

# Common Application Form

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

Application No:



Distributor ARN	Sub Distributor ARN	Internal Sub-Broker/Sol ID	EUIIN*	Employee Code	PMRN / RIA Code	ISC Date Time Stamp Reference No.
ARN-146822		RHEDGEEQUI	E356542			

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 EUIIN box is left blank)  "I/We hereby confirm that the EUIIN 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.

<b>MODE OF HOLDING</b>			Existing Folio no: <small>(If you have an existing folio with KYC validated, please mention here and skip to Investment &amp; Payment section)</small>
<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor	
<b>UNIT HOLDING OPTION</b>			<b>Depository Participant Name ↓</b>
<input type="checkbox"/> Physical Mode		<input type="checkbox"/> Demat Mode	

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.

<b>NSDL</b>	DPID		<b>CDSL</b>	DPID
	Beneficiary ID			Beneficiary ID

Note: Please attach copy of Client Master List.

Status	Resident Individual	Non Resident	Company	HUF	Minor	Society	FII	PIO	Partnership Firm	Proprietor	NPO	Trust	Others
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify

**FIRST HOLDER DETAILS**

Name

PAN  DOB

CKYC  KIN

Mobile No\*  Incase of minor, provide guardian mobile no Email ID\*  Incase 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.

Father / Guardian / PoA Name

PAN  DOB

CKYC  KIN

Relationship of guardian

**SECOND HOLDER DETAILS**

Name

PAN  DOB

CKYC  KIN

**THIRD HOLDER DETAILS**

Name

PAN  DOB

CKYC  KIN

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	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Option	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
	<input type="checkbox"/> Payout	<input type="checkbox"/> Payout	<input type="checkbox"/> Payout	<input type="checkbox"/> Payout	<input type="checkbox"/> Payout	<input type="checkbox"/> Payout	<input type="checkbox"/> Payout	<input type="checkbox"/> Payout	
	<input type="checkbox"/> Re-Investment	<input type="checkbox"/> Re-Investment	<input type="checkbox"/> Re-Investment	<input type="checkbox"/> Re-Investment	<input type="checkbox"/> Re-Investment	<input type="checkbox"/> Re-Investment	<input type="checkbox"/> Re-Investment	<input type="checkbox"/> Re-Investment	
	<input type="checkbox"/> Sweep*	<input type="checkbox"/> Sweep*	<input type="checkbox"/> Sweep*	<input type="checkbox"/> Sweep*	<input type="checkbox"/> Sweep*	<input type="checkbox"/> Sweep*	<input type="checkbox"/> Sweep*	<input type="checkbox"/> Sweep*	
	Dividend Frequency (For Fixed Income Funds only):		Dividend Frequency (For Fixed Income Funds only):			Dividend Frequency (For Fixed Income Funds only):			
	(applicable as per SID & KIM of respective Funds)		(applicable as per SID & KIM of respective Funds)			(applicable as per SID & KIM of respective Funds)			
	*Dividend Sweep Target Scheme		*Dividend Sweep Target Scheme			*Dividend Sweep Target Scheme			
	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	
(*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	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	
Reference No.									
Amount	Figures:								
	Words:								
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current	<input type="checkbox"/> FCNR <input type="checkbox"/> Others	Drawn on Bank, Branch						

BANK ACCOUNT DETAILS FOR PAYOUT																		
IFSC CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Account No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name											Bank Branch							
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR	Others → <span style="float: right; font-size: small;">Please specify</span>																

Address of First / Sole Applicant																		
Town:	City/District:						State:						PIN Code:					

Overseas Address (in case of NRIs/Flis) (Mandatory)																	

**Systematic Transaction Registration Details – Please indicate details of your SIP** (skip this section if you wish to make a one-time investment)

Mode of SIP <input type="checkbox"/> OTM/NACH (please submit SIP Registration Form)																		
<b>SIP Period</b>						<b>SIP Date</b>						<b>SIP Frequency</b>						
SIP Starting			SIP Ending			for Monthly/Quarterly frequency only						<input type="checkbox"/> Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5) <input type="checkbox"/> Monthly (Minimum amount ₹ 100 Minimum No of installments 20) <input type="checkbox"/> Quarterly (Minimum amount ₹ 750 Minimum No of installments 7)						
M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y							<input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Each SIP Amount ₹ <input type="text"/>																		

Normal STP									SWP								
Source Scheme									Scheme								
Target Scheme									Amount / percentage (figures)								
Amount / percentage (figures)									Amount / percentage (words)								
Amount / percentage (words)									Frequency								
Frequency									Weekly / Monthly / Quarterly								
Preferred STP date									Preferred SWP date								
Please write the debit date as per SID									Please write the debit date as per SID								
STP Period									SWP Period								
From Date									To Date								

NOMINATION DETAILS																		
																	If you do not wish to nominate Tick here <input type="checkbox"/>	
1st Nominee Name:																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship:.....										If nominee is a minor:								
Address:.....										Date of birth:								
										D D M M Y Y Y Y								
										Name of Guardian:.....								
										Address of Guardian:.....								
Proportion (%)* in which units will be shared by first nominee.....%																		



## 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	PIN
E-Mail ID	
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
	<input type="checkbox"/> Lumpsum Purchase <input type="checkbox"/> SIP			