

SIP Registration / Renewal Form / Modification - NACH / One Time Mandate (OTM) (First time investors should use this form along with the application form)

□ Aut tak	to Debit ces Ten c	as applicable: Form is attached lays. Form is already re	ich	ISC's signature & Time Stamping								
		154960	imber)	For Office use only								
or adv Distrib	□ 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. 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											
Existing Investor Folio No. New Investor Application No.												
PAN/	PEKRN	& KYC										
		S	ole/First App	licant/Guardian		Sec	ond Applica	nt/Gu			Third Applicant	
Pleas	se tick 🛭	☑ □ SIP Regi	stration 🗆	SIP with Top-up F	Registr	ation 🗆 SIP	Change in	Bank			copy of cancelled chequalls in the form and OTM	
KYC	complia	ant 🗆 Yes 🗆 No	(if no, please	provide KYC prod	of/addi	itional docume	nts if not su	bmitte				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sr. No	Scher	me/Plan/Option	/Sub-option	SIP Installment Amount (₹)	t	SIP Date	IP Date Frequency SIP				Start Month/Year	End Month/Year (Default Dec 2031)#
1					☐ 1 st		th ☐ WeekI☐ Month☐ Quarte	nly*	Top-up amount \$ Rs Top-up Freqency ^ [Half-vearly ☐ Yearly	MMYYYY	M M Y Y Y Y ☐ Till Further Notice
2					☐ 1 st	□ 7 th □ 14	□ \MookI	y nly*	Top-up amount \$ RsTop-up Frequency ^		MMYYYY	M M Y Y Y Y ☐ Till Further Notice
3					☐ 1 st	☐ 7 th ☐ 14	th Weekl	y nly*	Top-up amount \$ Rs			MMYYYY
*Defai	ult freque	ncv [.] #The date ma	v he taken as 3	1/12/2031 in case to			Quarte	,	Top-up Fregency ^ 🗌	, , ,	nvesting through SIP)	☐ Till Further Notice
\$ The a	amount s	hould be in multip		only; ^ Quarterly SIP						. Garas to n	modern gramma gramma n	
		ount Details										
☐ Ce	entral Dep	curities Depository	ndia) Ltd. D	epository Participan P ID Number				•	ount Number			
Declarat KIM till d	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: IWe • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issued to the SID and KIM tilldate • hereby apply for units under the schemels) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the schemels) as policy of the content of the schemels of the											
Informati	ion/docume	ntation that may be require	ed in connection with		 Debit	Form-NAC	H/OTM I	 Reai:	stration			
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With	n Bank		Name of	customers bank			sc				or MICR	5
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		· · L	☐ Quarterly	☐ Half Yearly	□ Year	1y □ As & wh	en presente	ed	DEBIT ⁻	TYPE □ I	Fixed Amount 🗆 M	laximum Amount
① Refer	rence 1	Fo l io No		,			Phone No					9
® Refer	rence 2	Application No)				Email ID					(10)
I agre	ee for th			g charges by the	Bank	whom I am au	thorizing to	debit	my account	as per late	est Schedule of char	ges of the Bank.
From To												
				as in bank recor tood and made by me/us.lar		na the user entity/cornor	Name as in		. 1000103	3_	Name as in ba	®

[•] This is to commitment the decaration has been carrently read understood and made by melois, and authorising the user employed properties of each of the state o



Application Form
Please refer to Product labelling details available on cover page and Your Guide To
Fill The Application Form (pages 23-26) before proceeding

