🚅 SUNDARAM MU	TUAL		۸.	Know Your Client (
		(Please fill the for	rm in English and in	pplication Form (For Individuals BLOCK Letters) Fields marked with (*' are mandated	oniy) arv fields
stematix ARN: 64917 EUIN:	E-029678		Ŭ		
Application Type* □ New KYC Type* □ Norn	Update 🗆 Update		KYC Ni		
		stors (Refer instruction K)	**Manda	atory for KYC update only; KYC Number issued by Central KYC	C Registry.
1. Identity Details (Please					
PAN		Please enclo	se a duly attested cop	by of your PAN Card	
	Prefix	First Name		Middle Name Last Name	
Name* (same as ID proof)					
Maiden Name (If any*)					
Father / Spouse Name*					
Mother Name*					
Date of Birth*	D D —	M M — Y Y Y Y		Pho	to
Gender*	M- Male		□ □ F- Female	T- Transgender	
Marital Status*	□ Married		Unmarried		
Citizenship*	□ IN- Indiar	1 I	Others – Country		
Residential Status*	Resident		\Box Non Resident Indi		
	Foreign N		Person of Indian C		
Occupation Type*	0	e	Public Sector	Government Sector	
Cooperior Type	□ 0-Others		Self Employed	□ Retired □ Housewife □ Student Signat	ture/
	B-Busine		X-Not Categorised	Thumb Imp	pression
2. Proof of Identity (Pol)*			0	(Please refer instruction C & K at the end)	
(Certified copy of <u>any one</u> of th					
A - Passport Number				Passport Expiry Date D D - M M - Y	YYY
🗆 B - Voter ID Card					
D - Driving Licence				Driving Licence Expiry Date D D - M M - Y	YYY
🗆 E - Aadhaar Card					
F - NREGA Job Card					
Z - Others (any document notion	fied by the central g	government)		Identification Number	
3. Proof of Address (PoA)	*				
3.1 Current / Permanen	t / Overseas	Address Details (Please	see instruction D at th	ne end)	
Address					<u>, , , , , , , , , , , , , , , , , , , </u>
Line 1*					
Line 2					
Line 3				City/Town/Village*	. 1000
District*		Zip / Post Code*		State/UT Code as per Indian Motor Vehicle Ac	
State/UT*			Country*		r ISO 3166
	dential / Busi		Business	□ Registered Office □ Unspecified	
(Certified copy of <u>any one</u> of th	ne following Pro	of of Address [PoA] needs to	o be submitted)		
Proof of Address*		· · · · · · · · · · · · · · · · · · ·			
Passport Number			· · · · · · · · · · · · · · · · · · ·	Passport Expiry Date D M Y	YYY
□ Voter ID Card					
□ Driving Licence				Driving Licence Expiry Date D D - M M - Y	YYY
🗆 Aadhaar Card					
□ NREGA Job Card					
Others (any document notified b	by the central gove	rnment)		Identification Number	
□ 3.2 Correspondence / L	ocal Addres	s Details* (Please see ins	struction E at the end)		
-			,	local addresses, please fill 'Annexure A1'. Submit relevant documentary proof	f)
Line 1*					
Line 2					
Line 3				City/Town/Village*	
District*		Zip / Post Code*			+ 1099
State/UT*			Country*	Country Code as per	r ISO 3166
www.sundarammutu	ial com		1	Sundaram Asset Manage	omont

4. Contac	ct De	etai	ls (/	All c	om	mu	nica	atior	is v	vill k	be :	sent	or	n pro	ovic	led	Mc	bile	no	. / E	Ema	uil-IC) (Plea	se	refe	er ir	nstr	uct	ion	F a	it the	e e	nd)									
Email ID																																											
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Fax No.					-																																						
5. Additio																				or T	ax F	Purp	os	es in	Ju	risd	ictic	on(s	s) O	utsi	ide	India	a (F	leas	se i	refer	ins	struc	ctio	n B	at th	ne ei	nd)
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SUNDARAM MUTUAL	Annexure A1 – Addition / Modification / Change of Address – Correspondence / Local Address
Fields marked with '*' are mandator	y fields. Please fill the form in English and in BLOCK letters.
Systematix ARN: 64917 EUIN: E-029678 For office use only (To be filled by financial institution)	Application Type* New Update/Change KYC Number (Mandatory for KYC update request)
□ 1. Correspondence / Local Address Details (F	Please see instruction E at the end) Enclose relevant documentary proof
Same as Current / Permanent / Overseas Addr	ress details
Line 1*	
Line 2	
Line 3	City/Town/Village*
District*	Cip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT*	Country* Country Code as per ISO 3166
□ 2. Contact Details (All communications will be	sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)
Email ID	
Mobile	Tel.(Off)
Fax	
3. Applicant Declaration	
you of any changes therein, immediately. In case any misrepresenting, I am aware that I may be held liable for contravention of any Act, Rules, Regulations or any statu or statutory authority from time to time.	and correct to the best of my knowledge and belief and I undertake to inform of the above information is found to be false or untrue or misleading or it. I hereby declare that I am not making this application for the purpose of te of legislation or any notifications/directions issued by any governmental Registry through SMS/Email on the above registered number/email address.
Date: DD-MM-YYY Pla	CE: Signature / Thumb Impression of Applicant

