

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 Information

Distributor's ARN & Name ARN-93643	Sub-broker's ARN (Code) DHANANJAY KUMAR	Sub-broker Code (internal)	EUIN* (Employee Unique Identification Number) E 097712	Registered Investment Adviser (RIA) Code
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Serial No: **5683763**

ISC's signature & Time Stamping

* Declaration for "Execution only" transaction (only where EUIN box is left blank) I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Transaction charges For ₹ 10,000 and above:
 Existing Investor-₹ 100 New Investor-₹ 150
 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.

First/Sole Applicant/Guardian	Second Applicant	Third Applicant
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1. Existing Investor Information (Please fill in your Folio No. and then proceed to Section 3)
 Please note that applicant details and mode of holding will be as per existing Folio Number. CKYC compliant Yes No (if no, please provide CKYC form & proof/additional documents. If yes, please provide 14 digit CKYC Number)

Folio No

2. New Investor Information (refer instruction 2)

Name of First/Sole Applicant Gender* Male Female Others Name and DoB as per PAN

Permanent Account Number (PAN)* Date of Birth*

Central KYC Number CKYC Proof attached (Mandatory)

Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name

Permanent Account Number (PAN)* Relationship

Central KYC Number CKYC Proof attached (Mandatory)

Father's name (mandatory if PAN not provided)

Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant

E-Mail*
 STD Code Telephone Mobile*

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓)
 Account Statement Annual Report Other Statutory Information

Mode of Holding [Please (✓)] Single Joint Anyone or Survivor

Address of First / Sole Applicant

TOWN CITY/DISTRICT STATE PIN CODE*

Overseas Address (in case of NRIs/FIIs) (Mandatory)

Name of Second Applicant Gender* Male Female Others Name and DoB as per PAN

Permanent Account Number (PAN)* Date of Birth*

Central KYC Number CKYC Proof attached (Mandatory) Mobile*

Name of Third Applicant Gender* Male Female Others Name and DoB as per PAN

Permanent Account Number (PAN)* Date of Birth*

Central KYC Number CKYC Proof attached (Mandatory) Mobile*

To be submitted along with the application form: 1. Your FATCA-CRS Details (Foreign Account Tax Compliance Act) & KYC Additional Details (if not already submitted), and 2. Ultimate Beneficial Owner(s) (UBO) information (for non-individuals only). Please quote the Central KYC (CKYC) number in the boxes provided above or submit your filled-in CKYC Form incase of new investor and additional CYKC form incase of existing investors, irrespective of the investment amount. The forms are available on our website.

3. KYC details (Mandatory) (refer instruction 3) Individual Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO)

<p>Status of First/Sole Applicant [Please (✓)]</p> <input type="checkbox"/> Listed Company <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Individual <input type="checkbox"/> Minor through guardian <input type="checkbox"/> HUF <input type="checkbox"/> Partnership <input type="checkbox"/> Society/Club <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> FPI <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non-Repatriable <input type="checkbox"/> FI/Sub account of FI <input type="checkbox"/> Fund of Funds in India <input type="checkbox"/> QFI <input type="checkbox"/> Others..... (please specify)	<p>Occupation Details [Please (✓)] (To be filled only if the applicant is an individual)</p> <p>First Applicant</p> <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others..... (please specify) <p>Second Applicant</p> <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others..... (please specify) <p>Third Applicant</p> <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others..... (please specify)	<p>Gross Annual Income (in ₹) [Please (✓)]</p> <p>First Applicant</p> <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore (or) Net-worth (Mandatory for non-individuals) ₹ as on DDMMYY (Not older than one year) <p>Second Applicant</p> <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore (or) Net-worth..... <p>Third Applicant</p> <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore (or) Net-worth.....	<p>PEP Status</p> <p>First Applicant</p> <p>For Individuals [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)</p> <input type="checkbox"/> I am PEP <input type="checkbox"/> Not Applicable <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable <p>For Non-Individuals providing any of the below mentioned services [Please (✓)]</p> <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> None of the above <p>Second Applicant (To be filled only if the applicant is an individual)</p> <input type="checkbox"/> I am PEP <input type="checkbox"/> Not Applicable <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable <p>Third Applicant (To be filled only if the applicant is an individual)</p> <input type="checkbox"/> I am PEP <input type="checkbox"/> Not Applicable <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable
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4. FATCA-CRS DETAILS For Individuals (Mandatory) Non Individual investors & HUF should mandatorily fill separate FATCA-CRS Annexure

The below information is required for all applicant(s) / guardian / PoA holder

Category	First Applicant/Guardian	Second Applicant	Third Applicant
1. Are you a Tax Resident of Country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your Country of Birth/ citizenship other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is your Residence address / Mailing address / Telephone No. other than in India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any of above, please provide the below details

Country of Tax Residence			
Nationality			
Tax Identification Number ^{\$} 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	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
City of birth			
Country of birth			

^{\$} In case any of applicant being resident/ tax payer in more than one country, provide tax identification number for each such country separately.

