Common Application Form THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS WITHIN THE BOXES ONLY Please refer to Riskometer details available of						Application No: on cover page of this KIM and Your Guide to fill the Aj						SUNDARAM MUTUAL										
Di	stributor	ARN	Si	ub Distribu			nal Sub-Brok		on cover	EUIN*			ployee Code	стрріїс	PMRN / RIA (6 SC Date 1	Time Sta	ımp Ref	ierence	No.
		1917											434563			•						
* Declarat	tion for " ed withou	Execution t any inter	n only" tra raction or	ansaction advice by	(only where the employe	EUIN bo		() "I/We /sales pers					including the sen n intentionally left notwithstanding t									
First / Sole Applicant / Guardian TRANSACTION CHARGES FOR APPLICATIONS ₹ 10,000 or more and your MFD has opted to recei purchase/ subscription amount and payable to the				ive Tran MFD. U	IGH DISTRI Isaction Cha Inits will be	arges, the	S ONLY. In case the subscription a e same are deductible as applicable				ble from the					Power of Attorney Holder rst time investor across Mutual Funds-₹150. existing investor in Mutual Funds-₹100.						
] Sing	le		1. N		F HOLDING Joint		🗆 Ar	nyone o	r Surv	vivor	2. Existing	g Folio n	o: (If you have an							ment section)
	UNIT H	OLDING	OPTION					I		Physica	I Mod	е			Dema	at Moc	le					
(Name of	First / So	ole Applic	ant as pei	Applicant r demat ac emat opt	count)	ld provi	ide a copy	of the DI	P Statem	ent / Clier	nt Maste	er List ((CML) enabli	ng us to	match the	Demat	details	as state	d in the	e appl	ication	ı form.
NSD		DPID										DSL	DPID									
NOL	В	eneficia	ry ID									J 3L	Beneficiary II	כ								
	Status Holde		Resident	Individua	I Non Re	sident	Company	HUF	Minor	Society	FII	PIO	Partnersh	ip Firm	Proprietor	NPO	Trust			Others		
	Hold																			Specify Specify		
3rd	Hold	er															-		(Specify		
3. FIR	ST HOLI	DER DET	TAILS (Na	ame as pe	er PAN/Aa	dhaar) (I	PLEASE FIL	L IN BLOO	K LETTE	RS WITHIN	THE BO	OXES O	NLY)	ı								
Name																						
PAN*														DOB*	DD		/ 1	/		Y	Y	Y
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Mobile No*													Email ID'	k								
Mobile:	Self 🗌	Spouse	Deper	ident Child	ber and En ren 🗆 Dep ou wish to r	endent S	Siblinas 🗔 De	pendent Pa nent(s) via	arents 🗆 G physical m	iuardian ode: Please	tick (✔) □	Email: [] Annua	□ Self □ Spous I Report □ Othe	e 🗆 Dep er Statutor	endent Childre y Information	n 🗆 Dep	endent S	iblings 🗆	Depend	lent Pare		landatory Guardian
Guardia Name	n / PoA			 																		
Relation	nship o	f Guarc	dian: 🗆	Father [Mother	Leg	gal Guardia	an. If Leç	gal Guar	dian is o	pted, si	ubmis	sion of duly	notari	sed court o	order is	mand	atory.]	
PAN*														DOB*	DD		/	/	r II	Y	Y	Y
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SECO	ND HOL	DER DE	TAILS	7] []) [
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Default C	ommunic	Spouse ation mod	de is E-ma	ident Child ail only, if y	ren □ Dep ou wish to r	endent S eceive fol	iblings 🗆 De Ilowing docur	pendent Pa nent(s) via	arents 🗆 G physical m	iuardian ode: Please	tick (✔) □	Email: [] Annua	□ Self □ Spous I Report □ Othe	e 🗆 Dep r Statutor	endent Childre y Information	n 🗆 Dep	endent S	iblings 🗆	Depend	ent Pare	ents 🗆 (Guardian
Name																						
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ww	w.su	ndara	ammı	itual.c	om	_					25					Su	ndara	m As	set N	lana	gem	ent

