for subscription have been remitte count on a  Repatriation Basis  Non-Repatriation Basis.  We and belief.  We further agree not to hold Sundaram Assir any consequences/losses/costs/damages in case of any of the above particulars.  We hereby authorise Sundaram Assimal changes, updates to such information as and when provide their investigation agencies and SEBI registered intermediation that may be required in connection with this application.  In the state of the state of the same of the control of the same of the control of the same
AMFI Registration Number			SEBI Registration No.	
Name:				The state of the state of the
Address				
City				PIN
E-Mail ID				
Tel.No				
Name of First / Sole /	Applicant / Guardian	Name	of Second Applicant	Name of Third Applicant
Name of First / Sole /	Applicant / Guardian	Hame	<u> </u>	
Science true of First / Sc	alo Applicant / Guard	ian Signat	ure of Second Applicant	
≤ Signature of First / Sc			a	
Date://	/		<u>s_</u>	Place:
	T	- (F5./	Particulars	
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Option / Sub-option	Goal	Payment Instrument Number / Date	Bank & Branch)	Amount in figures (t) & Amount in words

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Declaration: I/We • had Information/Scheme Information	aving read and understood the formation Document/addenda is	contents of the sued to the SID a	Statement of Addi nd KIM till date • he	ional hold ereby mod	ler has dis le), paya	sclosed to ble to him	me/us all to for the d	the commi lifferent co	issions (in to empeting S mended to	he form o chemes	of trail oc of variou	mmission us Mutual	or any o Funds f	ither from	particulars intimating Managem	being fal any chan	se, incor ges to t	rect or in the above the remit	complet particu	e or in ca lars. I/We	use of n hereb	ny/our no y authori	it intima se Sunc ny of the	ting/delay taram As e informat
terms, conditions, rules NACH/OTM • have not	and regulations of the scheme( received nor been induced by a	s) • agree to the any rebate or gift:	terms and conditions, directly or indirect	ns for We	hereby o	declare tha	it all the p	articulars	given here We furthe	in are tru	e, correc	ct and con	plete to	the	provided I by me/us,	by me/ us, to any Indi	ncluding an or for	all chan eign gove	ges, upd rnmental	ates to su or statuto	ch infon ory or jur	mation as dicial auth	and whorities/a	ien provid igencies,
making this investment the current application or a rolling period of tw	aving read and understood the ormation Document/addenda is e scheme(s) as indicated in the and regulations of the scheme( received nor been induced by a to not have any existing fill will result in the total investmen elve months (applicable for PAM	cro SiPs/investme its exceeding ₹ 5 I exempt categor	ents which togethe 0,000 in a financia y of investors). The	year Mar ARN of th	r or my/c nagement, ne distribu	its sponso tors liable f	uya and r, theirem or any con	iployees, a rsequence	vve runne authorised a as/losses/co	, ayree gents, se osts/dama	rvice pro ages in c	ividers, rep ase of any	resental of the at	tives nove	ıaxıreveni without an informatio	s being fal any chan ent to disc by me/ us, to any Indi ue authoriti y obligation n/documen	es and o of advis tation th	ing me/us at may be	sugation of the sa required	ayencie me. I/We I in conne	hereby a action wi	agree to p Affithis ac	rered in Provide a plication	termediai .ny additic 1.
