SUNDARAM MUTUAL

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 Application Form

 Please refer to Product labelling details available on cover page and Your Guide

 To Fill The Application Form (pages 12-15) before proceeding

Channel Partner / Agent	Inform	nation	1															Ser	ial N	lo:Fl						
Distributor's ARN & Name	Sub-	-broke	er's AF	RN (d	code)	Sub	-brokei	Code	e (inte	ernal)		Employe	E V e Unique	UIN'		umbari			19		6	ei	ar			' 0
Systematix												Employe	e onique	laenain	Callon IN	umber)		ISC's signature								
ARN: 64917													E-0	029	678	3			Ti	m	0	o t2	x ar	nr	in	a
* Declaration for "Execution	only"	' trans	actio		nlv wł	ere F	I IIN bo	y is le	oft hla	nk) [e hei	rehv	conf	irm t	hat t	the						CII	- P	/	9
EUIN box has been intentionative employee/relationship ma	ally left	blank	by me	/us a	as this	s trans	action i	s exec	uted v	witho	out an	y inte	eract	ion d	or ad	vice	by			action						
inappropriateness, if any, prov																		Upf	ont	comr	nissi	on s	shall	be r	aid o	-₹ 150 directly
First/Sole Applicant/ Guardian		Second Third Third Applicant T								cluding																
1. Existing Investor Inform	nation	(Pleas	se fill i	in yo	our Fo	lio No	o. and t	hen p	rocee	d to	Secti	ion 3	3)					serv	ices	rena	erea	by	the	uistri	DULO	r.
Please note that applica KYC compliant														Fo	olio N	lo										
2. New Investor Informa						oon aa		- current		(Gubi		oumo	.,													
Name of First/Sole Applic	ant G	endei	r 🗆 M	ale [⊟ Fei	male	Othe	ers			I	I	I	1	I		I	I	I	I	I	1		I	I	I
Permanent Account Number (I	PAN)								Dat	te of	Birth			M		_	Y 1									
Central KYC Number Name of Guardian (in case		ret / 9			ant is			ontao	t Dor	con	Doci		CKYC							,	otore) / E	004		dori	Jamo
										5011-		911a			,ase	0111), r 	-UA			Vallie
Permanent Account Number (I	ΡΔΝ)								Be	latio	onshi	in														
Central KYC Number												•	СКҮС) Pro	oof a	ittac	ched	(Mar] ndato	ory)						
Father's name (mandatory	if PAN	l not	provid	ed)																						
Go Green Services (Save T	he Fu	ture):	Pleas	e pr	ovide	Con	tact De	tails c	of Firs	st / S	ole A	Appli	cant													
E-Mail																										
STD Code			Telep												lobile											
Default Communication mo									ving c	locu	ment	(s) v	ia ph	iysic	al m	ode	: Ple	ase	tick	✓)						
Mode of Holding [Please						Join			□ Ar	nyon	e or \$	Surv	ivor													
Address of First / Sole Ap	plicar	nt								-																
																								\perp		
Town			City /								Sta	ite						F	Pin C	ode						
Overseas Address (in case	e of Ni	RIs/FI	ls) (M a	anda	atory)) 		1												I				T		I
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Name of Second Applicar	nt									1						1	_									
Permanent Account Number (I	PAN)								Dat	te of	Birth	D	D	М	Μ	Y	Y١	Y								
Central KYC Number													СКҮС	C Pro	oof a	ittac	ched	(Mar	ndato	ory)						
Name of Third Applicant	I	I	I	I	I	I	1	L I	1			I	I	ī	I	I		I	I	I	I	I		I	I	
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Permanent Account Number (I	PAN)								Dat	te of	Birth			M		-	Y 1	-	dat	201						
Central KYC Number	Form: ()			/Forei-		nt Tau O	mpliance	4) 0 1000	Addition	al D-+r'	le (# =c+		CKYC								armeti -	n /fee	in in i	in ideat	only D	
To be submitted along with the Application the Central KYC (CKYC) number in the boxe																										

www.sundarammutual.com

Application Form

3. KYC details (Mandatory) (r	efer instruction 3) Individual	I Don-Individual (Please	Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO						
Status of First/Sole Applicant [Please ()] Listed Company Unlisted Company Individual Minor through guardian HUF Partnership Society/Club</td <td>Occupation Details [Please (/)] (To be filled only if the applicant is an indi First Applicant Private Sector Service Public Sector Government Service Business Professional Agriculturist Student Forex Dealer Others</td> <td>r Service Below 1 Lac 5-10 Lacs > 25 Lacs - 1 Crore Net-worth (Mandatory for no</td> <td>on-individuals) ₹</td> <td>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</td>	Occupation Details [Please (/)] (To be filled only if the applicant is an indi First Applicant Private Sector Service Public Sector Government Service Business Professional Agriculturist Student Forex Dealer Others	r Service Below 1 Lac 5-10 Lacs > 25 Lacs - 1 Crore Net-worth (Mandatory for no	on-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					
Company Body Corporate Trust Mutual Fund FPI NRI-Repatriable NRI-Non-Repatriable	Private Sector Service Public Secto Government Service Public Secto Government Service Professional Agriculturist Retired Housewife Student Porex Dealer Third Applicant Private Sector Service Public Secto	Second A □ Below 1 Lac □ 5-10 Lacs r pecify) □ > 25 Lacs - 1 Crore □ > 1 Crore (or) Net-worth	- 1-5 Lacs - 10-25 Lacs	Gaming/Gambling/Lottry/Casino Services Gaming/Gambling/Lottry/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					
FII/Sub account of FII Fund of Funds in India QFI Others	Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others	□ Below 1 Lac □ 5-10 Lacs □ > 25 Lacs - 1 Crore	□ 1-5 Lacs □ 10-25 Lacs	Third Applicant (To be filled only if the applicant is an individual) I am PEP I am related to PEP Not Applicable					

