

Application Form
Please refer to Product labelling details available on cover page and Your Guide To
Fill The Application Form (pages 23-26) before proceeding

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3. KYC details (Mandatory) (r	efer instruction 3) □ Individual	☐ Non-Individual (Please attach mandatory F	FATCA-CRS Annexure for Entities including UBO
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	☐ Below 1 Lac ☐ 1-5 Lacs	For Individuals [Please (/)] Politically Exposed
☐ Individual	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business	e	Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)
☐ Minor through guardian	☐ Professional ☐ Agriculturist	□ > 25 Lacs - 1 Crore □ > 1 Crore (or)	□ 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)	IDIDIMIMIYIYIYIYI (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 ☐ Money Lending/Pawning
☐ Trust	☐ Professional ☐ Agriculturist	Below 1 Lac □ 1-5 Lacs	□ None of the above
	☐ Retired ☐ Housewife		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	······································	□ Not Applicable
☐ FII/Sub account of FII	☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist	☐ Below 1 Lac ☐ 1-5 Lacs	Third Applicant (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) Others (please specify)	☐ > 1 Crore (or) Net-worth	☐ Not Applicable
4. FATCA-CRS DETAILS Fo	n Individuals 9 HIIF (Mandatam)		cuity fill concrete FATCA CDC Amnouse
	or Individuals & HUF (Mandatory) Nored for all applicant(s) / guardian / Po		orily fill separate FATCA-CRS Annexure
Category	First Applicant/Guardian	Second Applicant	Third Applicant
Are you a Tax Resident of Country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
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\$ 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			

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

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. 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 (✓)] ☐ Savings ☐ Current ☐ NRE* ☐ NRO* ☐ FCNR* ☐ Others..... *If the payment is by DD or source of fund is not clear on the Cheque leaf, please provide a copy of FIRC. RTGS / NEFT / IFSC Code 6. Mode of payment of redemption/dividend proceeds via Direct credit/NEFT/Other Mode (refer instruction 6). Direct Credit is now available with: Axis Bank, BNP Paribas Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank. Kotak Mahindra Bank, SBI, Standard Chartered Bank, YES Bank. If your bank falls in this list your Redemption/ Dividend proceeds will be directly credited to your account. Alternatively, you will receive the payment through NEFT mode based on the bank details available. Otherwise, payment will be made by way of a cheque/demand draft/warrant. Payment Details: Please issue a separate Cheque/Demand Draft favouring the scheme you wish to invest/One Time Mandate (OTM) (refer instruction 7) Scheme Name Plan ☐ Regular ☐ Direct □ Regular □ Direct □ Regular □ Direct Dividend ☐ Payout ☐ Re-Investment ☐ Sweep Dividend ☐ Payout ☐ Re-Investment ☐ Sweep Dividend ☐ Payout ☐ Re-Investment ☐ Sweep ☐ Growth ☐ Others .. ☐ Growth ☐ Others ☐ Growth ☐ Others ... Dividend Frequency: (For Fixed Income Funds only) Dividend Frequency: (For Fixed Income Funds only) Dividend Frequency: (For Fixed Income Funds only) □ Daily □ Weekly □ Fortnightly □ Monthly □ Daily □ Weekly □ Fortnightly □ Monthly □ Daily □ Weekly □ Fortnightly □ Monthly Option □ Quarterly □ Half-Yearly □ Annual ☐ Quarterly ☐ Half-Yearly ☐ Annual 🗌 Quarterly 🗌 Half-Yearly 🗎 Annual **Dividend Sweep Target Scheme (Fund) Dividend Sweep Target Scheme (Fund) Dividend Sweep Target Scheme (Fund)** (If an investor fails to specify the option, he will be allotted units under the default option/suboption of the Target scheme.) 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 Amount Invested (₹) DD Charges (₹) Net Amount Paid **Payment Details** OTM Cheque DD Number RTGS Fund Transfer Bank/Branch In case of third party payment (refer instruction 7): Please download (www.sundarammutual.com) and attach the third party declaration form 8. DEMAT Account Details (refer instruction 8) ☐ National Securities Depository Ltd. Depository Participant DP ID Number Beneficiary Account Number ☐ Central Depository Services (India) Ltd. 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. 9. Please indicate details of your SIP (refer instruction 9) (skip this section if you wish to make a one-time investment) Mode of SIP ☐ Post-dated cheques (please provide the details below) ☐ OTM/NACH (please submit SIP Registration Form) SIP Period (For Post-Dated Cheques) **SIP Date SIP Frequency** Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5)
 Monthly (Minimum amount ₹ 250 Minimum No of installments 20) SIP Starting SIP Ending for Monthly/Quarterly frequency only \square 1 \square 7 \square 14 \square 20 \square 25 M M Υ ☐ Quarterly (Minimum amount ₹ 750 Minimum No of installments 7) No. of First SIP Cheque No **Last SIP Cheque No PDCs Each SIP Amount** Refer Guide to investing through SIP Turn overleaf for Declaration &
∠Signature (Mandatory) → → → Serial No: EQ Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, Acknowledgement

Received From Mr./Mrs./Ms.

