

Application Form
Please refer to Product labelling details available on cover page and Your Guide To
Fill The Application Form (pages 21-23) before proceeding

Channel Partner / Agent I	nformati	ion														Seri	al No	o:EQ	!					
Distributor's ARN & Name	Sub-bro	ker Code	(interna	l) Sub	o-broke	er's AF	RN (c	ode)		(Emplove	EU Unique Id	IIN* dendification	on Numbe	er)		, –	IS	C'	S	sio	ın:	- iti	ire	
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* Declaration for "Execution																						_		_
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First/Sole Applicant/ Guardian		Applicant						olicant							6	asse	ssme	ent c	base of va ered	rious	raci	ors i	nciud	ling
Existing Investor Inform  Please note that applies												E-U-	NI-	 	, 	I			1	1	ı	ı		
Please note that applica KYC compliant $\square$ Yes $\square$												Folio	INO											_
2. New Investor Informa	•		•	mala	□ O+b.	0 MO																		
Name of First/Sole Applic		uer   wi	ale	illale		 																		
Permanent Account Number (F	PAN)						Da	ite of	Birth	D	DI	M M	I Y	Υ	Υ	Υ	□ K	YC I	Proof	fatta	chec	ı (Ma	ndato	ory)
Name of Guardian (in case	of First	/ Sole Ap	plicant is	s a Mi	nor)/C	ontac	t Pe	rson	-Desi	ignal	ion (i	in cas	se of	non	i-in	divic	ual I	nves	tors)	/ <b>P</b> C	)A H	olde	r Nar	ne
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Father's name (mandatory	if PAN no	ot provid	ed) 																					
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☐ Account Statement ☐ An		•	•				9			(-)	,	,					(-	,						
Mode of Holding [Please (	<b>√</b> )] □ S	Single		Joint			□ A	nyor	ne or (	Survi	vor													
Address of First / Sole Ap	plicant	l I	l l	I I	ı	ı	1 1	l I		ı	1	1	1	1	ı						ı	1	1	
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Name of Second Applican	ıt																							
Permanent Account Number (F	PAN)						Da	ite of	Birth	D	DI	ММ	ΙΥ	Υ	Υ	Υ	□ K	YC I	Proof	fatta	chec	l (Ma	ndato	ory)
Name of Third Applicant		1 1					_									1								
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3. KYC details (Mandatory) (re	efer instruction 3) ☐ Individual ☐	☐ Non-Individual (Please attach mandatory Ultim	ate Beneficial Ownership (UBO) declaration form)
Status of First/Sole Applicant [Please (✓)]	Occupation Details [Please (/)]	Gross Annual Income (in ₹) [Please (✓)]	PEP Status
☐ Listed Company	(To be filled only if the applicant is an individual)	First Applicant	First Applicant
☐ Unlisted Company	First Applicant	□ Relow 1 Lac □ 1-5 Lacs	For Individuals [Please (✓)] Politically Exposed
□ Individual	☐ Private Sector Service ☐ Public Sector Servic	e	Person (PEP) Status (Also applicable for authorised
☐ Minor through guardian	☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist	□ > 25 Lacs - 1 Crore □ > 1 Crore (or)	signatories/Promoters/Karta/Trustee/Whole time Directors)   I am PEP
☐ HUF	☐ Retired ☐ Housewife	Net-worth (Mandatory for non-individuals) ₹	☐ I am related to PEP ☐ Not Applicable
☐ Partnership	☐ Student ☐ Forex Dealer	as on	For Non-Individuals providing any of the below
☐ Society/Club	☐ Others (please specify)	D D M M Y Y Y Y  (Not older than one	mentioned services [Please (✓)]
☐ Company	Second Applicant		☐ Foreign Exchange/Money Changer Services
☐ Body Corporate	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business	Second Applicant	Gaming/Gambling/Lottery/Casino Services
•	☐ Professional ☐ Agriculturist	• • •	☐ Money Lending/Pawning ☐ None of the above
☐ Trust	☐ Retired ☐ Housewife	☐ Below 1 Lac ☐ 1-5 Lacs	Second Applicant
☐ Mutual Fund	☐ Student ☐ Forex Dealer	□ 5-10 Lacs □ 10-25 Lacs	(To be filled only if the applicant is an individual)
□ FPI	☐ Others (please specify)	□ > 25 Lacs - 1 Crore	☐ I am PEP
☐ NRI-Repatriable	Third Applicant	☐ > 1 Crore (or) Net-worth	☐ I am related to PEP
☐ NRI-Non-Repatriable	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business	······································	☐ Not Applicable  Third Applicant
☐ FII/Sub account of FII	☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist	☐ Below 1 Lac ☐ 1-5 Lacs	(To be filled only if the applicant is an individual)
☐ Fund of Funds in India	☐ Retired ☐ Housewife	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ I am PEP
□QFI	☐ Student ☐ Forex Dealer	□ > 25 Lacs - 1 Crore	☐ I am related to PEP
☐ Others (please specify	r)	☐ > 1 Crore (or) Net-worth	☐ Not Applicable
4. FATCA-CRS DETAILS Fo	or Individuals & HUF (Mandatory)	Non Individual investors should mandat	orily fill separate FATCA-CRS Annexure
	red for all applicant(s) / guardian / Po		
Category	First Applicant/Guardian	Second Applicant	Third Applicant
Are you a Tax Resident of Country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Is your Country of Birth/citizenship other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Is your Residence address / Mailing address / Telephone No. other than in India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If you have answered YES to	any of above, please provide the below	v details	
Country of Tax Residence			
Nationality			
Tax Identification Number\$			
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			