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Application]																								

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<sup>®</sup> Phone No	e debit of Mandate processing the debit of Mandate processing the debit of Mandate processing the debit of th	ng charges by the B	ank whom I a	m authorizin		Email ID ny accoun		latest Sc	hedule	of charg	ges of the	Bank. 2.	This is	to confir	m that t	he dec	laration
that I am author	ully read, understood and ma rised to cancel/amend this m	ade by me/us. I am a nandate by appropri	authorising the ately commu	e user entity nicating the	cancellatio	o debit my n/amendn	accoun nent requ	nt, based uest to th	on the ne user	instruct entity/c	ions as a orporate	greed and or the bar	d signe nk whei	d by me re I have	. 3. I hay authori	ve und ized th	erstood e debit
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Declaration: I/We • ha	aving read and understood the contents formation Document/addenda issued to the	of the Statement of Additiona SID and KIM till date • hereby	holder has dis mode), payab	closed to me/us a ble to him for the h the Scheme is b	II the commission different compe	ns (in the form of ting Schemes	of trail comm of various N	nission or any Mutual Fund	y other s	particulars ntimating	being false, any changes	ncorrect or i	ncomplete e particula	or in case ars. I/We he	of my/our i	not intima prise Sun	ating/delay daram As
apply for units under the terms, conditions, rules NACH/OTM • have not	ie scheme(s) as indicated in the applicatio ; and regulations of the scheme(s) • agree received nor been induced by any rebate	n form • agree to abide by the to the terms and conditions fo or aifts, directly or indirectly it	amongst which	h the Scheme is b leclare that all the ur knowledge an	eing recommend particulars giver	ed to me/us. herein are tru	e, correct ar	nd complete	to the	manageme provided by by me/us, t	nt to disclose y me/ us, incli o any Indian d	, snare, remit iding all chan r foreign gove	in any ion ges, upda emmental d	n, mode or tes to such i or statutory c	nformation or judicial a	any or in as and w uthorities/	hen provid agencies,
making this investment the current application	aving read and understood the contents ormation Document/addend assued to the e scheme(s) as indicated in the applicatio and regulations of the scheme(s) • agree received nor been induced by any rebate • do not have any existing filters SIPs/in will result in the total investments exceed elve months (applicable for PAN exempt c	vestments which together with ng ₹ 50,000 in a financial year	n best of my/or r Management, d of the dietribut	ur knowledge an its sponsor, their e ors liable for any c	a beliet. I/ We mployees, author onsequences/loss	turtner agree ised agents, se ses/costs/dam:	not to hold rvice provide ages in case	Sundaram ers, represer of any of the	Asset ( ltatives ( above	ax/revenue without any information	being false, any changes nt to disclose y me/ us, inclu- o any Indian of e authorities obligation of a /documentation	ind other inventional dvising me/us on that may be	estigation a s of the san	agencies an ne. I/We here in connection	d SEBI reg by agree to n with this	jistered in provide a polication	ntērmediar any additio n.
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[as per Mutual Fund Records	First Unit Holder's / Guardian Signature			Second Unit Holder's Signature	3						rd t Holder's nature						
Application]										1							