FATCA-CRS Instructions

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.

5. Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory) (refer instruction 5)

Account No																	
Name of the Bank											Branch						
Branch Address											Bank City (redemption will be payable at this location)						
Cheque MICR No						Account Type [Please (✓)]	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE*	<input type="checkbox"/> NRO*	<input type="checkbox"/> FCNR*	<input type="checkbox"/> Others.....					
RTGS / NEFT / IFSC Code											*If the payment is by DD or source of fund is not clear on the Cheque leaf, please provide a copy of FIRC.						

6. Mode of payment of redemption/dividend proceeds via Direct credit/NEFT/Other Mode (refer instruction 6).

Direct Credit is now available with: Axis Bank, BNP Paribas Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, SBI, Standard Chartered Bank, YES Bank. If your bank falls in this list your Redemption/ Dividend proceeds will be directly credited to your account. Alternatively, you will receive the payment through NEFT mode based on the bank details available. Otherwise, payment will be made by way of a cheque/demand draft/warrant.

7. Payment Details: Please issue a separate Cheque/Demand Draft favouring the scheme you wish to invest/One Time Mandate (OTM) (refer instruction 7)

Scheme Name			
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth	<input type="checkbox"/> Growth	<input type="checkbox"/> Growth
	Dividend	Dividend	Dividend
	<input type="checkbox"/> Payout	<input type="checkbox"/> Payout	<input type="checkbox"/> Payout
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual
	<input type="checkbox"/> Re-Investment	<input type="checkbox"/> Re-Investment	<input type="checkbox"/> Re-Investment
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual	
<input type="checkbox"/> Sweep*	<input type="checkbox"/> Sweep*	<input type="checkbox"/> Sweep*	
*Target Scheme.....	*Target Scheme.....	*Target Scheme.....	
.....	
<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	

(If an investor fails to specify the option, he will be allotted units under the default option/suboption of the Target scheme.) Any / each correction carried out in selecting the target scheme has to be counter-signed by the investor(s) to make it a valid selection

Amount Invested (₹)			
DD Charges (₹)			
Net Amount Paid (₹)			
Payment Details	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer
	Chq./Ref. No.....	Chq./Ref. No.....	Chq./Ref. No.....
Bank/Branch			

In case of third party payment (refer instruction 7): Please download (from www.sundarammutual.com) and attach the third party declaration form Please tick I hereby declare that the payment has been made through my bank account I hereby enclose the declaration for payment through any third party account

8. DEMAT Account Details (refer instruction 8)

<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant		
<input type="checkbox"/> Central Depository Services (India) Ltd.	DP ID Number		Beneficiary Account Number

Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the application form.

9. Please indicate details of your SIP (refer instruction 9) (skip this section if you wish to make a one-time investment)

Mode of SIP Post-dated cheques (please provide the details below) OTM/NACH (please submit SIP Registration Form)

SIP Period (For Post-Dated Cheques)		SIP Date		SIP Frequency	
SIP Starting		SIP Ending		for Monthly/Quarterly frequency	
M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y
No. of PDCs		First SIP Cheque No		Last SIP Cheque No	
Each SIP Amount ₹		Refer page 23 Guide to investing through SIP			

Turn overleaf for Declaration & Signature (Mandatory) → → →

Acknowledgement Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI)

Serial No: 5683763

Received From Mr./Mrs./Ms.
Communication in connection with the application should be addressed to the Registrar **Sundaram BNP Paribas Fund Services Limited**, Registrar and Transfer Agents, Unit: Sundaram Mutual Fund, Central Processing Center, 23, Cathedral Garden Road, Nungambakkam, Chennai-600034. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI).

ISC's Signature & Stamp
Please Note: All Purchases are subject to realisation of cheques / demand drafts.

