

Common Application Form

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS WITHIN THE BOXES ONLY

Application No:



SUNDARAM MUTUAL

Please refer to Riskometer details available on cover page of this KIM and Your Guide to fill the Application Form before proceeding.

Distributor ARN	Sub Distributor ARN	Internal Sub-Broker/Sol ID	EUIIN*	Employee Code	PMRN / RIA Code	ISC Date Time Stamp Reference No.

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

***Declaration for "Execution only" transaction (only where EUIIN box is left blank)** *I/We hereby confirm that the EUIIN 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

I confirm that I am a first time investor across Mutual Funds-₹150.
 I confirm that I am an existing investor in Mutual Funds-₹100.

1. MODE OF HOLDING			2. Existing Folio no: <small>(If you have an existing folio with KYC validated, please mention here and skip to Investment & Payment section)</small>
<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor	
UNIT HOLDING OPTION			Depository Participant Name ↓
<input type="checkbox"/> Physical Mode			<input type="checkbox"/> Demat Mode

Demat Account Details of First / Sole Applicant (Name of First / Sole Applicant as per demat account)

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.

NSDL	DPID		CDSL	DPID	
	Beneficiary ID			Beneficiary ID	

Note: Please attach copy of Client Master List.

Status	Resident Individual	Non Resident	Company	HUF	Minor	Society	FII	PIO	Partnership Firm	Proprietor	NPO	Trust	Others
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify

3. FIRST HOLDER DETAILS

Name	<input type="text"/>																
PAN	<input type="text"/>								DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC KIN	<input type="text"/>																
Mobile No*	Incase of minor, provide guardian mobile no								Email ID*	Incase of minor, provide guardian email ID							

E-mail ID: **Self** OR **Family Member** (Relationship)..... ***Mandatory**
 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

Note Primary holder(s) / guardian own email address and mobile number should be provided for speed and ease of communication in a convenient and cost effective manner, and to help prevent fraudulent transactions.

Father / Guardian / PoA Name	<input type="text"/>																
PAN	<input type="text"/>								DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC KIN	<input type="text"/>																
Relationship of guardian	<input type="text"/>																

SECOND HOLDER DETAILS

Name	<input type="text"/>																
PAN	<input type="text"/>								DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC KIN	<input type="text"/>																

THIRD HOLDER DETAILS

Name	<input type="text"/>																
PAN	<input type="text"/>								DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC KIN	<input type="text"/>																

4. INVESTMENT & PAYMENT DETAILS Payment Type Third Party Payment (Please attach 'Third Party Payment Declaration Form') Non Third Party Payment

Scheme Name	Scheme-1	Scheme-2	Scheme-3
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"/> Income Distribution cum Capital Withdrawal (IDCW) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth
(*If target scheme is not mentioned for Transfer (IDCW), default scheme is "Sundaram Money Fund and sub-option Growth") 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			
Payment Mode	<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
Reference No.			
Amount	Figures: _____ Words: _____	Figures: _____ Words: _____	Figures: _____ Words: _____
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others

5. BANK ACCOUNT DETAILS FOR PAYOUT

IFSC CODE	<input style="width: 100%;" type="text"/> MICR
Bank Account No	<input style="width: 100%;" type="text"/>
Bank Name	Bank Branch
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others → Please specify

6. LEGAL ENTITY IDENTIFIER (Mandatory) - (Only for Non-Individuals including HUF)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VALIDITY DATE OF LEI																			
<input style="width: 100%;" type="text"/>																			

Address of First / Sole Applicant

Town:	City/District:	State:	PIN Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="text"/>
<input type="text"/>
<input type="text"/>

7. Systematic Transaction Registration Details – Please indicate details of your SIP (skip this section if you wish to make a one-time investment)