## SERVICE REQUEST FORM SUNDARAM MUTUAL Folio Number Name of the First Unit Holder\* You can now opt for electronic payment through NEFT and enjoy hassle free receipt of payments. Register your IFS Code and core banking account number with us to avail this facility. Please contact 1860 425 7237 for more details. Redemption request submitted along with change of bank mandate would result in payment being withheld upto 10 days for validating new bank mandate. 1. Change of Bank Mandate (Refer Instruction 1) Old Bank Details Bank Name Bank Branch & City Account Type Account No. IFSC/RTGS Code# MICR Code\* New Bank Details Bank Name Bank Branch & City Account Type Account No. MICR Code\* IFSC/RTGS Code# (# 11 character code printed on a cheque / passbook) \*(9-digit number next to your cheque number) 2. Go Green Services: To Update Contact Details (Refer Instruction 2) E-Mail Mobile\* By providing the details above, I confirm that I wish to receive the account statement, annual report and other correspondence by email and receive SMS updates on mobile. Nomination (Refer Instruction 3) Mandatory to fill in all fields. Proportion (%) in which units will be shared by each nominee should aggregate to 100%. In case of single nominee default proportion will be 100%. ☐ I wish to nominate the following person(s) 1st Nominee 3rd Nominee 2nd Nominee Name:. Name: Name:. Relationship:..... Relationship:.... Relationship:.. Address:.... Proportion (%)\* in which units will be shared by first Proportion (%)\* in which units will be shared by first Proportion (%)\* in which units will be shared by first nominee..... nominee.... nominee..... If nominee is a minor: If nominee is a minor: If nominee is a minor: Date of birth: Date of birth:. Date of birth:.... Name of Guardian: Name of Guardian:. Name of Guardian: Address of Guardian:..... Address of Guardian:..... Address of Guardian:..... 4. To Register PAN & KYC linking (Refer instruction 4) Permanent Account Number (PAN)\* Central KYC Number ☐ CKYC Proof attached (Mandatory) \*Mandatory First/Sole Applicant/Guardian Second Applicant Third Applicant KYC updated (Please tick ✓): 1st Holder / Guardian: ☐ Yes ☐ No 2nd Holder ☐ Yes ☐ No 3rd Holder ☐ Yes ☐ No Declaration: I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/We agree to notify Sundaram Mutual Fund / Sundaram Asset Management Company Limited immediately in the event the information in the self-certification changes. I/ We further agree not to hold Sundaram Asset Management, its sponsor, their employees, authorised agents, service providers, representatives of the distributors liable for any consequences/losses/costs/damages in case of any of the above particulars being false, incorrect or incomplete or in case of my/our not intimating/delay in intimating any changes to the above particulars. I/We hereby authorise Sundaram Asset Management to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us, to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authorities, other investigation agencies and SEBI registered intermediaries without any obligation of advising me/us of the same. First Holder Second Holder Third Holder Request Date..... Acknowledgement Time Stamp/Seal Request Date Folio Number Received From Mr./Mrs./Ms. ..... ☐ Change of Bank Mandate ☐ Change of Address - For Non-KYC folios only ☐ Go Green Services: To Update Contact Details ☐ Nomination ☐ To Register PAN & KYC linking

## SUNDARAM MUTUAL

www.sundarammutual.com

## Know Your Client (KYC) Application Form (For Individuals only) (Please fill the form in English and in BLOCK Letters) Fields marked with " are mandatory fields

Application Type* ☐ Nev	v 🗆 Update	KYC Nu	mber**	
	mal (PAN is mandatory)	**Manda	atory for KYC update only: KYC	Number issued by Central KYC Registry.
	Exempt Investors (Refer instruction K)		and the same of th	, , , , , , , , , , , , , , , , , , , ,
\$16,111,111,111,111,111,111,111,111,111,	e refer instruction A at the end)			
PAN TITE		ose a duly attested cop	W. Carlotte and the control of the c	
	Prefix First Name		Middle Name	Last Name
Name* (same as ID proof)			++++++++++++++++++++++++++++++++++++	
Maiden Name (If any*)				
Father / Spouse Name*		+++++++		
Mother Name*				
Date of Birth*				Photo
Gender*	☐ M- Male	☐ F- Female	□ T- Transgender	
Marital Status*	□ Married	□ Unmarried	☐ Others	
