C C	PLICATION	<b>nor</b> Form sh	n Ap	pplic	CK LETTERS	WITHIN T	HE BOXES C	NLY				·		cation No				Š	F				RAM	ML	J <b>TU</b> A	4 <i>L</i>
	Authorit 1	DNI								on co			this k	CIM and Y		uide to fill					ceedi		) - t - T'	OL- 7	2-6	N-
Distributor ARN Sub Distri ARN-111310		d Distribu	tributor ARN Internal Sub-Broker/Sol II			OI ID	E156922				Emp	oloyee Code PMRN / RIA Cod					e ISC Date Time Stamp Reference No.									
			naid direct	v hv the inv	estor to th	e AMFI n	enistered d	istributor l	hased					nt of various	s facto	rs including	the serv	ice rendere	d by the d	stributor						
* Declarati is executed any, provid	ion for "E d without led by the	xecutior any inter employe	only" tra action or a e/relations	nsaction (cadvice by the ship manag	only where ne employ er/sales pe	e EUIN b ee/relation erson of	ox is left to onship mar the distribu	olank)  nager/sale utor/sub b	"I/We s pers roker."	hereby on of the	confirm he abov	that the distri	ne EUI ibutor	N box has /sub broke	been in	ntentionally l twithstandin	left blan	k by me/us dvice of in-	s as this tra appropria	insaction teness, if						
			olicant / G					Secon								Third A	Applica	nt				Pov	ver of Att	torney Ho	older	
TRANSA or more purchase	and you	r Distri	butor ha	s opted	to receiv	e Trans	saction (	Charges,	the	same	are de	educti	ible a	as applica	able t	from the									tual Fund Funds-₹1	
		1			1.1	MODE (	OF HOLD	ING			,					2. Exis	_									
	Single UNIT HOLDING OPTION			Joint					Anyone or Survivor					Folio	no:	(If you have an existing folio with KYC validated, please mention here and skip to Investment & Payment section)  Depository Participant Name   ✓										
Demat Ac				Annlicant	<u>L</u>	Phy	sical N	lode				Dem	nat	Mode				De	eposito	ory Pa	rtici	panı	Nam	e <b>v</b>		
(Name of	First / Sol	e Applic	ant as per	demat acc	,			DD OI																		
investor v	willing to		n Demat	option, r	nay prov	ide a co	ppy of the	P Sta	teme	nt ena	u gnila	s to m	natch	tne Dem	at de	tails as sta	ited in	tne appli	cation to	m.						
NSD	L _	DPID											_	CDS	L	DPID										
Note: Ple		neficiar		t Maatar I	int											Benefician	y ID									
	tatus	- ' '		ndividual		esident	Comp	any l	HUF	Mir	nor	Socie	ty	FII	PIO	Partner	rship F	irm Pi	roprietor	NPO	Trus	it		Othe	ers	
1st	Holde	r																						Spec	fy	
-	Holde Holde			1	<u> </u>		-		_	ĻĻ		H					_							Speci		
	T HOLDI		All S					<u> </u>								_					Ш			Speci	ıy	
Name	111023						1	1	1			1													1	
INAITIC							-	<u> </u>	4			<u> </u>	_			_	<u> </u>	4	4		_				<u> </u>	
PAN																	DO	DB D	D	N	1	M	Y	Y	Y	Y
CKYC KIN																								J [		
Mobile N	lo*		Inc	ase of mir	nor, provid	de guard	dian mobi	le no						Email ID*					ncase of r	ninor, pro				ID		
	ommunic nary holde	ation m	ode is E-i	mail only, i	f you wis	h to rec										Account S ation in a c										ctions.
PAN																	DO	ов 🗖	D	N		M	Y	Y	Y	Y
CKYC KIN																								J [	]	
Relations	hip of au	ıardian					1		1							1										
SECON	ID HOLD	ER DF	TAILS																					]		
Name		JE																								
IVAIIIE									╬											╢	4					
DAN.												] ]										N /I				
PAN								<u> </u>	<u> </u>			_					D(	DB		IV		IVI	Y			
CKYC KIN																										
THIRD	HOLDEF	R DETAI	LS																							
Name																										
[	=						1		╁┝				$\dashv$			1		$\exists \vdash$		1	7				1	
[									4 _			<u> </u>						_		_	_					
PAN												_					D(	В		N		M	Y	Y	<u>J</u>	Y
CKYC																										

## **Application Form** Payment Type Third Party Payment (Please attach 'Third Party Payment Declaration Form') Non Third Party Payment 4. INVESTMENT & PAYMENT DETAILS Scheme Name Plan Regular Regular Direct Direct Regular Direct Growth Dividend Growth Dividend Growth Dividend Payout \_\_\_ Payout \_\_\_ Payout Re-Investment Re-Investment Re-Investment Sweep\* \_\_ Sweep\* Sweep\* Option 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 ☐ Regular Growth ☐ Direct Growth ☐ Regular Growth ☐ Direct Growth ☐ Regular Growth ☐ 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 OTM Cheque DD RTGS Fund Transfer OTM Cheque DD RTGS Fund Transfer OTM Cheque DD RTGS Fund Transfer Reference No. Amount Words: Others Drawn on Bank, Branch Savings Account Type NRO NRF Current FCNR 5. BANK ACCOUNT DETAILS FOR PAYOUT IFSC CODE MICR Bank Account No Bank Name Bank Branch Account Type Savings NRO NRE Current FCNR Others→ Address of First / Sole Applicant City/District: State: PIN Code: Town: Overseas Address (in case of NRIs/FIIs) (Mandatory) 6. 