

Application Form
Please refer to Product labelling details available on cover page and Your Guide To
Fill The Application Form (pages 22-24) before proceeding

Distributions ARN'S Name Sub-broker' Code (internal) Sub-broker's ARN (code) EUIN' Egrower EUIN box is left blank IVWs hereby confirm that the enchyceroliticity in provided by the enchyceroliticity in manager IVWs hereby confirm that the enchyceroliticity in the enchyceroliticity IVWs hereby confirm that the enchycleroliticity IVWs hereby confirm that the enchyceroliticity IVWs hereby confirm that the enchycleroliticity IVWs hereby that the enchycleroliticity IVWs hereby that the enchycleroliticity IVWs hereby defined that the enchycleroliticity IVWs hereby that the enchycleroliticity IVWs hereb	Channel Partner / Agent I	nformati	ion														S	erial	No:	ΞQ					
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RYC compliant [] Yes_ No fin_o, please provide KYC proofinational documents if not submitted earlier) 2. New Investor Information (refer instruction 2) Name of First/Sole Applicant Gender: Male Female Others Permanent Account Number (PAN)																	1	1	1	ı	ı	- 	1	1 1	1 1
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Address of First / Sole Applicant TOWN CITY/ DISTRICT STATE PIN CODE Overseas Address (in case of NRIs/Fils) (Mandatory) Name of Second Applicant Permanent Account Number (PAN) Date of Birth D D M M Y Y Y Y KYC Proof attached (Mandatory) Name of Third Applicant	\square Account Statement \square An	nual Rep	ort 🗆 Oth	er Statu	tory In	format	ion																		
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Application Form

3.	KYC details (Mar	ndatory) (re	efer instructi	on 3) 🗆	Individual		☐ Non-Individual (Pleas	se attach mandato	ry Ultima	te Beneficial Ownersh	ip (UBO) declaration form)
3a.	Status of First/So	ole Applica	nt [Please (✓)]	□ Liste	ed Company	Пυ	Inlisted Company	☐ Individual	☐ Min	or through guardian	□ HUF
	☐ Partnership	☐ Society/		□ Com			ody Corporate	☐ Trust		ual Fund	□ FPI
		•			. ,		und of Funds in India	_			(please specify)
2h	Occupation Details							ı — Qi i		010	(picase specify)
JD.	First Applicant	. ,	/2 (,			Rovernment Service	☐ Business	□ Prof	essional	☐ Agriculturist
	riist Applicant		DECIDI DEIVICE								•
_	0	☐ Retired)	☐ Hou			tudent				(please specify)
	Second Applicant		Sector Service					Business		essional	☐ Agriculturist
		Retired		☐ Hou			tudent			ers	
	Third Applicant		Sector Service				Sovernment Service	☐ Business		essional	☐ Agriculturist
		☐ Retired		☐ Hou	sewife	□S	tudent	☐ Forex Dealer	☐ Oth	ers	(please specify)
3с.	Gross Annual Inco	me (in ₹) [P	lease (✔)]								
	First Applicant	☐ Below 1	Lac □ 1-5 L	acs] 5-10 Lacs □	10-25	Lacs □ > 25 Lacs -	1 Crore □ > 1 0	Crore (o	r)	
		Net-worth	(Mandatory for	r non-ind	dividuals) ₹			as o	n DD	MMYYYYY (N	ot older than one year)
	Second Applicant	☐ Below 1	Lac □ 1-5 L	acs 🗆	5-10 Lacs	10-25	Lacs □ > 25 Lacs -	1 Crore □ > 1 (Crore (o	r) Net-worth	
	Third Applicant	☐ Below 1	Lac □ 1-5 L	acs 🗆	5-10 Lacs	10-25	Lacs □ > 25 Lacs -	1 Crore □ > 1 0	Crore (o	r) Net-worth	
3d.	First Applicant:										
	For Individuals [Ple	ease (🗸)] Po	litically Expose	d Persor	n (PEP) Status 🖟	Also applicable for	authorised signatories/Promoters/Karta/Trustee/I	Whole time Directors) 🗌 I am	PEP 🗆 I	am related to PEP □	Not Applicable
	For Non-Individual	s providing	any of the be	low me	ntioned service	ces [Ple	ease (✓)]				
	☐ Foreign Exchang	e/Money Ch	anger Service	s 🗆 Gar	ning/Gambling	/Lottery	/Casino Services	Money Lending/F	awning	☐ None of the abov	re
	Second Applican						am PEP	☐ I am related t		☐ Not Applic	
	Third Applicant: (<u>'</u>		'			am PEP	☐ I am related t		☐ Not Applic	
	,				,						
	FATCA-CRS DET				(Mandatory)			estors snould m	nandato	orily fill separate F	ATCA-CRS Annexure
The	e below information	on is requi	red for all ap	plican	t(s) / guardia	n / Po	A holder				
	Category	<i>'</i>	First A	Applica 4 4 1	nt/Guardian		Second	l Applicant		Third A	Applicant
	Are you a Tax Resi Country other than			Yes	☐ No		☐ Yes	s 🗌 No		☐ Yes	s 🗌 No
_	Is your Country of										
	citizenship other th	nan India?	L	Yes	∐ No		∐ Ye:	s U No		Yes	S No
	Is your Residence Mailing address / T No. other than in Ir	Telephone	[] Yes	☐ No		☐ Yes	s 🗌 No		☐ Yes	s 🗌 No
,	Is the PoA holder / p whom signatory autl given, covered unde the categories 1, 2 c	hority is er any of	[Yes	□ No		☐ Yes	s 🗌 No		☐ Yes	s 🗌 No
If y	you have answere	ed YES to a	any of above	, pleas	e provide the	e belov	v details				
	Country of Tax Re	esidence									
	Nationality										
	Tax Identification	Number ^{\$}									
	Identification Type Other, please spec										
	Residence addres purposes (include State, Country & F	ss for tax City,									
	Address Type		☐ Residentia☐ Residentia☐ Registered	ıl 🗆	Business		☐ Residential or B☐ Residential☐ Registered Office	☐ Business		□ Residential or B□ Residential□ Registered Offic	□ Business
	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.