\$ In case any of applicant being resident/ tax payer in more than one country, provide tax identification number for each such country separately.

**Sundaram Asset Management** 

## **FATCA-CRS Instructions**

www.sundarammutual.com

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.

5. Bank Account Do	etails of I	First/S	Sole A	Appli	icant (a	as pe	r SEBI	Regu	llation	ıs it	is m	anda	atory) (	refer	instru	ction	5)							
Account No																								
Name of the Bank			·									Bra	nch											
Branch Address												Bar	nk City	(redempti	ion will be p	payable a	at this	location)						
Cheque MICR No							Accou	nt Typ	e [Plea	ise (	<b>[✓)]</b>	Sav	ings 🗆 (	Curren	t 🗆 NR	E* 🗆 I	NRC	)* 🗆 F	CNR*	* 🗆 O	thers.			
RTGS / NEFT / IFSC	Code										*If the	payme	nt is by DI	D or sou	rce of fund	d is not	t cleai	r on the	Chequ	ie leaf,	please <sub>l</sub>	orovide a	copy of	FIRC.
6. Mode of paymen	t of rede	mptic	n/div	iden	d proc	eeds	via Di	rect c	redit/	NEI	FT/O	ther	Mode	(refer	instru	ctior	n 6).							
Dividend proceeds wi available. Otherwise, p	ak Mahind ill be dire payment v	dra Ba ctly c will be	ank, R redite e mad	loyal d to e by	Bank of your a way of	of Sc iccou f a ch	otland, nt. Alte eque/c	SBI, S ernativ Ieman	Standa ely, yo d draf	ard ( ou v t/wa	Chart vill re arrant	ered ceive	Bank, the p	YES E ayme	Bank. It	f you ugh l	r ba NEF	ank fa FT mo	lls in ode b	this cased	list yo	our Red the ba	demp	tion/
7. Payment Details	. Flease	ISSUE	a se	para	te che	que/	Demai		iit iav	ouri	iiig u	16 30	lienie	you v	VISII LO	ilive		yment			1011 7			
Scheme Name	Scheme Name Plan Option						nvested charges)	t	Net	t Am Paid	nount				OTM		ıα	yment	Detail		d/Bran	ch		
	ank, ING Vysya, Kotak Mahindra vidend proceeds will be direct ailable. Otherwise, payment wil  Payment Details: Please is  Scheme Name Plan  Regular Direct  Regular Direct  Regular Direct	r			(IO		in a goog			Tan			☐ Che	que / □	] DD Nur	mber				Barn	v Bran			
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In case of third party	paymen	t (refe	er ins	truct	tion 7):	Plea	se dow	nload	(www	/.sui	ndara	ammı	ıtual.co	om) ar	nd atta	ch th	ne th	nird pa	arty c	decla	ıratioı	n form		
8. DEMAT Account I									`									•						
☐ National Securities De	•				ory Part	icipar	ıt																	
☐ Central Depository Se					lumber						Benef	iciary	Accoun	t Numl	ber									
Investor willing to inves	st in Dema	t optio	on, ma	ay pro	ovide a	copy	of the	DP Sta	atemer	nt er	nablir	ng us	to mate	ch the	Demat	t deta	ails a	as sta	ted ir	n the	appli	cation 1	orm.	
9. Please indicate of												_												
Mode of SIP ☐ Auto																		detail	s be	low)				
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Sundaram Asset Managem	ent Compan	y Limite	ed, II Flo	or, 46 \	Whites Ro	ad, Che	ennai - 600	014. To	ll Free 18	800 10	03 7237	(India)	+91 44 49	9057300	(NRI)									
Received From Mr./Mrs. Communication in conn <b>Services Limited,</b> Regis II III Floor, Thiru Vi Ka Inc	ection with strar and T	ransfe	r Ager	nts, U	Jnit: Sur	ndara	m Mutu	al Fund	d, Cent	tral F	Proce:	ssing	Center,	RR To	owers,	Pleas	se Note					Stamp		I drafts.