Mode of SIP	<input type="checkbox"/> OTM/NACH (please submit SIP Registration Form)	Each SIP Amount ₹ <input style="width: 100%;" type="text"/>												
SIP Period	<input type="checkbox"/> SIP Starting <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y End Month/Year (Default Dec 2099): <input style="width: 100%;" type="text"/> <input type="checkbox"/> Till Further Notice*													
(*The end date – 01/12/2099 as end date. If not specified by the investor. This will be considered in both Online and Physical modes) (refer Guide to investing through SIP)														
SIP Date	SIP Date:(for Monthly : Any Day of the Month; for Quarterly : Any Day of the month for each quarter).													
SIP Frequency	<table style="width: 100%; font-size: small;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Weekly For Fixed Income</td> <td style="width: 50%;"><input type="checkbox"/> Weekly For Equity</td> </tr> <tr> <td><input type="checkbox"/> Monthly</td> <td>• Weekly every Wednesday (For Minimum amount of ₹ 1000, Minimum No. of installments is 5)</td> </tr> <tr> <td><input type="checkbox"/> Quarterly</td> <td>• Monthly (For Minimum amount of ₹ 250, minimum No. of installments is 20)</td> </tr> <tr> <td></td> <td>• Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 7)</td> </tr> <tr> <td></td> <td>• Monthly (For Minimum amount of ₹ 100, minimum No. of installments is 6)</td> </tr> <tr> <td></td> <td>• Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 6)</td> </tr> </table>		<input type="checkbox"/> Weekly For Fixed Income	<input type="checkbox"/> Weekly For Equity	<input type="checkbox"/> Monthly	• Weekly every Wednesday (For Minimum amount of ₹ 1000, Minimum No. of installments is 5)	<input type="checkbox"/> Quarterly	• Monthly (For Minimum amount of ₹ 250, minimum No. of installments is 20)		• Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 7)		• Monthly (For Minimum amount of ₹ 100, minimum No. of installments is 6)		• Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 6)
<input type="checkbox"/> Weekly For Fixed Income	<input type="checkbox"/> Weekly For Equity													
<input type="checkbox"/> Monthly	• Weekly every Wednesday (For Minimum amount of ₹ 1000, Minimum No. of installments is 5)													
<input type="checkbox"/> Quarterly	• Monthly (For Minimum amount of ₹ 250, minimum No. of installments is 20)													
	• Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 7)													
	• Monthly (For Minimum amount of ₹ 100, minimum No. of installments is 6)													
	• Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 6)													

Normal STP	SWP
Source Scheme	Scheme
Target Scheme	
Amount (figures)	Amount (figures)
Amount (words)	Amount (words)
Frequency	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Preferred STP date	Preferred SWP date
STP Period	SWP Period
Please tick <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25	1st working day of the month/quarter
From Date To Date	From Date To Date

8. NOMINATION DETAILS

 If you do not wish to nominate Tick here
1st Nominee Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship:.....

Address:.....

Proportion (%)* in which units will be shared by first nominee.....%

If nominee is a minor:

 Date of birth:

--	--	--	--	--	--	--	--

Name of Guardian:.....

Address of Guardian:.....

2nd Nominee Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship:.....

Address:.....

Proportion (%)* in which units will be shared by first nominee.....%

If nominee is a minor:

 Date of birth:

--	--	--	--	--	--	--	--

Name of Guardian:.....

Address of Guardian:.....

3rd Nominee Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship:.....

Address:.....

Proportion (%)* in which units will be shared by first nominee.....%

If nominee is a minor:

 Date of birth:

--	--	--	--	--	--	--	--

Name of Guardian:.....

Address of Guardian:.....

Signature of 1st / Sole Applicant / Guardian
Signature of 2nd Applicant
Signature of 3rd Applicant
9. OCCUPATION

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Student	Forex Dealer	Others	Others
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify

GROSS ANNUAL INCOME

	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	> 25 Lacs - 1 Crore	> 1 Crore	Net worth (Mandatory for Non-Individuals) - ₹	As on date							
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

PEP & UBO Details

	I am politically exposed person		Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If no, Please attach mandatory UBO declaration)		Foreign Exchange / Money Charger Services		Faming / Gambling / Lottery / Casino Services		Money Lending Pawning	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. 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.


Acknowledgement
 Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615,
 I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)

Application No.

ISC's Signature & Stamp

 Received From Mr./Mrs./Ms.
 Communication in connection with the application should be addressed to the Registrar **KFin Technologies Private 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 40 2345 2215 (NRI)
Please Note: All Purchases are subject to realisation of cheques / demand drafts.

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.

10. 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) 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.

