

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.
ARN-183038			E			

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 inappropriateness, 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 <small>(Name of First / Sole Applicant as per demat account)</small>			

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	[Grid for Name]													
PAN	[Grid for PAN]								DOB	[Grid for DOB]				
CKYC	[Grid for CKYC]													
KIN	[Grid for KIN]													
Mobile No*	[Grid for Mobile No]							Email ID*	[Grid for 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	[Grid for Name]												
PAN	[Grid for PAN]								DOB	[Grid for DOB]			
CKYC	[Grid for CKYC]												
KIN	[Grid for KIN]												
Relationship of guardian	[Grid for Relationship]												

SECOND HOLDER DETAILS													
Name	[Grid for Name]												
PAN	[Grid for PAN]								DOB	[Grid for DOB]			
CKYC	[Grid for CKYC]												
KIN	[Grid for KIN]												

THIRD HOLDER DETAILS													
Name	[Grid for Name]												
PAN	[Grid for PAN]								DOB	[Grid for DOB]			
CKYC	[Grid for CKYC]												
KIN	[Grid for KIN]												

Application Form

4. INVESTMENT & PAYMENT DETAILS

		Payment Type <input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form') <input type="checkbox"/> 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"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep*	Dividend Frequency (For Fixed Income Funds only): <hr/> <i>(applicable as per SID & KIM of respective Funds)</i> *Dividend Sweep Target Scheme			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep*	Dividend Frequency (For Fixed Income Funds only): <hr/> <i>(applicable as per SID & KIM of respective Funds)</i> *Dividend Sweep Target Scheme			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep*	Dividend Frequency (For Fixed Income Funds only): <hr/> <i>(applicable as per SID & KIM of respective Funds)</i> *Dividend Sweep Target Scheme		
			<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth						<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth			
(*If target scheme is not mentioned for Dividend Sweep, default scheme is "Sundaram Money Fund") 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	<small>Figures:</small> <small>Words:</small>											
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	Drawn on Bank, Branch					

5. BANK ACCOUNT DETAILS FOR PAYOUT

IFSC CODE	<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"/>	MICR	<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"/>				
Bank Account No	<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"/>						
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

Address of First / Sole Applicant

Town:	City/District:	State:	PIN Code:

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

6. 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 OTM/NACH (please submit SIP Registration Form)

SIP Period	SIP Date	SIP Frequency
SIP Starting SIP Ending <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"/>	for Monthly/Quarterly frequency only <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25	<input type="checkbox"/> Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5) <input type="checkbox"/> Monthly (Minimum amount ₹ 100 Minimum No of installments 20) <input type="checkbox"/> Quarterly (Minimum amount ₹ 750 Minimum No of installments 7)
Each SIP Amount ₹ <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"/>		

Normal STP		SWP	
Source Scheme		Scheme	
Target Scheme		Amount / percentage (figures)	
Amount / percentage (figures)		Amount / percentage (words)	
Amount / percentage (words)		Frequency	Weekly / Monthly / Quarterly
Frequency	Weekly / Monthly / Quarterly	Preferred SWP date	Please write the debit date as per SID
Preferred STP date	Please write the debit date as per SID	SWP Period	Please write the debit date as per SID
STP Period	From Date To Date	SWP Period	From Date To Date

7. NOMINATION DETAILS If you do not wish to nominate Tick here

1st Nominee Name:

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

Relationship:.....
 Address:.....

If nominee is a minor:
 Date of birth:
 Name of Guardian:.....
 Address of Guardian:.....

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

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2nd Nominee Name:

Relationship:.....
 Address:.....
 Proportion (%)* in which units will be shared by second nominee.....%

3rd Nominee Name:

Relationship:.....
 Address:.....
 Proportion (%)* in which units will be shared by third nominee.....%

** Proportion (%) in which units will be shared by each nominee should aggregate to 100%*

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

8. 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"/>	D	D	M	M	Y	Y	Y	Y
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y

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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. 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.

SUNDARAM MUTUAL Acknowledgement Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, 1 & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)	Application No. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	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.
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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.

(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 ARN-183038	Sub-broker's ARN (Code)	Sub-broker Code (internal)	EJIN* (Employee Unique Identification Number) E	Registered Investment Adviser (RIA) Code	For Office use only
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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

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..... Dated..... Bank Name..... Dated..... Bank Name..... Dated.....
 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 2031)#
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	MM YY YY YY	MM YY YY YY <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	MM YY YY YY	MM YY YY YY <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	MM YY YY YY	MM YY YY YY <input type="checkbox"/> Till Further Notice

*Default frequency; #The date may be taken as 31/12/2031 in case the bank needs to input a specific date in their system (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

SF SUNDARAM MUTUAL UMRN _____ For office use only Date DD|MM|YY|YY|YY

Tick (✓)	Sponsor Bank Code _____	Utility Code _____
Create	I/We hereby authorise SUNDARAMMUTUALFUND 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.....	
Modify	Bank Account No _____	
Cancel		

④ With Bank Name of customers bank _____ IFSC _____ or MICR _____

⑥ This is an amount of ₹ (in words) _____ ₹

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

⑦ Reference 1 Folio No _____ Phone No _____

⑧ Reference 2 Application 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.

⑩ PERIOD From DD|MM|YY|YY|YY To DD|MM|YY|YY|YY
 or Until Cancelled
 1 _____ Signature Primary Account holder
 2 _____ Signature Account holder
 3 _____ Signature Account holder

• 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.
 • 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.
 I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).