

To be submitted mandatorily: 1. Your **FATCA** (Foreign Account Tax Compliance Act) Details (if not already submitted) and 2. **Ultimate Beneficial Owner (UBO)** information (for non-individuals only) using the attached forms.
KYC acknowledgement is mandatory for all investors w.e.f. 01/01/2011.
KYC compliant Yes No (if no, please provide KYC proof/additional documents if not submitted earlier)
CKYC compliant Yes No (if no, please provide CKYC form & proof/additional documents).
If yes, please provide 14 digit CKYC Number

ISC's signature
&
Time Stamping

Distributor's ARN & Name ARN: 64917	Sub-broker's ARN (code)	Sub-broker Code (internal)	EUIN* <small>(Employee Unique Identification Number)</small> E-029678
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*** Declaration for "Execution only" transaction (only where EUIN box is left blank)**
 I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signature of First/Sole Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
Transaction charges For Rs. 10,000 and above: <input type="checkbox"/> Existing Investor-Rs.100 <input type="checkbox"/> New Investor-Rs.150		Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including services rendered by the distributor.

Folio No

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

Additional Purchase

E-Mail

 Mobile No*

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

Fund Name	Plans: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Options: <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-Investment <input type="checkbox"/> Dividend Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Others..... Dividend Frequency: (For Fixed Income Funds only) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual Dividend Sweep Target Scheme..... <i>(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</i>
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Mode of payment: Cheque RTGS/NEFT Fund Transfer One Time Mandate (OTM)

Bank (on which Cheque is drawn or by which Demand Draft is issued) **Branch**

Amount (figures)	Amount (in words)	Cheque/DD No (attach a cancelled cheque leaf)	Cheque/DD Date
Rs			DDMMYYYY

Switch **Amount**..... **Units**.....

Source Scheme:(Fund) Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Options: Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Others Dividend Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual	TO	Target Scheme:(Fund) Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Options: Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Others Dividend Frequency: (For Fixed Income Funds only) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual Dividend Sweep Target Scheme..... <i>(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</i>
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Signature	<p>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/Aadhar 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.</p> <p>Applicable to NRIs only: Please (✓) <input type="checkbox"/> 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 <input type="checkbox"/> Repatriation Basis <input type="checkbox"/> Non-Repatriation Basis.</p> <p>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.</p>
First / Sole Applicant / Guardian	
Second Applicant	
Third Applicant	
Request Date	DDMMYYYY

Acknowledgement

Purchase Cheque /DD Number.....

Request Date:

Switch From..... (Scheme) To.....

Folio No <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	Fund
Plans: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Options: Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep or <input type="checkbox"/> Growth
Dividend Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual	Amount

Time Stamp/Seal

KYC details (Mandatory) Individual Non-Individual (Please attach mandatory Ultimate 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
- FPI
- NRI-Repatriable
- NRI-Non-Repatriable
- FI/Sub account of FI
- Fund of Funds in India
- QFI
- Others..... (please specify)

Occupation Details [Please (✓)]

(To be filled only if the applicant is an individual)

- First Applicant**
- Private Sector Service Public Sector Service
 - Government Service Business
 - Professional Agriculturist
 - Retired Housewife
 - Student Forex Dealer
 - Others..... (please specify)
- Second Applicant**
- Private Sector Service Public Sector Service
 - Government Service Business
 - Professional Agriculturist
 - Retired Housewife
 - Student Forex Dealer
 - Others..... (please specify)
- Third Applicant**
- Private Sector Service Public Sector Service
 - Government Service Business
 - Professional Agriculturist
 - Retired Housewife
 - Student Forex Dealer
 - Others..... (please specify)

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) ₹
..... as on
- Second Applicant**
- Below 1 Lac 1-5 Lacs
 - 5-10 Lacs 10-25 Lacs
 - > 25 Lacs - 1 Crore
 - > 1 Crore (or) Net-worth.....
- Third Applicant**
- Below 1 Lac 1-5 Lacs
 - 5-10 Lacs 10-25 Lacs
 - > 25 Lacs - 1 Crore
 - > 1 Crore (or) Net-worth.....

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)
- 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?	<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.

Certification & Signatures: 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.

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 withhold and pay out any sums from your account or close or suspend your account(s) 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.

Signature
First / Sole Applicant / Guardian
Second Applicant
Third Applicant