10. Nominee (available only for individuals) (refer instruction 10)

I wish to nominate the following person(s)

<p>1st Nominee Name:..... Relationship:..... Address:..... </p> <p>Proportion (%)* in which units will be shared by first nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Name of Guardian:..... Address of Guardian:.....</p>	<p>2nd Nominee Name:..... Relationship:..... Address:..... </p> <p>Proportion (%)* in which units will be shared by first nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Name of Guardian:..... Address of Guardian:.....</p>	<p>3rd Nominee Name:..... Relationship:..... Address:..... </p> <p>Proportion (%)* in which units will be shared by first nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Name of Guardian:..... Address of Guardian:.....</p>
<p>* Proportion (%) in which units will be shared by each nominee should aggregate to 100%</p> <p><input type="checkbox"/> I do not wish to choose a nominee. Signature of investor(s)</p>		
1st / Sole Applicant / Guardian	2nd Applicant	3rd Applicant

11. Declaration, Certification & Signature (refer instruction 11)

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issued to the SID and KIM till date • hereby apply for units under the scheme(s) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(s) • agree to the terms and conditions for OTM/NACH • 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/investments which together with the current application will result in the total investments exceeding ₹ 50,000 in a financial year or a rolling period of twelve months (applicable for PAN exempt category of investors). The ARN holder has disclosed to me/us all the commissions (in the form of 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.

Applicable to NRIs only: Please (✓) I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account on a Repatriation Basis Non-Repatriation Basis. I/We further declare that I/We am/are not a citizen of USA/Canada.

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 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. I/We hereby agree to provide any additional information/documentation that may be required in connection with this application.

Certification: I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions), stated in pages 1-30 and hereby certify that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same. I/We agree to indemnify Sundaram Asset Management Company Limited in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes. or in respect of any other information as may be required under applicable tax laws.

(Applicable only for investments through RIA) RIA Consent Declaration: I/We, the above-named person/s have invested in the Scheme(s) of Sundaram Mutual Fund under Direct Plan under the above mentioned Account No(s)/Folio No(s). I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the below mentioned Mutual Fund Distributor/SEBI-Registered Investment Advisor (Correction – Advisor):

AMFI Registration Number ARN -	SEBI Registration No.
Name:	
Address	
City	
PIN	
E-Mail ID	
Tel.No	

Name of First / Sole Applicant / Guardian	Name of Second Applicant	Name of Third Applicant
Signature of First / Sole Applicant / Guardian	Signature of Second Applicant	Signature of Third Applicant

Date:/...../..... Place:.....

Particulars				
Scheme Name / Plan / Option / Sub-option	Goal	Cheque / DD / Payment Instrument Number / Date	Drawn on (Name of Bank & Branch)	Amount in figures (₹) & Amount in words
	<input type="checkbox"/> Lumpsum Purchase <input type="checkbox"/> SIP			

For office use only

URN

Date

Sponsor Bank Code

Create Modify Cancel

Utility Code

I/We authorise **SUNDARAM MUTUAL FUND**

To debit Tick SB CA SB-NRE SB-NRO Others.....

Bank A/c No

With Bank Name of customers bank IFSC or MICR

An amount of ₹ (in words) ₹

DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY Monthly Quarterly Half-Yearly Yearly As & when presented

Reference 1 URN Reference 2 Folio No

Phone No Email ID

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank. 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit

PERIOD From To Signature of the Primary Holder Signature of the Joint Account Holder Signature of the Joint Account Holder
or Until Cancelled 1 Name as in bank records 2 Name as in bank records 3 Name as in bank records

(First time investors should use this form along with the application form)

Please tick as applicable:
 NACH/OTM Form is attached and to be registered in the folio. SIP will start after mandate registration which may take 30 days.
 NACH/OTM Form is already registered in the folio. [No need to submit again].