4. FATCA-CRS DETAILS For Individuals & HUF (Mandatory) Non Indiv The below information is required for all applicant(s) / guardian / PoA holder

Non Individual investors should mandatorily fill separate FATCA-CRS Annexure

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
 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	w details	1
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.

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 gents 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,

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											Brar	nch													
Branch Address											Ban	k Cit	y (red	emption	will be	payab	le at th	nis locati	on)						
Cheque MICR No					Acc	oun	t Type	e [Ple	ease	(✓)]	🗆 Savir	ngs 🗆] Cur	rrent [] NF	RE* [] NF	RO* □	FCN	IR* □] Oth	ners			
RTGS / NEFT / IFS	C Code									*lf th	e paymen	t is by	DD or	source	e of fu	nd is i	not cle	ear on t	the Ch	eque le	eaf, pl	ease pr	ovide a	сору о	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, ING Vysya, 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.

7. Payment Details: Please issue a separate Cheque/Demand Draft favouring the scheme you wish to invest/One Time Mandate (OTM) (refer instruction 7)

			Amount		Net Amount	Payment Details				
Scheme Name	Plan	Option	Invested (₹)	DD Charges (₹)	Paid	OTM Cheque DD Number RTGS Fund Transfer	Bank/Branch			
	□ Regular □ Direct									
	□ Regular □ Direct									
	□ Regular □ Direct									

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 ins	truction 8)
National Securities Depository Ltd.	Depository Participant
Central Depository Services (India) Ltd.	DP ID 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.

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 Dest-dated cheques (please provide the details below) DOTM/Auto Debit (please submit SIP Registration Form)

SIP Period (For Po	st-Dated Cheques)	SIP Date	:	SIP Frequency										
SIP Starting	SIP Ending	for Monthly/Quarterly frequency		1000 Every Wednesday. Minimum No of installments 5) 250 Minimum No of installments 20)										
M M Y Y Y	M M Y Y Y Y	only 🗌 1 🗌 7 🗌 14 🗌 20 🗌 25	3 (750 Minimum No of installments 7)										
No. of PDCs	First SIP Cheque No		Last SIP Cheque No											
Each SIP Amount ₹		Refer Gui	ide to investing through SIP											
		Turn overleaf for l	Declaration & 🗷 Sig	gnature (Mandatory) $\rightarrow \rightarrow \rightarrow$										
Acknowledgement Sundaram Asset Management Compa	any Limited, CIN: L65191TN1954PLC0024	29, Il Floor, 46 Whites Road, Chennai - 600 014. Contact N	No. 1860 425 7237 (India) +91 44 4083 1500 (NRI)	Serial No: Fl										
Received From Mr./Mrs./M	-	uild be addressed to the Begistrar S	undaram RNP Paribas Fund											
Communication in connect	tion with the application sho	ould be addressed to the Registrar S	undaram BNP Paribas Fund	ICC's Cignature & Stamp										

Garden Road, Nungambakkam, Chennal-600034. Contact No. 1860 425 7237 (India) +91 44 4083 1500 (NRI).

ISC's Signature & Stamp Please Note: All Purchases are subject to realisation of cheques / demand drafts.

Application Form

10. Nominee (available only for individuals) (refe	r instruction 10)	lowing person(s)
1st Nominee Name: Relationship: Address: Address: Proportion (%)* in which units will be shared by first nominee. % If nominee is a minor: Date of birth: Name of Guardian: Address of Guardian: Address of Guardian: * Proportion (%) in which units will be shared by each nominee should agrn □ I do not wish to choose a nominee. Signature o	nominee% If nominee is a minor: Date of birth: Name of Guardian: Address of Guardian: egate to 100%	3rd Nominee Name: Relationship: Address: Address: Proportion (%)* in which units will be shared by first nominee. % If nominee is a minor: Date of birth: Name of Guardian: Address of Guardian:
1st / Sole Applicant / Guardian	2nd Applicant	3rd Applicant

11. Declaration, Certification & Signature (refer instruction **11**)

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 ₹ 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 (\checkmark) \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), stated in pages 1-21 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:					
			&				
			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 SIP						

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