Citizenship*	☐ IN- Indian	☐ Others – Country _	Countr	y Code
Residential Status*	☐ Resident Individual	☐ Non Resident Indi	an	
	☐ Foreign National	☐ Person of Indian C	Origin	
Occupation Type*	☐ S-Service ☐ Private Sector	☐ Public Sector	☐ Government Sector	
	☐ O-Others ☐ Professional	□ Self Employed	☐ Retired ☐ Housewife	☐ Student Signature/ Thursey Industrials
	☐ B-Business	☐ X-Not Categorised		Linean and the second
	(for PAN exempt Investor or if PAN ca		Please refer instruction C & K	at the end)
	the following Proof of Identity [Pol] needs to	be submitted)	D	DD MM-YYYY
☐ A - Passport Number		<del></del>	Passport Expiry Date	
☐ B - Voter ID Card		+++	Driving Licence Expiry Date	DD MM YYYY
<ul> <li>□ D - Driving Licence</li> <li>□ E - Aadhaar Card</li> </ul>			Diving Election Expiry Date	
☐ F - NREGA Job Card		++++		
Z - Others (any document no	utified by the central government)		Identification Number	
3. Proof of Address (Po				
	ent / Overseas Address Details (Please	e see instruction D at th	ne end)	
Address				
Line 1*				
Line 2				
Line 3			City/Town/Villa	ge*
District*	Zip / Post Code	*	State/UT Code	as per Indian Motor Vehicle Act, 1988
State/UT*		Country*		Country Code as per ISO 3166
Address Type* ☐ Re	sidential / Business	☐ Business	☐ Registered Office	☐ Unspecified
(Certified copy of any one of	the following Proof of Address [PoA] needs	to be submitted)		
Proof of Address*				
☐ Passport Number			Passport Expiry Date	D D — M M — Y Y Y Y
☐ Voter ID Card				
☐ Driving Licence			Driving Licence Expiry Date	
☐ Aadhaar Card				
☐ NREGA Job Card				
☐ Others (any document notified	by the central government)		Identification Number	
3.2 Correspondence /	Local Address Details* (Please see in	nstruction E at the end)		
Same as Current / Perma	nent / Overseas Address details (In case	of multiple correspondence /	local addresses, please fill 'Annexure A	1'. Submit relevant documentary proof)
Line 1*				
Line 2				
Line 3			City/Town/Villa	ige*
District*	Zip / Post Code	*	State/UT Code	as per Indian Motor Vehicle Act, 1988
	1 1 1 1 1 1 1 1 1 1	Country*		Country Code as per ISO 3166
State/UT*		J Codiniy L L L		J - 30.00 / 0000 [ ] 00 po 100 0100
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Additional Details Required (Managery only if above option (6) is token?)  Southly of Jurisdiction of Residence   seyer 80 3168   sex (stantification Number or equivalent (if saued by jurisdiction)*   Country Code of Jurisdiction of Residence   seyer 80 3168   sex (stantification Number or equivalent (if saued by jurisdiction)*   Country of Britin*   Country Code   seyer 80 3168   Sex (stantification Number or equivalent (if saued by jurisdiction)*   Country of Britin*   Country Code   seyer 80 3168   Sex (stantification Number or equivalent (if saued by jurisdiction)*   Country Code   seyer 80 3168   Sex (stantification Number of Number		-	$\dagger$	十	+	T	T	+	┪¨	,,,,	J.,	L	l	1	L	JL		1	1	1		I	1		] "	(1	100	"L	L				J	L	<u> </u>	<u></u>	1				1
Additional Please Required* (Mandatory only if above cotion (6) is token!)  Country of Jurisdiction of Residence	5. Additional Information	for Tax	PL	irpo	se l	Tick	if.	L Appl	ica	ble	)		?es	ider	nce	for	Tax	Pui	005	ses	in J	uris	dict	ior	ıts	O	ıts	de	Inc	ila	(Ple	as	e n	efer	ins	trije	etio	n B	at ·	the	er
Rest   Statification   Number or equivalent (if   squard by juntidiction)												(5)	is t	icke	ed)	00000			e e e e e e e e e e e e e e e e e e e		100050										Y. III		Mili				i ci co.		, Maria		
Race of City of Birth*   Country Code   ss per 803	Country of Jurisdiction o	Resid	end	ce*													Co	oun	try	Co	de c	of J	uris	dic	ctic	n e	of F	Res	ide	enc	е			as	per	ISO	318	6			
Address   Same as Current / Permanent / Overteas Address Details;   Same as Correspondence / Local Address Details   Inc 1	Tax Identification Numbe	r or eq	uiv	aler	it (I	fiss	ue	d by	ju	risc	licti	on)		T	T	T	I	T	T						T	T			1												