ISC's signature & Time Stamping

Distributor's ARN & Name	Sub-broker's ARN (Code)	Sub-broker Code (Internal)	EJIN* (Employee Unique Identification Number)	Registered Investment Adviser (RIA) Code	For Office use only
ARN-93643	DHANANJAY KUMAR		E 097712		

I/We confirm that the EJIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole/First Applicants's Signature Mandatory

Name of First/Sole Applicant Gender* Male Female Others Mobile* PIN Code*

Name of Second Applicant Gender* Male Female Others Mobile* PIN Code*

Name of Third Applicant Gender* Male Female Others Mobile* PIN Code*

E-Mail*

Existing Investor Folio No. <input type="text"/>	New Investor Application No. <input type="text"/>
Permanent Account Number (PAN)*	PEKRN
First/Sole Applicant/Guardian <input type="text"/>	Central KYC Number <input type="text"/>
Second Applicant <input type="text"/>	<input type="checkbox"/> CKYC Proof attached (Mandatory)
Third Applicant <input type="text"/>	

1 Bank Name Cheque No Dated
2 Bank Name Cheque No Dated

Please tick SIP Registration SIP with Top-up Registration SIP-Change in Bank Details (Please provide copy of cancelled cheque and mention relevant SIP details in the form and OTM mandate)
CKYC compliant Yes No (if no, please provide CKYC proof/additional documents if not submitted earlier)

1 Scheme Name Plan: Option:
SIP Installment Amount (₹) Frequency: Weekly* Monthly* Quarterly Half-yearly Yearly Weekly*: Only on Wednesday
SIP Top Up amount (Optional): ₹ (in multiples of ₹ 500/-) Top-up Frequency* Half-yearly Yearly
Start Month/Year: End Month/Year (Default Dec 2099): Till Further Notice
SIP Date: (for Monthly: Any Day of the Month; for Quarterly: Any Day of the month for each quarter (beginning January, April, July and October)).

2 Scheme Name Plan: Option:
SIP Installment Amount (₹) Frequency: Weekly* Monthly* Quarterly Half-yearly Yearly Weekly*: Only on Wednesday
SIP Top Up amount (Optional): ₹ (in multiples of ₹ 500/-) Top-up Frequency* Half-yearly Yearly
Start Month/Year: End Month/Year (Default Dec 2099): Till Further Notice
SIP Date: (for Monthly: Any Day of the Month; for Quarterly: Any Day of the month for each quarter (beginning January, April, July and October)).

This will be considered in both Online and Physical modes (refer Guide to investing through SIP); *Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequency;

DEMAT Account Details (Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the application form)

<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant	Beneficiary Account Number
<input type="checkbox"/> Central Depository Services (India)	DP ID Number	

Declaration: (We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issued to the SID and KIM till date • hereby apply for units under the scheme(s) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(s) • agree to the terms and conditions for NACH/OTM • 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/investments which together with the current application will result in the total investments exceeding ₹ 50,000 in a financial year or a rolling period of twelve months (applicable for PAN exempt category of investors). The ARN holder has disclosed to me/us all the commissions (in the form of 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.
[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 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 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, tax/revenue authorities and other investigation agencies and SEBI registered intermediaries without any obligation of advising me/us of the same. I/We hereby agree to provide any additional information/documentation that may be required in connection with this application.]

Signatures (as per Mutual Fund Records / Application)	First Unit Holder's / Guardian Signature <input type="text"/>	Second Unit Holder's Signature <input type="text"/>	Third Unit Holder's Signature <input type="text"/>
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NACH/OTM Registration

Sponsor Bank Code

Create Modify Cancel

Utility Code

I/We authorise **SUNDARAM MUTUAL FUND**

② To debit Tick SB CA SB-NRE SB-NRO Others.....

Bank A/c No

③ With Bank Name of customers bank IFSC or MICR

④ An amount of ₹ (in words) ₹

DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented

⑦ Reference 1 Reference 2

⑧ Phone No Email ID

1. I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank. 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

⑩ PERIOD From To Until Cancelled

Signature of the Primary Holder Signature of the Joint Account Holder Signature of the Joint Account Holder

1 Name as in bank records 2 Name as in bank records 3 Name as in bank records

SIP Registration / Renewal Form / Modification - NACH / One Time Mandate (OTM)

(First time investors should use this form along with the application form)

Please tick as applicable:
 NACH/OTM Form is attached and to be registered in the folio. SIP will start after mandate registration which may take 30 days.
 NACH/OTM Form is already registered in the folio. [No need to submit again].

ISC's signature & Time Stamping

Distributor's ARN & Name ARN-93643 DHANANJAY KUMAR	Sub-broker's ARN (Code)	Sub-broker Code (Internal)	EUIN* (Employee Unique Identification Number) E 097712	Registered Investment Adviser (RIA) Code	For Office use only
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I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upright commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole/First Applicants's Signature Mandatory

Name of First/Sole Applicant Gender* Male Female Others

Name of Second Applicant Gender* Male Female Others

Name of Third Applicant Gender* Male Female Others

E-Mail*

Existing Investor Folio No. New Investor Application No.