	RAM MUTUAL Annexure B1 – Addition/Deletion of Related Persons
Fields marked with	" are mandatory fields. Please fill the form in English and in BLOCK letters.
Systematix ARN: 6491 For office use only (To be filled by financial	Application Type* New Update/Change
□ 1. Details of Related F	erson (please refer instruction G at the end)
Addition of Related Pe	rson ☐ Deletion of Related Person KYC Number of Related Person (if available*)
Related Person Type* Name*	Guardian of Minor Assignee Authorized Representative Prefix First Name Middle Name Last Name Image: State of the stat
Proof of Identity [Pol] of	Related Person* (Please see instruction (H) at the end)
🗆 A - Passport Number	Passport Expiry Date D D M Y Y Y
🗆 B - Voter ID Card	PAN Card Image: Control of the second s
D - Driving Licence	Driving Licence Expiry Date D M Y Y
🗆 E - Aadhaar Card	
□ F - NREGA Job Card	
Z - Others (any document no	tified by the central government)
2. Applicant Declaration	
you of any changes thereir misrepresenting, I am aware contravention of any Act, Ru or statutory authority from tir	ails furnished above are true and correct to the best of my knowledge and belief and I undertake to inform , immediately. In case any of the above information is found to be false or untrue or misleading or that I may be held liable for it. I hereby declare that I am not making this application for the purpose of les, Regulations or any statute of legislation or any notifications/directions issued by any governmental ne to time. information from Central KYC Registry through SMS/Email on the above registered number/email address.
Date: DD-MM	- Y Y Y Place: Signature / Thumb Impression of Applicant
3. Attestation / For Offic	e Use Only
Documents Received	
	C Verification Carried Out by Institution Details
Date:	- M M - Y Y Y Y N Name
Emp. Name	
Emp. Designation	
Emp. Branch	
	[Employee Signature]

SUNDARAM MUTUAL		Supplementary C	Know Your Client (KYC) KYC Form (For Individuals only)
matix ARN: 64917 EUIN: E-029678			additionally filled by customers using old KYC form)
(Please fill the form in English and in BL Fields marked with * are mandatory field		KYC Type*	Normal (PAN is mandatory) PAN Exempt Investors
1. Identity Details (Please refer instruct	tion A at the end)		
PAN	Please en	close a duly attested copy of your	r PAN Card
Prefix	First Name	Middl	le Name Last Name
Name* (same as ID proof)			
Maiden Name (If any*)			
Mother Name*			
Residential Status*	Individual	□ Non Resident Indian	
		Person of Indian Origin	
5	e	0	vernment Sector
□ O-Others		Self Employed	
□ B-Busine		□ X-Not Categorised	
2. FATCA/CRS Information (Tick if Application		5	risdiction(s) Outside India (Please refer instruction B at the end)
Additional Details Required* (Mandatory	y only if above option i	s ticked)	
Country of Jurisdiction of Residence*			f Jurisdiction of Residence as per ISO 3166
Tax Identification Number or equivalent			
Place / City of Birth*		Country of Birth*	Country Code as per ISO 3166
Address Same as Current / Permane	ent / Overseas Addres	s Details; 🗀 Same as Correspon	
Line 2			
Line 3			City/Town/Village*
District*	Zip / Post Co	de*	State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT*		Country*	Country Code as per ISO 3166
3. Details of Related Person (Optional)) (please refer instructi	on C at the end) (in case of additi	ional related persons, please fill 'Annexure B1')
Addition of Related Person	tion of Related Person	KYC Number of Related Perso	on (if available*)
Related Person Type*		8	norized Representative
Name*	First Name		ile Name Last Name
	ber and name are pro	vided, below details of section 3	are optional)
□ Proof of Identity [Pol] of Related Pers			
Certified copy of any one of the following Pro	x	. , , ,	
A. Passport Number		Passo	ort Expiry Date
B. Voter ID Card			
C. PAN Card			
D. Driving Licence		Driving	Licence Expiry Date D D - M M - Y Y Y
E. Aadhaar Card			
F. NREGA Job Card			
Z-Others (any document notified by the central g	overnment)	Identifi	ication Number
4. Remarks (If any)			
5. Applicant Declaration	and obour are true - 1	correct to the bast of such as the	re and helief and
 I hereby declare that the details furnish I undertake to inform you of any chang be false or untrue or misleading or mis that I am not making this application for of legislation or any notifications/direct I hereby consent to receiving informati 	ges therein, immediate srepresenting, I am aw r the purpose of contra- tions issued by any gov	ly. In case any of the above inform are that I may be held liable for it. vention of any Act, Rules, Regulatic vernmental or statutory authority fro	nation is found to I hereby declare ons or any statute om time to time. [Signature / ThumbImpression]
number/email address.			_
Date: D D - M M - Y Y Y	Y Place:		Signature / Thumb Impression of Applicant
www.sundarammutual.com		1	Sundaram Asset Management