Application Form

4. INVESTMENT & PAYMENT DETAILS (Stamp Duty Applicable)																											
Scheme Name	Scheme-1										Scheme-2								Scheme-3								
Plan	Regula			ular Direct			t			Regul	ar		Direc	ot					Reg	gular			Direc	t			
Option	Growth Income Distribution cum Capital Withdrawal (IDCW) Payout Reinvestment Transfer*					IDC	Growth Growth Income Distribution cum Capital Withdrawal (IDCW) Payout Reinvestment Transfer* IDCW Frequency (For Fixed Income Funds only):						Growth Income Distribution cum														
(*)f target scheme is not	*Transfer (IDCW) Target Scheme						*Transfer (IDCW) Target Scheme							(applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme Regular Growth Direct Growth set scheme has to be counter-signed by the investor(s) to make it a valid selection													
Payment Mode					М	Cheq			RT	GS			DTM	Cł	neque	e 🗌 I	DD	RTG	S			DTM		Cheque		D	RTGS isation)
Cheque / DD / Refe																											
Payment from Bank																											
Drawn on Bank / B																											
Amount (₹)	-	Figures Words																									
Account Type			Savi	ngs				C				Ξ	[С	urre	nt		F	-CNF	3]0	ther	S			
5. BANK ACCOUNT	r det	AILS FO	R PAYOL	JT (Ma	ndator	y to att	ach pro	of, in c	ase t	he pa	y-out ba	nk accou	nt bel	ow is c	differe	ent fron	m the c	heque	issued	l for in	vestme	nt as	per se	ection 4	4)		
IFSC CODE															MICF	{											
Bank Account No																											
Bank Name				L								E	lank Bi	anch								_					
Account Type Sa																											
	0														10						ase spe			N.4 /971 I			
6. LEGAL ENTITY IDEN	ITIFIEF	R (Mandato	ry) - (Only	for Nor	-Individ	luals inc	luding HL	JF for tra	ansact	ions ai	nounting	to Rs. 50 C	rores a	nd abov	/e) Sun	idaram N	Mutual F	und - LE	INumb	er: 3358	10-0Q-DG	DY5PC	CN345-8	31 (The L	El expire	s on Mar	rch 20, 2024)
VALIDITY DATE OF	LEI	D			M	М	Y			Y	Y																
Address of First / S	Sole A	pplicant																									
Taura		0:4./0	Valuial.									0	ata.										Carla				
Town: Overseas Address	(in ca	City/C		landat	orv)							5	tate:									PIN	Code				
	(1100		10/1 110 <i>)</i> (1	andat	ory)																						
7 0			walter P	alc ²²			ake 2 *	alle d																(D_1)			
7. Systematic Tran	_	•										ction if you	wish to	make a	a one-ti	ime inve	,	Each S	ID A		₹			(Reter G	iuide to ii	ivesting i	through SIP)
Mode of SIP SIP Period Month/Ye	_	SIP S		ease		M	P Reg	gistra Y				ault 30) yea	rs)#:	M	M			iP Am Y `	Y							
# End date should	be l	ess thar	n or equ	ial to a	30 yea	ars fro	m the a	applic	ation	date	e or equ	ial to en	d dat	e of N	VACH	l peric	od	·									
SIP Date-Any	y Day				[aily [We	eekl	уĽ	Mon	thly [Qu	lartei	rly (Refer	to res	spectiv	ie Sci	heme	Inform	natior	n Doo	cumen	t for m	inimur	n criteria)
SIP Date:			SIP F	requer	a	amour	it of ₹	100, r	ninin	hum	No. of i	nstallm	ents i	s 6) •	Qua	arterly	v (For	0, Mir Minin	nimum num a	n No. Imour	of insta nt of ₹	allme 750,	ents i mini	s 6) • mum I	Mont No. of	ıly (Fo installı	or Minimun ments is 6
(ior monthly / Quarterly	(for Monthly / Quarterly Frequency) • Daily (for Minimum amount of ₹ 100, Minimum period 3 months) • SWP																										
Source Scheme												Sc	heme														
Target Scheme																											
Option				Fixed	d Amo			•		eciat	ion optio		otion	(fictor)	20)				∟ Fix	ked Ar	mount	fived				reciatio	on option ^{\$}
Amount (figures) Frequency							ed Amo			rterlv			equen	(figure	:5)									unt Op uarterl			
STP Date - Any Day (for Monthl / Quarterly frequency)			ý		D			M		M		SV	/P Da [.]	te - Ar	ny Da rterly	iy (for freque	ency)					D		M	<u> </u>	$\langle $	
STP Period				From	n Date			(inclue	To E dina		etual)	SW	/P Per	iod					Fr	om Da	ate				Tol	Date	
\$ Note: Capital Ap	prec	iation C	ption fc	or STF	SWP	' can b						" Optior	of th	e elia	ible s	scherr	ne										

