Common Application Form THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS WITHIN THE BOXES ONLY									Application No:							SUNDARAM MUTUAL									
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Upfront cor	Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on t * Declaration for "Execution only" transaction (only where EUIN box is left blank) "I/We here is executed without any interaction or advice by the employee/relationship manager/sales person of any, provided by the employee/relationship manager/sales person of the distributor/sub broker."								on the investor's assessment of various factors including the ser																
	First / Sole Applicant / Guardian Second App TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ON or more and your Distributor has opted to receive Transaction Charges, the							ONLY.	NLY. In case the subscription amount is ₹ 10,000						ant Power of Attorney Holder I confirm that I am a first time investor across Mutual Funds-₹150.										
	purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.																								
	Single				Joint				Anyone or Survivor			Folio no:				with KYC	validated, please mention here and skip to Investment & Payment section)								
	UNIT HOLDING OPTION				Physical Mode				Demat Mode					Depository Participant Name Ψ											
Demat Account Details of First / Sole Applicant (Name of First / Sole Applicant as per demat account) 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.																									
Investor v	willing to	invest in	n Demat	option, n	nay provi	de a cop	y of the	DP Stat	ement	enablin	g us	to match	the De	mat det	ails as stated DPID	in the	applicat	ion forr	n.						
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Note: Ple				Master L	.ist.										.c.io.ioiuly ID										
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Father / Guardian Name	ı/PoA																								
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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 Direct Regular Regular Direct Regular Direct Growth Dividend Growth Dividend Growth Dividend Payout ___ Payout __ Payout Re-Investment Re-Investment Re-Investment 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 Others Drawn on Bank, Branch Account Type Savings L NRO FCNR L NRE Current 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 PIN Code: City/District: Town: State 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 OTM/NACH (please submit SIP Registration Form) SIP Date SIP Frequency SIP Starting SIP Ending for Monthly/Quarterly frequency only Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5) 1 7 14 20 25 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 / percentage (figures) Amount / percentage (figures) Amount / percentage (words) Amount / percentage (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:

					Application F	orm			
nd Nominee Name:									
elationship:ddress:			If nominee is a minor: Date of birth:	DD	MMYY	Y			
duress									
roportion (%)* in which units will be shared by rd Nominee Name:	second nominee%		Address of Guardian:						
elationship:			If nominee is a minor:	DD	MMYY	YY			
ddress:			Date of birth:						
roportion (%)* in which units will be shared by Proportion (%) in which units will be shared by each n									
roportion (70) in which drifts will be shared by each in	00 0								
Signature of 1st / Sole Applicant /	Guardian	Signature of 2	nd Applicant		Signature of 3rd Applicant				
8. OCCUPATION Private Sector Public Sector Service Service Service Public Sector Graph Graph	overnment Service Business Profession	nal Agriculturis	st Retired Student	Forex Dealer Others	Others				
1st Holder	Service				Specify				
2nd Holder 3rd Holder					Specify Specify				
GROSS ANNUAL INCOME					-11-11-7				
Below 1 Lac 1-5 Lacs 5-10 La	cs 10-25 Lacs > 25 Lacs - 1 C	Crore > 1 Crore	Net worth (Mandatory for Non-Individuals) - ₹		As on date				
1st Holder				D D N	и м ү ү	YY			
2nd Holder				D D N	им ү ү	YY			
3rd Holder				D D N	и м ү ү	YY			
PEP & UBO Details I am politically Is the company	a Listed Company or Subsidiary of List	tad Campany or Ca	ntrolled by a Listed Compa	ny Foreign Exchan	ge Faming / Gambling / M	Money Lending			
exposed person Yes No	(If no, Please attach manda	itory UBO declaration	on) No	/ Money Charger Se	ervices Lottery / Casino Services	Pawning Yes No			
1st Holder	163								
2nd Holder 3rd Holder									
9. FATCA-CRS DETAILS For Individuals (Mand			Non Individ	dual investors & HUF sho	ould mandatorily fill separate FATCA-	CRS Annexu			
he below information is required for all applican Category	t(s) / guardian / PoA holder First Applicant/Gu	ıardian	Second A	pplicant	Third Applicant				
Are you a Tax Resident of Country other than India?	Yes Yes	No	Yes	No	Yes No				
 Is your Country of Birth/ citizenship other than India? Is your Residence address / Mailing address / Telepho 		No	Yes	No No	Yes No				
No. other than in India?	Yes L	No	Yes	No	Yes No				
 Is the PoA holder / person to whom signatory authorit given, covered under any of the categories 1, 2 or 3 al If you have answered YES to any of above, please prov 	oove? Yes L	No	Yes	No	Yes No				
Country of Tax Residence	ide the below details								
Nationality Tax Identification Number ^{\$} or Reason for not providing T	IN								
Identification Type (TIN or Other, please specify)									
Residence address for tax purposes (include City, State, Country & Pin code)									
Address Type	Residential or Business Business Registered O	Residential	Residential or Busines Business Registe	Residential ered Office	Residential or Business Residential Business Registered Office				
City of birth		· ×=							
Country of birth In case any of applicant being resident/ tax payer in	n more than one country, provide tax ide	entification number fo	or each such country separa	tely.					
Acknowle	dgement			·	blication No.				
Sundaram Mutual Sundaram A: &	sset Management Company Limit Whites Road, Chennai - 600 014.	ited, CIN: U93090 Contact No. 1860	TN1996PLC034615, 425 7237 (India) +91 40 2	2345 2215 (NRI)					
Received From Mr./Mrs./Ms Communication in connection with the application should Mutual Fund, Central Processing Center, 23, Cathedral G		0034. Contact No: 186	60 425 7237 (India) +91 40 2		ISC's Signatura & Star				

Application Form

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 documents and attach this to the form.
- 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 OTM/NACH 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 ₹ 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 USA/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) 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.

☐ (Applicable only for in	vestments through F	IIA) RIA/PMRN Cons	ent Declaration: I/We, the abo	ve-named person/s have invested in the Scheme(s) of									
Sundaram Mutual Fund u I/We hereby give you my/o	inder Direct Plan unde our consent to share/p	er the above mentione provide the transaction	ed Account No(s)./Folio No(s). ns data feed/portfolio holdings/l	NAV etc. in respect of my/our investments under Direct ered Investment Advisor/Portfolio Manager:									
AMFI Registration Numb	er ARN -		SEBI Registration N	SEBI Registration No.									
Name:													
Address													
City	Sity PIN												
E-Mail ID													
Tel.No													
Name of First / Sole	Applicant / Guardian	Name	e of Second Applicant	Name of Third Applicant									
Signature of First / So	ole Applicant / Guard	dian Æ Signa	ture of Second Applicant	Signature of Third Applicant									
	T		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												
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