Stamp Duty: Pursuant to Notification No. S.O. 1226(E) and G.S.R. 226(E) dated March 30, 2020 issued by Department of Revenue, Ministry of Finance, Government of India, read with Part I of Chapter IV of The Finance Act, 2019, notified on February 21, 2019 issued by Legislative Department, Ministry of Law and Justice, Government of India, a stamp duty @0.005% of the transaction value of units would be levied on applicable mutual fund inflow transactions, with effect from July 1, 2020. Accordingly, pursuant to levy of stamp duty, the number of units allotted on purchase transactions (including reinvestment IDCW and switch-in) to the Unit holders would be reduced to that extent.

(Applicable only for investments through RIA) RIA/PMRN 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/Portfolio Manager:

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

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			

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)	EUIIN* (Employee Unique Identification Number)	Registered Investment Adviser (RIA) Code	For Office use only
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I/We confirm that the EUIIN 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

Mandatory	Name of First/Sole Applicant Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		Mobile*	PIN Code*
	Name of Second Applicant Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		Mobile*	PIN Code*
	Name of Third Applicant Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		Mobile*	PIN Code*
	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				

Bank Name..... Bank Name..... Bank Name.....

Cheque No..... Dated..... Cheque No..... Dated..... 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)

Sr. No	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date	Frequency	SIP Top Up (Optional)	Start Month/Year	End Month/Year (Default Dec 2099)#
1	Scheme Plan: Option:		<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> Weekly@ <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ ₹ Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y <input type="checkbox"/> Till Further Notice
2	Scheme Plan: Option:		<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> Weekly@ <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ ₹ Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y <input type="checkbox"/> Till Further Notice
3	Scheme Plan: Option:		<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> Weekly@ <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ ₹ Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y <input type="checkbox"/> Till Further Notice

*Default frequency; #The end date 01/12/2099 as end date for not specified by the investor. This will be considered in both Online and Physical modes (refer Guide to investing through SIP).
 ^ Top up amount should be in multiples of ₹ 500 only; ^ Quarterly SIP offers top-up frequency at yearly intervals only; @Only on Wednesdays

DEMAT Account Details

<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.

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 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.

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 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 Signature
	Second Unit Holder's Signature
	Third Unit Holder's Signature

NACH/OTM Registration

	For office use only	UMRN	Date	DDMMYY	①
Sponsor Bank Code		Create <input type="radio"/> Modify <input type="radio"/> Cancel <input type="radio"/>			
Utility Code	I/We authorise		SUNDARAM MUTUAL FUND		
② To debit Tick (✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others.....	Bank A/c No		③		
④ With Bank	Name of customers bank	IFSC	or MICR	⑤	
⑥ An amount of ₹ (in words)		₹			
DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount		FREQUENCY <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented			
⑦ Reference 1	URN	Reference 2	Folio No ⑧		
⑨ Phone No	Email ID		⑩		
⑪ PERIOD	From	Signature of the Primary Holder		Signature of the Joint Account Holder ⑫	
	To	Signature of the Joint Account Holder		Signature of the Joint Account Holder ⑬	
or <input checked="" type="checkbox"/> Until Cancelled	1	2	3	⑭	

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.