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10. Nominee (available o	nly for individuals) (	refer instruction 10)	$\square$ I wish to nominate the fol	lowing person(s)
Ist Nominee  Name:	nits will be shared by f	2nd Nominee Name:	which units will be shared by second% inor:	3rd Nominee Name:
Address of Guardian:			an:ian:	Name of Guardian: Address of G
* Proportion (%) in which units will be	shared by each nominee should se a nominee. Signatu	aggregate to 100%		
1st / Sole Applic	cant / Guardian		2nd Applicant	3rd Applicant
11. Declaration, Certif	ication & Signatur	e (refer instruction	n 11)	
to the SID and KIM till date and regulations of the sche indirectly in making this in investments exceeding Rs	e • hereby apply for ur eme(s) • agree to the evestment • do not ha . 50,000 in a financial I the commissions (in	nits under the scheme terms and conditions ave any existing Micr year or a rolling perio the form of trail con	e(s) as indicated in the application for Auto Debit • have not receive to SIPs/investments which togeth d of twelve months (applicable for nmission or any other mode), pay	ion/Scheme Information Document/addenda issued form • agree to abide by the terms, conditions, rules d nor been induced by any rebate or gifts, directly or er with the current application will result in the total PAN exempt category of investors). The ARN holder able to him for the different competing Schemes of
subscription have been re	mitted from abroad t	hrough normal bankii		ity/Origin and I/We hereby confirm that the funds for our Non-Resident External/Ordinary Account/FCNR of a citizen of Canada.
to hold Sundaram Asset M consequences/losses/cost in intimating any changes manner, all/any of the infor foreign governmental or	Management, its spon ts/damages in case o to the above particu mation provided by n statutory or judicial obligation of advising	sor, their employees, f any of the above pa lars. I/We hereby aut ne/ us, including all cl authorities/agencies	authorised agents, service provice triculars being false, incorrect or thorise Sundaram Asset Manager hanges, updates to such informatis, the tax/revenue authorities, or	ny/our knowledge and belief. I/ We further agree not lers, representatives of the distributors liable for any incomplete or in case of my/our not intimating/delay nent to disclose, share, remit in any form, mode or on as and when provided by me/us, to any Indian or other investigation agencies and SEBI registered y additional information/documentation that may be
	rmation provided by	me/us on this Form i	s true, correct, and complete. I/W	FATCA-CRS Instructions), stated in pages 1-30 and le also confirm that I/We have read and understood
I/We agree to indemnify stregarding my/our "U.S. per laws.	Sundaram Asset Mar rson" status for U.S. f	nagement Company ederal income tax pu	Limited in respect of any false, rposes. or in respect of any other	misleading, inaccurate and incomplete information information as may be required under applicable tax
Name of First / Sole A	Applicant / Guardian	Name	of Second Applicant	Name of Third Applicant
Signature of First / So	le Applicant / Guard	lian 🔻 🔻 🗷 Signat	ture of Second Applicant	
Date://	/			Place:
			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 Registration / Renewal Form with NACH/One Time Mandate (OTM) (First time investors should use this form along with the application form)

which take	es Ten days.	and to be reg	gistered in the foli	io. SIP Au	ıto debit	will sta	rt after m	andat	e regi	stratio	n				C's		8					
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2				I	□ 7 <sup>th</sup> □ 25 <sup>th</sup>	□ 14 <sup>th</sup>	☐ Weekl☐ Month☐ Quarte	ly*	Rs (The amo of Rs. 50 <b>SIP Top</b> -	0 only).		in mult	tiples	ММ	YY	Y	Υ	M	M	Y	Υ	\
3					□ 7 <sup>th</sup> □ 25 <sup>th</sup>	□ 14 <sup>th</sup>	☐ Weekl☐ Month☐ Quarte	y Iy*	☐ Half- (Quarterly at yearly i	/early ☐ SIP offer:	l Yearly s top-u		ency	MM	YY	Υ	Υ	M	M	Y	Υ	1
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• This is to confirm that the declaration has been carefully read,understood and made by me/us.l am authorising the user entity/corporate to debit my account.
• I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where i have authorized the debit.

I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, flow or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).