Channel Partner / /	Agent I	nform	nation																	Se	eria	ıl No	:EG	!							
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inappropriateness,if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. First/Sole Applicant/ Second Third														_																	
Guardian				olicant								Applican	t							dis	trik	outo	rs	base	.o ≀ ed	on on	the	e in	d dire egiste ivest	ors	
1. Existing Investo																												tribu		unig	
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If yes, please pro									[p. 00.,						10	10 14								—	Щ.		—	Щ.		╛
2. New Investor In	nformat	tion (refer in	struc	ction	2)																									
Name of First/Sole	Applica	ant G	ender*	□ M	lale [⊒ Fe	emal	e 🗆	Oth	ers	ı	ı	1	1	ı	ı	1		1	1	Na	me	and	Do.	Ва	s pe	<i>∍r A</i> ∣	adh	aar	car	<i>1</i>
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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) (r	efer instruction 3) ☐ Individual	\square Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO									
Status of First/Sole Applicant [Please (🗸)]	Occupation Details [Please (🗸)]	Gross Annual Income (in ₹) [Please (✓)]	PEP Status								
☐ Listed Company	(To be filled only if the applicant is an individual)	First Applicant	First Applicant								
☐ Unlisted Company	First Applicant	☐ Below 1 Lac ☐ 1-5 Lacs	For Individuals [Please (/)] Politically Exposed								
☐ Individual	☐ Private Sector Service ☐ Public Sector Service	e	Person (PEP) Status (Also applicable for authorised								
☐ Minor through guardian	☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist	□ > 25 Lacs - 1 Crore □ > 1 Crore (or)	signatories/Promoters/Karta/Trustee/Whole time Directors) ☐ I am PEP								
☐ HUF	☐ Retired ☐ Housewife	Net-worth (Mandatory for non-individuals) ₹	☐ I am related to PEP ☐ Not Applicable								
☐ Partnership	☐ Student ☐ Forex Dealer	, , , , , , , , , , , , , , , , , , , ,	For Non-Individuals providing any of the below								
·	☐ Others (please specify)	as on	mentioned services [Please (🗸)]								
☐ Society/Club	Second Applicant	— IDIDIMIMIYIYIYIYI (Not older than one	☐ Foreign Exchange/Money Changer Services								
☐ Company	☐ Private Sector Service ☐ Public Sector Service		☐ Gaming/Gambling/Lottery/Casino Services								
☐ Body Corporate	☐ Government Service ☐ Business	Second Applicant	☐ Money Lending/Pawning								
☐ Trust	☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife	☐ Below 1 Lac ☐ 1-5 Lacs	□ None of the above Second Applicant								
☐ Mutual Fund	☐ Student ☐ Forex Dealer	☐ 5-10 Lacs ☐ 10-25 Lacs	(To be filled only if the applicant is an individual)								
□ FPI	Others(please specify)	□ > 25 Lacs - 1 Crore	□ I am PEP								
☐ NRI-Repatriable	Third Applicant	> 1 Crore (or) Net-worth	☐ I am related to PEP								
☐ NRI-Non-Repatriable	☐ Private Sector Service ☐ Public Sector Service	e Third Applicant	☐ Not Applicable								
☐ FII/Sub account of FII	☐ Government Service ☐ Business	☐ Below 1 Lac ☐ 1-5 Lacs	Third Applicant								
☐ Fund of Funds in India	☐ Professional ☐ Agriculturist	☐ 5-10 Lacs ☐ 10-25 Lacs	(To be filled only if the applicant is an individual)								
□ QFI	☐ Retired ☐ Housewife	□ > 25 Lacs - 1 Crore	☐ I am PEP								
-	Student Forex Dealer		☐ I am related to PEP								
☐ Others (please specify	/) Others(please specify)	☐ > 1 Crore (or) Net-worth	☐ Not Applicable								
4. FATCA-CRS DETAILS F	or Individuals & HUF (Mandatory)	Ion Individual investors should mandat	orily fill separate FATCA-CRS Annexure								
The below information is requi	ired for all applicant(s) / guardian / PoA	holder									
Category	First Applicant/Guardian	Second Applicant	Third Applicant								
Are you a Tax Resident of Country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
2. Is your Country of Birth/ citizenship other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
3. Is your Residence address / Mailing address / Telephone No. other than in India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
If you have answered YES to	any of above, please provide the below	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	☐ Residential ☐ Business	☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office	☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office								
City of birth											
Country of birth											