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, 23, Cathedral Garden Road, Nungambakkam, Chennal-600034. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI).

I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI)

ISC's Signature & Stamp Please Note: All Purchases are subject to realisation of cheques / demand drafts.

10. Nominee (available o	only for individuals) (r	efer instruction 10)	☐ I wish to nominate the fo	llowing person(s)
1st Nominee		2nd Nominee		3rd Nominee
Name:				Name:
Relationship:				Relationship:
Address:				Address:
Proportion (%)* in which u			n which units will be shared by first	
If nominee is a minor:		If nominee is a m	ninor:	If nominee is a minor:
Date of birth:				
Name of Guardian:		Name of Guardian	ı:ian:	Name of Guardian:
			lan:	
* Proportion (%) in which units will be	shared by each nominee should a se a nominee. Signatur	aggregate to 100% e of investor(s)		
1st / Sole Appli			2nd Applicant	3rd Applicant
11. Declaration, Certif	ication & Signature	e (refer instructio	n 11)	
of twelve months (applicable for PAN/A Schemes of various Mutual Funds from Applicable to NRIs only: Please (/) I or from funds in my/our Non-Resident I/We hereby declare that all the particule agents, service providers, representativi intimating any changes to the above pato such information as and when provi without any obligation of advising me/L Certification: I/We have understood the correct, and complete. I/We also confir I/We agree to indemnify Sundaram Ass respect of any other information as ma I applicable only for i Sundaram Mutual Fund u	adnaar exempt category of invest in a mongst which the Scheme is b. ITWe confirm that I am/We are Not External/Ordinary Account/FCNR ars given herein are true, correct a res of the distributors liable for articulars. IWe hereby authorise S idded by me/us, to any Indian or 1 us of the same. I/We hereby agree in einformation requirements of the that IWe have read and under the than agement Company Limite by be required under applicable ta investments through under Direct Plan under	tors). The AHN holder has discleing recommended to me/us. ¬Resident of Indian Nationality. Account on a ☐ Repatriation and complete to the best of my by consequences/losses/costs. Indian Asset Management to reign governmental or statute to provide any additional info its Form (read along with the Fatood the FATCA-CRS Terms d in respect of any false, mislex laws. RIA) RIA Consent r the above mention	osed to me/us all the commissions (in the form of a continuous continuous). The form of th	ed to the SID and KIM till date • hereby apply for units under the scheme(s) a for OTM/NACH • have not received nor been induced by any rebate or gifts in the total investments exceeding ₹ 50,000 in a financial year or a rolling period trail commission or any other mode), payable to him for the different competing subscription have been remitted from abroad through normal banking channel are that I/We am/are not a citizen of USA/Canada. To hold Sundaram Asset Management, its sponsor, their employees, authorises being false, incorrect or incomplete or in case of my/our not intimating/delay it er, all/any of the information provided by me/us, including all changes, update the authorities, other investigation agencies and SEBI registered intermediarie onnection with this application. In the medianie of the properties of the provided by me/us on this Form is true arding my/our "U.S. person" status for U.S. federal income tax purposes, or incomed person/s have invested in the Scheme(s) of the total contents of the provided by me/us on this Form is true arding my/our "U.S. person" status for U.S. federal income tax purposes. Or incomed person/s have invested in the Scheme(s) of the true of the provided by me/us on the provided by the contents are purposed to the scheme(s) of the contents are provided by the contents are purposed to the scheme of the provided by the contents are purposed to the contents are purposed to the contents are purposed to the scheme of the contents are purposed to the contents are purposed to the scheme of the contents are purposed to th
	aged by you, to the be			red Investment Advisor (Correction – Advisor):
City				PIN
E-Mail ID				
Tel.No				
b) For updating/seeding my Aadhaar //We authorize Sundaram Mutual F // We hereby provide my / our con // we further declare that this cons c) The purpose of collection/usage of the Aadhaar number, we shall auth d) //We hereby provide my /our conse Aadhaar Act, 2016 (and regulations //We hereby provide my/our conse the purpose of updating the same Where the client is a non-individual, ap	r with UIDAI through an authorized of number based on the PANs in all m fund / Sundaram BNP Paribas Fund sent for sharing the Aadhaar data / sent will remain valid for Updation in f Aadhaar number including demognenticate the same in accordance with a cocordance with a cocordance with a cocordance with a corodance with a corodance with a fundary and PMLA. In the for sharing/disclosing of my Aadl in my/our folios.	antity. y accounts maintained with your y accounts maintained with your Services Limited to authenticate information with other Mutual Fu all my / our existing & new folior raphic information is to comply w th the Aadhaar Act, 2016. We sh 2016 and regulations made then maar number(s) including demogr ents, Aadhaar numbers and PA	Fund for KYC & or related due diligence purpose in list adata in accordance with UIDAI (Authentication) Regulands / RTAs for updating the same in my / our folios has serviced by Sundaram BNP Paribas Fund Services Livith applicable laws/rules/regulations and provision of all receive your demographic information which shall be under, for (i) collecting, storing and usage (ii) validating aphic information with the asset management comparable information with the asset management comparable.	and with them, now or to be created in future. imited. the said data is mandatory as per applicable laws/rules/regulations. Post obtaining be used only to comply with applicable laws/rules/regulations. g/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the nies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the sholding an attorney to transact on its behalf shall be submitted. If a person
holding an authority to transact on ber	nalf of such entity is not eligible to	be enrolled for Aadhaar and d	loes not submit the PAN, certified copy of an offici	ally valid document shall be submitted.
Name of First / Sole	Applicant / Guardian	Name	e of Second Applicant	Name of Third Applicant
	ole Applicant / Guard		ture of Second Applicant	≲Signature of Third Applicant
Date:/				Place:
			Particulars	
Scheme Name / Plan / Option / Sub-option	Goal	Cheque / DD / Payment Instrument Number / Date	Drawn on (Name of	Amount in figures (₹) & Amount in words
	☐ Lumpsum Purchase			