5. Bank Account Details of First/Sole Ap	pplicant (as per SEB	I Regulations it i	s mandatory) (refe	r instruction 5)					
Account No									
Name of the Bank			Branch						
Branch Address				ption will be payable at this	location				
Cheque MICR No	1 1 1	int Time [Dlages / /							
	ACCOL	1 1 1 1			D* ☐ FCNR* ☐ Others				
RTGS / NEFT / IFSC Code					r on the Cheque leaf, please provide a copy of FIRC				
6. Mode of payment of redemption/divid	-			•					
Direct Credit is now available with: Axis Bar Bank, ING Vysya, Kotak Mahindra Bank, Roy Dividend proceeds will be directly credited available. Otherwise, payment will be made	yal Bank of Scotland to your account. Alt by way of a cheque/	, SBI, Standard C ernatively, you wi demand draft/war	hartered Bank, YES Il receive the paym rant.	Bank. If your ba ent through NEF	ink falls in this list your Redemption T mode based on the bank detail				
7. Payment Details: Please issue a sepa	arate cheque/Demai	nd Draft favouri	ng the scheme you	i wish to invest	(refer instruction 7)				
Scheme Name	Plan	Option	Amount Invested (less DD charges)	Net Amount Paid	Payment Details				
			(1000 22 0.14.1900)	T did	Cheque/DD Number Bank/Branch				
	☐ Regular ☐ Direct								
	☐ Regular ☐ Direct								
	☐ Regular ☐ Direct								
					inducants de desertion forms				
In case of third party payment (refer instruction) 3. DEMAT Account Details (refer instruction)	•	wnioad (www.sun	darammutual.com) a	and attach the tr	nird party declaration form				
•	ository Participant								
	D Number		ficiary Account Numbe	r					
nvestor willing to invest in Demat option, may					as stated in the application form				
9. Please indicate details of your SIP (re	,				as stated in the application form.				
Mode of SIP □ Auto Debit (please submit SII	P Auto Debit form) 🗆 P	ost-dated cheq	ues (please provid	de the details b	pelow)				
SIP Period (for post-dated cheques)		Date	,		quency				
SIP Starting SIP Ending	for Monthly/Ωι	iarreny frequency	* 1	nount Rs 1000 Every	Wednesday. Minimum No of installments 5				
M M Y Y Y Y M M Y Y Y		∃ 14 ☐ 20 ☐ 25 Î			num No of installments 20) mum No of installments 7)				
No. of PDCs First SIP Cheque N	o		Last SIP Ch	eque No					
Each SIP Amount Rs		Refer Guid	de to investing through	n SIP					
10. Nominee (available only for individuals	s) (refer instruction	10)	to nominate the fo	llowina person(s))				
				1					
1st Nominee Name:Address:	"								
Proportion (%)* in which units will be shared by first nominee									
Name of Guardian:Address of Guardian:									
* Proportion (%) in which units will be shared by each nominee sh									
1st / Sole Applicant / Guardian		2nd Applican			3rd Applicant				
		,,	· 						
Acknowledgement Sundaram Asset Management Company Limited, II Floor,				Serial	No: EQ				
Received From Mr./Mrs./Ms	on should be addressed s, Unit: Sundaram Mutu	d to the Registrar S ulal Fund, Central Pr	undaram BNP Pariba ocessing Center, RR	Towers,	ISC's Signature & Stamp : All Purchases are subject to realisation of cheques / demand drafts				

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 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 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 1-30 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:

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 doucments and attach this to the form.

Particulars 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										