

**Channel Partner / Agent Information**

Serial No: EQ

Agent's Name and ARN <b>ARN-3092</b>	Sub Broker ARN code	Sub Agent Code
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EUIN **E 0 7 5 4 3 9**

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.

For Office Use Only	Signature	First Applicant
		Second Applicant
		Third Applicant

Transaction charges For Rs. 10,000 and above:  Existing Investor-Rs.100  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.

**1. Existing Investor Information (Please fill in your Folio No. and then proceed to Section 3)**  
 Please note that applicant details and mode of holding will be as per existing Folio Number.

Folio No.

**2. New Investor Information (refer instruction 2)**

Name of First/Sole Applicant

Permanent Account Number (PAN)

KYC Proof attached (Mandatory)

Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name

Permanent Account Number (PAN)

KYC Proof attached (Mandatory)

**Contact Details of First / Sole Applicant**

E-Mail   
 STD Code  Telephone  Mobile

I/We would like to receive Account Statements, Annual Reports and other information by email and SMS updates on mobile  Yes  No

**Note: Where the investor has not opted for any option or has opted for both options the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by email and receive SMS updates on mobile.**

Mode of Holding (Please ✓)  Single  Joint  Anyone or Survivor

**Address of First / Sole Applicant**

TOWN  CITY/DISTRICT  STATE  PIN CODE

**Overseas Address (in case of NRIs/FIIs) (Mandatory)**

Name of Second Applicant

Permanent Account Number (PAN)

KYC Proof attached (Mandatory)

Name of Third Applicant

Permanent Account Number (PAN)

KYC Proof attached (Mandatory)

**3. KYC details (Mandatory) (refer instruction 3)  Individual  Non-Individual (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)**

**3a. 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  FII/Sub account of FII  Fund of Funds in India  QFI  Others (please specify)

**3b. 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)

**3c. 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 [D][M][Y][Y][Y][Y] (Not older than one year)  
**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

**3d. First Applicant:**

Politically Exposed Person (PEP) Status (Also applicable for authorized signatories/Promoters/Karta/Trustee/Whole time Director)  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

**Acknowledgement**

Sundaram Asset Management Company Limited, II Floor, 46 Whites Road, Chennai - 600 014. Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI)

Serial No: EQ **ARN-3092**

Received From Mr./Mrs./Ms.

ISC's Signature & Stamp

Communication in connection with the application should be addressed to the Registrar **Sundaram BNP Paribas Fund Services Limited**, Registrar and Transfer Agents, Unit: Sundaram Mutual Fund, Central Processing Center, RR Towers, II III Floor, Thiru Vi Ka Industrial Estate, Guindy, Chennai 600 032. Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI).

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

**4. Sundaram Mutual Go Green Services: Save the Future**

- 1. **Go Green Web Service (for existing investors only)** : Access your account and transact online. Register online by visiting our website [www.sundarammutual.com](http://www.sundarammutual.com)
- 2. **Go Green IPIN Service (for new investors only)** : To access your account using I-Pin please use the PIN Agreement form attached in this document.
- 3. **Go Green Call Services (for existing investors only)** : To register your email ID and Mobile number please call Toll Free: 1800 103 7237 (India) +91 44 49057300 (NRI) between 9.00am to 6.00pm on any business day.

**5. Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory) (refer instruction 5)**

Account No																						
Name of the Bank											Branch											
Branch Address											Bank City (redemption will be payable at this location)											
Cheque MICR No						Account Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE*	<input type="checkbox"/> NRO*	<input type="checkbox"/> FCNR*	<input type="checkbox"/> Others.....										
RTGS / NEFT / IFSC Code	*If the payment is by DD or source of fund is not clear on the Cheque leaf, please provide a copy of FIRC.																					

**6. Mode of payment of redemption/dividend proceeds via Direct credit/NEFT (refer instruction 6). Please tick (✓)**

- I/We wish to receive redemption/dividend proceeds directly into my/our bank account via Direct Credit/NEFT facility
  - I/We wish to receive the redemption/dividend proceeds ( if any) by way of a cheque/demand draft/ Warrant
- 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, Royal Bank of Scotland, SBI, Standard Chartered Bank, YES Bank. If your bank falls in this list your Redemption/Dividend proceeds will be directly credited to your account irrespective of the option ticked.

**7. I/We wish to invest in (refer instruction 7- please issue a separate cheque/Demand Draft in favour of the scheme you wish to invest)**

Scheme Name	Plan	Option	Amount Invested (less DD charges)	Net Amount Paid	Payment Details	
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct				Cheque/DD Number	Bank/Branch
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct					
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct					

**Incase of third party payment (refer instruction 5):** Please download ([www.sundarammutual.com](http://www.sundarammutual.com)) and attach the third party declaration form

**DEMAT Account Details (refer instruction 7)**

<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant Name		
<input type="checkbox"/> Central Depository Services (India) Ltd.	DP ID Number		Beneficiary Account 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.

**8. Please indicate details of your SIP (skip this section if you wish to make a one-time investment)**

**Mode of SIP**  Auto Debit (also submit SIP Auto Debit form)  Post-dated cheques

<small>If you opt for SIP through post dated cheques, please indicate</small>	First SIP Cheque No		Last SIP Cheque No	
<b>Each SIP Amount</b> Rs				
<b>SIP Frequency</b>	<input type="checkbox"/> Weekly (Minimum amount Rs 1000 Every Wednesday, Minimum No of installments 5) <input type="checkbox"/> Monthly (Minimum amount Rs 250 Minimum No of installments 20) <input type="checkbox"/> Quarterly (Minimum amount Rs 750 Minimum No of installments 7)			
<b>SIP Date</b> for Monthly/Quarterly frequency only	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 14	<input type="checkbox"/> 20
	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 14	<input type="checkbox"/> 20
	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 14	<input type="checkbox"/> 20

**SIP Period**

<b>SIP Starting</b>	<b>SIP Ending</b>	OR	<input type="checkbox"/> Till further notice*
D D M M Y Y	D D M M Y Y		3 1 1 2 2 0 3 1

\*The date may be taken as 31/12/2031 in case the bank needs to input a specific date in their system) (refer Guide to investing through SIP)

**9. Nominee (available only for individuals) (refer instruction 9)  I wish to nominate the following person(s)**

1st Nominee	2nd Nominee	3rd Nominee
Name:.....	Name:.....	Name:.....
Address:.....	Address:.....	Address:.....
Proportion (%)* in which units will be shared by first nominee:.....%	Proportion (%)* in which units will be shared by second nominee:.....%	Proportion (%)* in which units will be shared by third nominee:.....%
<b>If nominee is a minor:</b> Date of birth:..... Relationship:..... Name of Guardian:..... Address of Guardian:.....	<b>If nominee is a minor:</b> Date of birth:..... Relationship:..... Name of Guardian:..... Address of Guardian:.....	<b>If nominee is a minor:</b> Date of birth:..... Relationship:..... Name of Guardian:..... Address of Guardian:.....

\* Proportion (%) in which units will be shared by each nominee should aggregate to 100%

I do not wish to choose a nominee. Signature of investor(s) .....

**10. Signature (refer instruction 10)**

**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 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 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.

<input checked="" type="checkbox"/>	First / Sole Applicant / Guardian
<input checked="" type="checkbox"/>	Second Applicant
<input type="checkbox"/>	Third Applicant

Particulars			
Scheme Name / Plan / Option / Sub-option	Cheque/DD/Payment Instrument Number/Date	Drawn on (Name of Bank & Branch)	Amount in figures (₹) & Amount in words