General Instructions

1. This facility is offered to investors having Bank accounts in select banks (269) mentioned in our application form. The Banks in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of Sundaram Asset Management Ltd (“SAMC”), Sundaram Trustee Company Ltd. (“Trustee”) or Sundaram Mutual Fund (“SMF”) without assigning any reasons or prior notice. SIP instructions for investors in such Banks via NACH route will be discontinued.
2. The AMC/ Trustee/ SMF will not be liable for any transaction failures due to rejection by the investors bank/branch.
3. SIP through NACH/OTM Facility is available SIP only on 1st / 7th / 14th / 20th / 25th of the month. In case these days are non-business days for the scheme, then SIP will be processed on the next business day.
4. The investor agrees to abide by the terms and conditions of NACH facility of NPCI.
5. Investor will not hold AMC / Trustee / SMF and its service providers responsible if the transaction is delayed or not effected by the Investor’s Bank or if debited in advance or after the specific SIP date due to various reasons or for any bank charges debited by his banker in his account towards NACH Registration / Cancellation / Rejections.
6. The AMC/ Trustee/ SMF reserves the right to reverse allotments in case the NACH/OTM is rejected by the bank for any reason whatsoever.
7. The AMC/ Trustee/ SMF shall not be responsible and liable for any damages/compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using the facility of NACH/OTM and takes full responsibility for the same.
8. The AMC/Trustee reserves the right to discontinue or modify the SIP facility at any time in future on a prospective basis.
9. The AMC/ Trustee reserves the right to discontinue the SIP in case of Direct Debit through NACH routes are rejected by the investor bank for any reasons.
10. For scheme related details, please refer to the Scheme Information Document (SID) / Key Information Memorandum (KIM) and the addendum issued from time to time.
11. The AMC/ Trustee reserves the right to reject any application without assigning any reason thereof.
12. SIP cancellation can be done separately by submitting the request at least 21 Business days in advance; however the associated NACH mandate can be retained for future investments.
13. For intimating the change in bank particulars, please use the NACH/OTM Form to modify transaction limit or add / remove banks from the NACH/OTM facility. Also fill-up all the relevant details as applicable. Requests for any changes / cancellation in the NACH Bank Mandate request should be submitted at least 30 Business days in advance.
14. In case of Micro SIPs, please refer to KIM under “your guide to fill the application form” for more details.
15. **SIP Frequency**
 - Weekly every Wednesday (For Minimum amount of ₹ 1000, Minimum No. of installments is 5)
 - Monthly (For Minimum amount of ₹ 100, minimum No. of installments is 20)
 - Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 7)
16. SIP default date is 7th of every month, if no date is mentioned
17. **In case of SIP transaction where the mode of payment is through NACH/ECS/SI/Auto Debit, investors are required to submit SIP request at least 30 days prior to the date of first instalment**

The following applications will be considered as ‘Not In Good Order’ (NIGO) and are liable to be rejected:

- If folio number mentioned in the Fresh / Additional Purchase, SIP NACH/OTM form, Switch, STP, SWP & NCT request does not match Folio Number mentioned in NACH/OTM registration mandate Form.
- If the folio number mentioned in the NACH/OTM mandate registration form does not match with our record, the NACH/OTM mandate will not be registered.
- If the SIP period mentioned in SIP via NACH/OTM form is beyond the NACH/OTM validity period or NACH/OTM validity period expired.

Following fields need to be filled mandatorily

1. Date: In format DD/MM/YYYY
2. Bank A/c Type: Tick the relevant box
3. Fill Bank Account Number
4. Fill name of Destination Bank
5. IFSC / MICR code: Fill respective code
6. Mention Maximum Amount
7. Reference 1: Mention Folio Number
8. Reference 2: Mention Application Number
9. Telephone Number (Optional)
10. Email ID
11. Period: Starting date of NACH registration (in format DD/MM/YYYY)
12. Signature as per bank account
13. Name: Mention Holder Name as Per Bank Record

Other Instructions

- NACH/OTM Bank Mandate can be used for both SIP and Lump Sum Purchase.
- Investors are allowed to perform Lump sum purchase and SIP on a same day provided the NACH/OTM bank account has the adequate funds to honor multiple debits
- NACH/OTM is applicable for both Individual and Non-Individual
- Registration of Multiple NACH/OTM forms is acceptable with different Bank and Accounts.
- Per transaction limit should be less than or equal to the amount as mentioned in NACH/OTM Form already registered or submitted, if not registered

- Investors are required to submit “NACH/OTM” registration first and only after successful registration an existing “NACH” associated with a SIP can be cancelled.
- NACH/OTM request will be accepted only if the “Bank” mentioned in the request form is listed in the NACH banks list. Please contact offices of Sundaram Asset Management Company/ visit www.sundarammutual.com for updated list of banks eligible for NACH/OTM Facility.
- Submitting NACH/OTM form does not confirm your investments in SMF unless supported by SIP Investment Form or Common Transaction forms
- Sundaram Mutual will initiate debit instructions to the investor bank account only on receipt of valid investment instruction from the investor.
- For other Terms and Conditions governing NACH/OTM payments please refer KIM or www.sundarammutual.com
- NACH/OTM is applicable only for investments via debit instructions
- By submitting the NACH/OTM the investor authorizes Sundaram Mutual to utilize the information provided herein for the purpose of his/her investments in Sundaram Mutual Fund, including creation of a folio
- Investors are deemed to have read and understood the requirements and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) and all other scheme related documents