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Systematix /	ARN: 64917	' EUII	N: E-0	29678																										
For office us (To be filled	se only by financial i	nstitutio	on)			oplica YC Nu			*] New		Upd	late,	/Chan	lge					. ('Mar	nda	tory	for	КҮС	upd	ate	requ	iesi	t)
1. Details	of Related Pe	erson (please	refer ir	struct	tion C	at the	e en	d)																					
□ Addition of	f Related Pers	son 🗆	Deletio	on of Re	elated	Perso	on I	КҮС	Num	nber o	f Rela	ated	Per	rson (if	ava	ailable	e*)					Т			Т			Т		
Related Perso	on Type*	□ Gu Pre		n of Min		First N		Ass	ignee	Э				Authoi Middle			lep	rese	enta	tive				L	_ast N	lame				
Name*		(If KY	C numb	ber and n	ame a	re prov	vided,	belo	w det	ails of s	sectior	n 1 a	lre o	ptional																
Proof of Iden	ntity [Pol] of F	•				•									,															
A - Passpor	rt Number												Ра	sspor	t E:	xpiry	y D	ate			D			- N	1 M	—	Y	Y	Y	Y
🗆 B - Voter ID	Card												PA	N Car	ď															
🗆 D - Driving	Licence												Dri	iving L	_ice	ence	εE	xpir	y Da	ate	D) —	- N	1 M	—	Y	Y	Y	Y
🗆 E - Aadhaai	r Card																													
🗆 F - NREGA	Job Card																													
Z - Others (a	,	ified by th	e central	governmei	nt)								lde	entifica	atic	on N	lum	nber												
or statutory au • I hereby conse Date: D [3. Attestation	D – M M –	nformati	on from (_	YC Reç Place:		nrough	SMS	/Email	l on the	above	regis	stere	ed numb	ber/	emai	il ad	ldres	S.		-				humb			-	t	
Documents R	leceived 🗆	Certifie	ed Cop	oies																										
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 KYC number of a For particular se sections not required. Copies of all divide accompanied by then the copies mentioned under the number of a section of the section of the submitted. If any proof of id Name & address submitted. If correspondent Sole proprietor n For non-resident / PIOCard / OCIC In case of Merch is to be submitte 	of documents is ma applicant is mandatt action update, pleas uired to be updated ocuments that are y originals for verific should be properly r [1]. entity or address is i so of the applicant cce & permanent add nust make the applic s and foreign nation: Card and overseas a ant Navy NRI's, Mari ed.	ory for upd e tick (✓) submittec ation. In ca attested b in a foreigr mentionec dresses are cation in hi als, (allowe address pr ner's decla	In the box I need to ase the ori of entities I anguage I on the k e different, s individua ed to trade oof is man aration or c	available b be compu- iginal of any authorized e, then trans (YC form, s then proofs al name & c subject to l datory.	before the ilsorily s y docum for attes slation ini should n should n s for both apacity. RBI and f	elf-attest ent is noi ting the to English natch wit have to FEMA gu	ed by t t produc docume n is requ th the d be subn idelines)	he ap ed for nts, as ired. ocume nitted. I, copy	plicant verifica s per th entary p of pass	and ation, e list proof sport cate)	C. C	ertifica larific: Na in t Eiti na larific: Cas reg larific: Provid Clarific	ate/Ma ation ame: Pr the Pr the Pr her fa me is ation/ x ider social gistrat ation e KYC catior on ide	an accou ark sheet / Guidelin Please sta roof of Ide ther's nai mandato / Guidelin ntification / Guidelin / Guidelin / Guidelin C number n / Guideli n fication	t issu nes ate th entity me c ory. es o n Nu aid ju uival uival v/ ins oer). nes r of r lines	ued by on filli e nam y subn or spo n fillin mber urisdic ent"), i suranc on filli elated s on filli	/ Hig ing 'I ne with nitted use's g de (TIN ction the s c nu the s c nu the s c nu the s c nu the s c nu the s	her Se Identit th Pref d failin s nam stails if has is ame n umber, Relate son if 'Relate	econd ty Det ty	lary B mails's (Mrs/N b be n icant d not d not d not a hig e repor en/pe erson c able. •rson c	oard/ I section Ms/Dr/e e appli nandai reside be rep h integ rted. E rsonal details details details	Pass atc.). icatic torily nce f porte grity r xam ider s - Pr ny do	cort of The na on is lia furnish for tax d if it h humbe ples of ntificati tion coof of	Mino ame s bble to ned. I purp nas n r with that t ion/se Ident	r/Birth (hould n b be rej in case oses in ot been n an equ type of i vervices	Certifica natch th PAN is purisdiu n issue ni ssue ni	e narr not a ction(d by f level for inc umbe	ist be p ne as m vailabl s) outs the jur of ider dividua er, and Person govern	orovid nentio e fath isdict Ir disdict linclu resid resid	ded. bned her's ndia tion. ation. ation. ude, dent ction t)' is
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Systematix ARN: 64917 EUIN: E-029678