SIP Registration / Renewal Form / Modification - NACH / One Time Mandate (OTM) (First time investors should use this form along with the application form)

Set before SA Alone Set before SAP Alone Set before Code Identify For Office use only			•			nandate registr	ation which takes Ten days.		8	gnature &
Account Name of Pist Color No. Name of Pist Color No.	Distributor's ARN & Name				EU (Employee Unique Id	endification Number)	For Office use only		Time Si	amping
Name of Second Applicant Gender* Male Female Others Mobile PIN Code* Name of Second Applicant Gender* Male Female Others Mobile PIN Code* Name of Second Applicant Gender* Male Female Others Mobile PIN Code* Name of Second Applicant Gender* Male Female Others Mobile PIN Code* New Investor Folio No. Mobile PIN Code* New Investor Application No. Central KYC Number Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* Other PIN Code* New Investor Application No. Central KYC Number Other PIN Code* Other PIN					nsaction without	any interaction or a				
Name of Third Applicant Gender* Male Fernale Others Microsite PIN Code*	Name of First/Sole	Applicant Gender*	□ Male □ Fem 	nale □ Otl │	hers 	ent of various factors		stributor.		
New Investor Application No. New Investor Application No. Central KYC Number CNC Mod staded Nation of Application No. Central KYC Number CNC Mod staded Nation of Application Silv Name Bank Name	Name of Third Ap	│		Others						
Some Date	iviation lavantar Fali	- N-			Naw Java	-t A			FIN Code	
Make Bank Name	•			Aadhaa				KYC No	ımber □ CK	YC Proof attached (Mandatory)
Bank Name	irst/Sole Applicant/Guardian						latory			
Bank Name	Second Applicant						Mand			
Cheque No. Dated.										
aces tick @ SIP Registration O SIP with Top-up Registration O SIP-Change in Bank Details (Rese provide copy danded chape admention researt SP datals in Section 2007. Compliant 17 yets O Not fine, please provide CKY proor/isofactional documents in not submitted earlier) Signature SiP Dig Up (Optional) Start Month/Year (Default Dec 2008) Monthly Start M										
Scheme/Plan/Option/Sub-option Scheme/Plan/Option/Sub-option Scheme state	Please tick ☑ ☐ Sl	P Registration SIF	with Top-up F	Registratio	n □ SIP-Ch	ange in Banl	Details (Please provide copy of cand			
Scheme	Sr	· · · ·	SIP Installment	•			,	1)	Start Month/Year	End Month/Year (Default Dec 2031)#
State	Scheme		(4)			☐ Monthly*	₹		MMYYYY	MMYYYY
Sobre	Scheme				-	☐ Weekly ☐ Monthly*	Top-up amount \$ ₹			MMYYYY
Description Part Description Descrip								y ☐ Yearly		☐ Till Further Notice
infallul frequency: "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) or up arround should be in multiples of ₹ 500 only: "Quarterly SIP offers top-up frequency at yearly intervals only MAT Account Details I National Securities Depository Ltd. Depository Participant Depository Services (india) Ltd. Depository Participant Depository Particip						☐ Monthly*	₹		MMINIYIYIYI	
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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, riow 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).