Permanent Account Number (PAN)*	PEKRN	Central KYC Number	<input type="checkbox"/> CKYC Proof attached (Mandatory)
First/Sole Applicant/Guardian			
Second Applicant			
Third Applicant			

1 Bank Name Cheque No Dated

2 Bank Name Cheque No Dated

Please tick SIP Registration SIP with Top-up Registration SIP-Change in Bank Details (Please provide copy of cancelled cheque and mention relevant SIP details in the form and OTM mandate)
 CKYC compliant Yes No (if no, please provide CKYC proof/additional documents if not submitted earlier)

1 Scheme Name Plan: Option:

SIP Installment Amount (₹) Frequency: Weekly* Monthly* Quarterly Weekly*: Only on Wednesday
 SIP Top Up amount (Optional): ₹ (in multiples of ₹ 500/-) Top-up Frequency* Half-yearly Yearly
 Start Month/Year: End Month/Year (Default Dec 2099): Till Further Notice
 SIP Date: (for Monthly: Any Day of the Month; for Quarterly: Any Day of the month for each quarter (beginning January, April, July and October)).

2 Scheme Name Plan: Option:

SIP Installment Amount (₹) Frequency: Weekly* Monthly* Quarterly Weekly*: Only on Wednesday
 SIP Top Up amount (Optional): ₹ (in multiples of ₹ 500/-) Top-up Frequency* Half-yearly Yearly
 Start Month/Year: End Month/Year (Default Dec 2099): Till Further Notice
 SIP Date: (for Monthly: Any Day of the Month; for Quarterly: Any Day of the month for each quarter (beginning January, April, July and October)).

This will be considered in both Online and Physical modes (refer Guide to investing through SIP); *Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequency;

DEMAT Account Details		(Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the application form)	
<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant		
<input type="checkbox"/> Central Depository Services (India)	DP ID Number	Beneficiary Account Number	

Declaration: (We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issued to the SID and KIM till date • hereby apply for units under the scheme(s) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(s) • agree to the terms and conditions for NACH/OTM • 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/investments which together with the current application will result in the total investments exceeding ₹ 50,000 in a financial year or a rolling period of twelve months (applicable for PAN exempt category of investors). The ARN holder has disclosed to me/us all the commissions (in the form of 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.
 (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 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 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, tax/revenue authorities and other investigation agencies and SEBI registered intermediaries without any obligation of advising me/us of the same. I/We hereby agree to provide any additional information/documentation that may be required in connection with this application.

Signatures (as per Mutual Fund Records / Application)	First Unit Holder's / Guardian Signature	Second Unit Holder's Signature	Third Unit Holder's Signature
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SERVICE REQUEST FORM



SUNDARAM MUTUAL

Folio Number

Name of the First Unit Holder*

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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 No.	Account Type
MICR Code*	IFSC/RTGS Code#

New Bank Details

Bank Name	Bank Branch & City
Account No.	Account Type
MICR Code*	IFSC/RTGS Code#

*(9-digit number next to your cheque number)

(# 11 character code printed on a cheque / passbook)

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.

3. 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	2nd Nominee	3rd Nominee
Name:.....	Name:.....	Name:.....
Relationship:.....	Relationship:.....	Relationship:.....
Address:.....	Address:.....	Address:.....
Proportion (%)* in which units will be shared by first nominee.....%	Proportion (%)* in which units will be shared by first nominee.....%	Proportion (%)* in which units will be shared by first 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)*

First/Sole Applicant/Guardian	
Second Applicant	
Third Applicant	

*Mandatory

Central KYC Number CKYC Proof attached (Mandatory)

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.....

Place.....

Acknowledgement

Folio Number

Request Date

Time Stamp/Seal

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

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile - Tel.(Off) - Tel.(Res) -

Fax No. -

5. Additional Information for Tax Purpose (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address Same as Current / Permanent / Overseas Address Details; Same as Correspondence / Local Address Details

Line 1*

Line 2

Line 3 City/Town/Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

6. Details 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 Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction **H**) at the end)

Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

Passport Number Passport Expiry Date

Voter ID Card PAN Card

Driving Licence Driving Licence Expiry Date

Aadhaar Card

NREGA Job Card

Z-Others (any document notified by the central government) Identification Number

7. Remarks (If any)

8. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date:

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date:

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]