Application Form

8. OCCUPATION														
Private Sector Service G	Public Sector overnment Service H	łousewife Business	Professional	Agriculturist	Retired	Student	Forex Deale	er Othe	ers		Others			
1st Holder											Specify			
2nd Holder											Specify			
3rd Holder											Specify			
GROSS ANNUAL INCOME														
Below 1 Lac	Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore									late				
1st Holder									M	М	YY	Y	Y	
2nd Holder						1	D	D	M	M	YY	Y	Y	
3rd Holder						7	D	D	M	M	YY	Y	Y	
PEP & UBO Details														
I am politically exposed person								Foreign Exchange / / Money Charger Services			Gambling / Lottery sino Services		Money Lending Pawning	
Yes NA	Yes No	Yes			No		1	/es	No	Yes	No	Yes	No	
1st Holder														
2nd Holder	2nd Holder													
3rd Holder	rd Holder													
9. FATCA-CRS DETAILS For Individuals (Mandatory) Non Individual investors & HUF should mandatorily fill separate FATCA-CRS Annexure														
The below information is requir	•	• /	der							,				
	Са	ategory			First Applic	ant/Guardian		Seco	ond Applic	ant	Third	Applicant	t	
1. Are you a Tax Resider						s 🗆 No			res □N					
2. Is your Country of Birth	n/ citizenship oth	er than India?			□ Yes	s 🗆 No	□ Yes □ No				□Yes □No			
3. Is your Residence add	ress / Mailing ac	ddress / Telephone	No. other than	in India?	🗆 Yes	s 🗆 No	□ Yes □ No				□ Yes □ No			
4. Is the PoA holder / per any of the categories 1	son to whom sig , 2 or 3 above?	natory authority is	given, covered	under	□Yes □No □Yes □No						□Yes □No			
If you have answered Y		ove, please provi	de the below de	etails										
Country of Tax Residence	e													
Nationality														
Tax Identification Number	er ^{\$} or Reason fo	r not providing TIN												
Identification Type (TIN	or Other, please	specify)												
Residence address for t	ax purposes (inc	clude City, State, C	ountry & Pin co	de)										
					Residenti	al or Busine	ss 🗆	Reside	ntial or E	Business	Residen	tial or Bu	usiness	
Address Type					Residenti	al 🗌 Busin	ess	Reside	ntial 🗌	Business	Residen	tial 🗌 B	usiness	
				[C	Registere	d Office		Registe	ered Offi	се	Register	ed Offic	e	
City of birth														
Country of birth														
\$ In case any of applicant being I	esident/ tax payer in	more than one country,	provide tax identific	cation number	for each such	country separa	tely.							

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.

	Acknowledgement Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)	Application No.
	I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)	
Received From Mr./Mrs./Ms		
	he application should be addressed to the Registrar KFin Technologies Private Limited, Registrar and Transfer Agents,	
9th Floor, Capital Towers, 180, Koda		
Please	ISC's Signature & Stamp	

Application Form

10. Nomination Details (Refer Instruction 11)

L / We wish to nominate. (Proportion (%) in which units will be shared by each nominee should aggregate to 100%. In case of single nominee default proportion will be 100%.)

	Nominee Name	Nominee PAN	Relationship with applicant	If nominee is minor*	Allocation (%)	Nominee Signature	
	Nominee Name	NUTITICE FAIL	with applicant	Guardian Name	ardian Name Date of Birth		Nominee Signature
1							
2							
3							
Address				h Minor as Nominee, please mention Gua Mother / Father / Legal Guardian & Atta 1001 Leaving Certificate / Passport / Others			

I / We DO NOT wish to nominate

Nomination Declaration: I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

11. Non-Profit Organization (NPO) Declaration

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	□ Yes □ No
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

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 e agree to abide by the terms, conditional information guilations of the scheme(s) e 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 (/) \square 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 \square Repatriation Basis \square 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, 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

Stamp Duty: Pursuant to Notification No. S.O. 1226(E) and G.S.R. 226(E) dated March 30, 2020 issued by Department of Revenue, Ministry of Finance, Government of India, read with Part I of Chapter IV of The Finance Act, 2019, notified on February 21, 2019 issued by Legislative Department, Ministry of Law and Justice, Government of India, a stamp duty @0.005% of the transaction value of units would be levied on applicable mutual fund inflow transactions, with effect from July 1, 2020. Accordingly, pursuant to levy of stamp duty, the number of units allotted on purchase transactions (including reinvestment IDCW and switch-in) to the Unit holders would be reduced to that extent.

(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 ARI	N -		SEBI Registration No.								
Name:											
Address											
City			PIN								
E-Mail ID			Tel.No								
Name of First / Sole	Applicant / Guardian	Name	e of Second Applicant	Name of Third Applicant							
Signature of First / So	ole Applicant / Guard	ian 🖉 Signa	ture 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							
	Lumpsum Purchase										

SIP