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District   Zip / Post Code   Country   State/UT Code   as per Indam Major Venice Act, 1988   State/UT   Country   Code   as per Indam Major Venice Act, 1988   State/UT   Country   Code   as per ID0318		++-	+	+-	-	<u> </u>			4	-	4	4	4	+	4	+	+	+	+	+	4	<u> </u>	+	1						L	Ļ	Ļ	1	4	1	4	_	1	1	4	4
Addition of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill Annexure B1)   Addition of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill Annexure B1)   Addition of Related Person (In available*)	<del></del>	4		+-	_	-		7:-	1				4	+	4	井	1	ᅥ	$\perp$	$\perp$	4	1_		-				ı/Vi ۲	llag	ge'	1	L	1	_	$\perp$			L	L	1	
6. Details of Related Person (Options)) (please refer instruction G at the end) (in case of additional related persons, please till "Annexure B1")    Addition of Related Person   Deletion of Related Person   KYC Number of Related Person (if available")       Related Person Type		-	_		_	-	_	ZIP	7 P	T	T	de.	٦L		Lint	* *	_				г т	5 ا	tate	∌/U	T	CO	de T				_				_	tor V	_				
□ Addition of Related Person □ Deletion of Related Person ○ NYC Number of Related Person (if available*) □ Guardian of Minor □ Assignee □ Authorized Representative Middle Name □ Last Name		mon ((	7.04	ieveze	NA 6											- 1	7:-						_ 1		L		Ţ											2000	3r 19	;O 3	/160
Related Person Type*   Guardian of Minor Pretix   Assignee   Authorized Representative   Middle Name   Last Name   Name   (If KYC number and name are provided, below details of section 6 are optional)							*********	COLUMN TO		********	*******		THE STATE OF	*********									*************		******			SOF	is,	DIE	ase	3 TI	H /	4nn	ext	re T	BI	}			
Name*   Prict   First Name   Middle Name   Last Name									30	rei						libe	ii Oi	rie									- Charles	L	I.						L						
(If KYC number and name are provided, below details of section 6 are optional)  □ Proof of Identity [Pot] of Related Person* (Please see instruction (H) at the end)  □ Passport Number □ Passport Expiry Date □ D □ M M Y Y Y Y  □ Voter ID Card □ PAN Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ D □ M M Y Y Y  □ Adhasir Card □ Driving Licence Expiry Date □ Driving Licence Driving Licence Expiry Date □ Driving Licence Driving Licence Driving Licence Expiry Date □ Driving Licence Drivin	10.00.00 1 0.00.11 1) po					J1 10			Fire	st N				9.10											ıομ	,, 0,	301	iicat	IVC					1	Las!	Na	me				
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PAN Card    Driving Licence	A CONTRACTOR OF THE PROPERTY O					Contraction of the																																			
Driving Licence Driving Licence Expiry Date  Driving Licence Expired Date  Driving Licence Exp	Passport Number		Ĭ	T	Ī	T	I	Ī	I											Pa	ssp	ort	Exp	oiry	y E	ate	9					D	Ī	IN	1 1	1 -	-	Y	Y	TY	1
Adachear Card  J RREGA Job Card  J C-Others (any document notified by the central government)  I Identification Number  7. Remarks (if any)  B. Applicant Declaration  I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and fundertake to inform you of any changes therein, immediately, in case any of the above information is found to be talks or untrue or meleading or misrepresenting. I am available to the reliable for it. Thereby declare that the most reliable to the true or meleading or misrepresenting. I am available to the reliable for it. Thereby declare that the most reliable to it or the purpose of contribution of any Art. Rules. Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time. Thereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.  Signature / Thumbimpression of Applicant Declaration / Institution Details  Name    D D   M M   Y Y Y Y Y   Place:   Signature / Thumbimpression of Applicant Declaration / Institution Details   Institution Detail	Voter ID Card		T	T	T	T										1				PA	NC	arc	t							Ī	$\dagger$		Г	Ť	Ť	十	寸	T		T	Ť
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