\$ In case any of applicant being resident/ tax payer in more than one 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 doucments 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) Account Type [Please (✓)] ☐ Savings ☐ Current ☐ NRE* ☐ NRO* ☐ FCNR* ☐ Others..... Cheque MICR No *If the payment is by DD or source of fund is not clear on the Cheque RTGS / NEFT / IFSC Code 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. 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 □ Regular □ Direct □ Regular □ Direct □ Regular □ Direct Dividend ☐ Payout ☐ Re-Investment ☐ Sweep Dividend ☐ Payout ☐ Re-Investment ☐ Sweep Dividend ☐ Payout ☐ Re-Investment ☐ Sweep ☐ Growth ☐ Others .. ☐ Growth ☐ Others ☐ Growth ☐ Others .. Dividend Frequency: (For Fixed Income Funds only) Dividend Frequency: (For Fixed Income Funds only) Dividend Frequency: (For Fixed Income Funds only) ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly □ Daily □ Weekly □ Fortnightly □ Monthly □ Daily □ Weekly □ Fortnightly □ Monthly Option □ Quarterly □ Half-Yearly □ Annual ☐ Quarterly ☐ Half-Yearly ☐ Annual 🗌 Quarterly 🗌 Half-Yearly 🗎 Annual **Dividend Sweep Target Scheme (Fund) Dividend Sweep Target Scheme (Fund) Dividend Sweep Target Scheme (Fund)** (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** OTM Cheque DD Number RTGS Fund Transfer Bank/Branch In case of third party payment (refer instruction 7): Please download (www.sundarammutual.com) and attach the third party declaration form 8. DEMAT Account Details (refer instruction 8) ☐ National Securities Depository Ltd. Depository Participant DP ID Number Beneficiary Account Number ☐ Central Depository Services (India) Ltd. 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 Frequency** Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5)
 Monthly (Minimum amount ₹ 250 Minimum No of installments 20) SIP Starting SIP Ending for Monthly/Quarterly frequency only □ 1 □ 7 □ 14 □ 20 □ 25 M M Υ ☐ Quarterly (Minimum amount ₹ 750 Minimum No of installments 7) No. of First SIP Cheque No **Last SIP Cheque No PDCs Each SIP Amount** Refer Guide to investing through SIP Turn overleaf for Declaration &
∠Signature (Mandatory) → → → Serial No: EQ Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, Acknowledgement I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI) 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, Chennal-600034. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI).

ISC's Signature & Stamp

10. Nominee (available o	only for individuals) (r	efer instruction 10)	☐ I wish to nominate the fo	llowing person(s)									
1st Nominee		2nd Nominee		3rd Nominee									
Name:				Name:									
Relationship:				Relationship:									
Address:				Address:									
Proportion (%)* in which u nominee%		rst Proportion (%)* ir nominee	n which units will be shared by first%	Proportion (%)* in which units will be shared by first nominee%									
If nominee is a minor:		If nominee is a m		If nominee is a minor: Date of birth:									
Date of birth:			······································										
		Address of Guard	ian:										
☐ I do not wish to choos	* Proportion (%) in which units will be shared by each nominee should aggregate to 100% ☐ I do not wish to choose a nominee. Signature of investor(s)												
1st / Sole Applicant / Guardian 2nd Applicant 3rd Applicant													
1. Declaration, Certification & Signature (refer instruction 11)													
of twelve months (applicable for PAN/A Schemes of various Mutual Funds from Applicable to NRIs only: Please (/) III or from funds in my/our Non-Resident I/We hereby declare that all the particula agents, service providers, representativ intimating any changes to the above pato such information as and when provi without any obligation of advising me/. Certification: I/We have understood the correct, and complete. I/We also confir	eclaration: 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) a dicated 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 irectly 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 fewelve months (applicable for PAN/Aadhaar 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 chemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. **pplicable to NRIs only: Please (7) □ 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 channel rifrom 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. 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, authorise gents, service providers, representatives of the distributors liable for any consequences/osses/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 timating 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												
I/We agree to indemnify Sundaram Ass respect of any other information as ma	set ivianagement Company Limite	a in respect of any faise, misie	ading, inaccurate and incomplete information reg	arding my/our "U.S. person" status for U.S. federal income tax purposes. or i									
Sundaram Mutual Fund u I/We hereby give you my/o Plan of all Schemes mana	□ (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													
Consent & Signature for Aadhaar I/We hereby provide my / our consent to Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited (RTA) for the following: For validating my Aadhaar Number with UIDAI through an authorized entity. For updating/seeding my Aadhaar number based on the PANs in all my accounts maintained with your Fund for KYC & or related due diligence purpose in line with PMLA requirements, UIDAI guidelines and Account enrichment purpose. I/We authorize Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited to authenticate data in accordance with UIDAI (Authentication) Regulations. I/We hereby provide my / our consent for sharing the Aadhaar data / information with other Mutual Funds / RTAs for updating the same in my / our folios held with them, now or to be created in future. I/We further declare that this consent will remain valid for Updation in all my / our existing & new folios serviced by Sundaram BNP Paribas Fund Services Limited. The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations. I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. Where the client													
holding an authority to transact on ber	nalf of such entity is not eligible to	be enrolled for Aadhaar and d	oes not submit the PAN, certified copy of an offici	ally valid document shall be submitted.									
Name of First / Sole Applicant / Guardian Name of Second Applicant Name of Third Applicant													
Date:/			series - delessamos	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									
	☐ Lumpsum Purchase	=											