Annexure to Common Application Form No.:

Folio No		Permanant Account Number (PAN)	
KYC details (Mandatory) Individual	C] Non-Individual (Please attach mandatory Ultima	ate Beneficial Ownership (UBO) declaration form)
Status of First/Sole Applicant [Please (/)] Listed Company Unlisted Company Individual Minor through guardian HUF Partnership Society/Club Company Body Corporate Trust Mutual Fund	Occupation Details [Please (/)] (To be filled only if the applicant is an individual) First Applicant Private Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Professional Occupation Others Others Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Professional Agriculturist Betired Housewife Student Forex Dealer	Gross Annual Income (in ₹) [Please (/)] First Applicant □ Below 1 Lac □ 1-5 Lacs □ 5-10 Lacs □ 10-25 Lacs □ > 25 Lacs - 1 Crore □ > 1 Crore (or) Net-worth (Mandatory for non-individuals) ₹	PEP Status First Applicant For Individuals [Please (/)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am related to PEP Not Applicable For Non-Individuals providing any of the below mentioned services [Please (/)] Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above Second Applicant (To be filled only if the applicant is an individual)
FPI NRI-Repatriable NRI-Non-Repatriable FII/Sub account of FII Fund of Funds in India QFI Others	Chters	□ > 25 Lacs - 1 Crore □ > 1 Crore (or) Net-worth <i>Third Applicant</i> □ Below 1 Lac □ 1-5 Lacs □ 5-10 Lacs □ 10-25 Lacs □ > 25 Lacs - 1 Crore □ > 1 Crore (or) Net-worth	□ I am PEP □ I am related to PEP □ Not Applicable Third Applicant (To be filled only if the applicant is an individual) □ I am PEP □ I am related to PEP □ Not Applicable

FATCA-CRS DETAILS For Individuals & HUF (Mandatory)

Non Individual investors 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?	🗌 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 a	ny of above, please provide the below o	letails	
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 or Business □ Residential □ Business □ Registered Office 	 □ 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.

Declaration, Certification & Signatures

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 Auto Debit • 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 Rs. 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 (</) \Box 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 \Box Repatriation Basis \Box Non-Repatriation Basis. I/We further declare that I/We am/are not a citizen of 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.

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

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

Place:....

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.