

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS WITHIN THE BOXES ONLY



SUNDARAM MUTUAL

Distributor ARN	Sub Distributor ARN	Internal Sub-Broker/Sol ID	EUIN*	Employee Code	PMRN / RIA Code	ISC Date Time Stamp Reference No.
ARN-146822	207689	RHEDGEEQUI	E181424			

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

* 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. In case the subscription amount is ` 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

I confirm that I am a first time investor across Mutual Funds-`150.

I confirm that I am an existing investor in Mutual Funds-`100.

MODE OF HOLDING			Existing Folio no:	(If you have an existing folio with KYC validated, please mention here and skip to Investment & Payment section)
Single	Joint	Anyone or Survivor		
UNIT HOLDING OPTION	Physical Mode	Demat Mode	Depository Participant Name ↓	
Demat Account Details of First / Sole Applicant (Name of First / Sole Applicant as per demat account)				

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.

NSDL	DPID		CDSL	DPID	
	Beneficiary ID			Beneficiary ID	

Note: Please attach copy of Client Master List.

[illegible]

FIRST HOLDER DETAILS

[illegible]Mobile No* Incase of minor, provide guardian mobile noEmail ID* In case of minor, provide guardian email ID

E-mail ID: **Self** OR **Family Member** (Relationship).....

***Mandatory**

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

Note Primary holder(s) / guardian own email address and mobile number should be provided for speed and ease of communication in a convenient and cost effective manner, and to help prevent fraudulent transactions.

[illegible]

SECOND HOLDER DETAILS

[illegible]

THIRD HOLDER DETAILS

[illegible]

Application Form

INVESTMENT & PAYMENT DETAILS										Payment Type <input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form') <input type="checkbox"/> Non Third Party Payment																																																																																														
Scheme Name		Scheme-1					Scheme-2					Scheme-3																																																																																												
Plan	Regular	Direct				Regular	Direct				Regular	Direct																																																																																												
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(*If target scheme is not mentioned for Dividend Sweep, default scheme is "Sundaram Money Fund") 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																																																																																																								
Payment Mode	OTM	Cheque	DD	RTGS	Fund Transfer	OTM	Cheque	DD	RTGS	Fund Transfer	OTM	Cheque	DD	RTGS	Fund Transfer																																																																																									
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Systematic Transaction Registration Details – Please indicate details of your SIP (skip this section if you wish to make a one-time investment)																																																																																																								
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NOMINATION DETAILS If you do not wish to nominate Tick here <input type="checkbox"/>																																																																																																								
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Proportion (%)* in which units will be shared by first nominee																																																																																																								
<div style="display: flex; justify-content: space-between;"> <div> If nominee is a minor: Date of birth: <div style="border: 1px solid black; padding: 2px;"> D D M M Y Y Y Y </div> </div> <div> Name of Guardian:..... Address of Guardian:..... </div> </div>																																																																																																								

Application Form

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Address of Guardian:.....

[illegible]

D D M M Y Y Y Y

Address of Guardian:.....

.....
Signature of 3rd Applicant

GROSS ANNUAL INCOME															
	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	> 25 Lacs - 1 Crore	> 1 Crore	Net worth (Mandatory for Non-Individuals) - `	As on date							
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
2nd Holder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>

FATCA-CRS DETAILS	For Individuals (Mandatory)	Non Individual investors & HUF should mandatorily fill separate FATCA-CRS Annexure
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Non Individual investors & HUF should mandatorily fill separate FATCA-CRS Annexure

If you have answered YES to any of above, please provide the below details			
Country of Tax Residence			
Nationality			
Tax Identification Number ⁸ 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			

Acknowledgement

Received From Mr./Mrs./Ms.

Communication in connection with the application should be addressed to the Registrar **Karvy Fintech Pvt Ltd**, Registrar and Transfer Agents, Unit: Sundaram Mutual Fund, Tower - B, Plot No. 31 & 32, Selenium building Gachibowli Road Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad 500032.

Please Note: All Purchases are subject to realisation of cheques / demand drafts.

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.

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 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 (✓) 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 Repatriation Basis 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 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.

(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 ARN -		SEBI Registration No.
Name:		
Address		
City		
E-Mail ID		PIN
Tel.No		
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

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			