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 U OTM/NACH (please submit SIP Registration Form) **SIP Period SIP Date SIP Frequency** for Monthly/Quarterly frequency only SIP Starting SIP Ending Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5) 1 7 14 20 25 MM Monthly (Minimum amount ₹ 100 Minimum No of installments 20) Quarterly (Minimum amount ₹ 750 Minimum No of installments 7) Each SIP Amount ₹ Normal STP Source Scheme Scheme Target Scheme Amount (figures) Amount (figures) Amount (words) Amount (words) Frequency Frequency Preferred STP date Preferred SWP date STP Period SWP Period 7. NOMINATION DETAILS If you do not wish to nominate Tick here 1st Nominee Name: Relationship:. If nominee is a minor: Date of birth: Address: Name of Guardian: Proportion (%)\* in which units will be shared by first nominee..... Address of Guardian:

														App	lica	tion	FOI	rm	
nd Nomine	e Name:																		
elationship:								If nominee	s a minor	:	Б							恄	
•								Date of birth						I					
								Name of Gu											
roportion (% rd Nomine		nits will be	shared by se	econd nominee.	%	6		Address of 0	Guardian:										
lalatia nabin								If manufact											
								If nominee  Date of birth		:						Y	Y	LY	
								Name of Gu	ardian:										
				ird nominee nee should aggrega				Address of 0	Guardian:										
гторогион (70,	) III WIIICII UIIIIS	WIII DE SIIdIE	и ву васт потії	iee siloulu ayyieya	116 10 10070														
Signa	ture of 1st	/ Sole An	plicant / Gu	ıardian		Sign	nature of 2	nd Applica	 nt				Sign	nature (	of 3rd 4	 Applican	 t		
8. OCCUPAT		OOIC AP	phodrit / Ge	iai aiaii		Oigi	iature or z	па дриоа					Oigi	iaturo (	n ora r	фрисан	<u> </u>		
	Private Sectorice	or Public S Serv	Sector Gove ice Se	rnment rvice Busin	ess Profe	ssional	Agriculturi	st Retired	Retired Student			Forex Dealer Others			0	thers			
1st Holder																pecify			
2nd Holder 3rd Holder											+					pecify pecify			
	NUAL INCOM	<u> </u>			J   L														
	Below 1 Lac 1-5 Lacs 5-10 Lacs			10-25 Lacs	> 25 Lacs	Net worth (M	-	or	As on date										
dat Haldau					Lacs > 25 Lacs - 1 Crore > 1 Crore			Non-Individuals) - ₹								VV			
1st Holder													M	IVI	Y	Y	Y	l Y	
2nd Holder												D	M	M		Y		Y	
3rd Holder										D	M	M	Y	Y		Y			
PEP & UBO	Details																		
	I am political exposed per		company a Li	sted Company or (If no. Ple			ompany or Co JBO declarati		isted Comp			eign Excl / Charge			ing / Gai	nbling / Services		Lendin vning	
	Yes N	0		Yes				No			Yes		No	Ye	S	No	Yes	No	
1st Holder 2nd Holder									]				$\vdash$						
3rd Holder																			
			uals (Mandato	ry) / guardian / PoA	holdou				Non Indi	vidual in	vestor	s & HUF	should m	nandatori	y fill sep	arate FAT(	CA-CRS	Annexu	
ne below into		<u>.                                      </u>	iii appiicant(s)		noider irst Applican	t/Guardia	n		Second	l Applica	ant				Third	Applican			
1. Are you a Ta	ax Resident of C	ountry other t	han India?		Yes	No			Ye	s 🔲 I	No			Yes No					
•	intry of Birth/ citi				Yes	No			Ye	s 🔲 I	No				Y	es N	0		
No. other th	idence address nan in India?	-	•		Yes	No			Ye	s 🔲	No			Yes No					
	holder / person t red under anv o		tory authority is s 1, 2 or 3 above	2	Yes	No			Ye	s 🔲 I	No				Y	es N	0		
If you have ans	swered YES to			the below details															
Country of Tax Nationality	x Hesidence																		
	ion Number\$ or	Reason for no	t providing TIN																
Identification 7	Type (TIN or Oth	er, please spe	cify)																
Residence add Country & Pin	dress for tax pui code)	poses (include	e City, State,																
Address Type				Residenti Business	al or Business	Resi	idential	Residential or Business Residential Business Registered Office					Residential or Business Residential Business Registered Office						
City of birth					. 5														
Country of bir		na rooidon#	tov nover in	ore then one serve	tni provida ta	v idontifi	ation number	for each such a	ountry con	ratali									
ın case any o	n applicant be	· · · · · · · · · · · · · · · · · · ·		ore than one coun	ıry, provide ta	x iaentifica	auon number i	or each such c	ountry sepa	rately.									
sf   sun	IDARAM MU	TUAL Sun		ement t Management nites Road, Che						0 2345 2	2215 (ľ		pplica	tion No					
Communication	in connection v	ith the applic	ation should be a	addressed to the Re	gistrar <b>KFin Te</b>	chnologies	Private Limite	ed, Registrar and											