SIP Registration / Renewal Form / Modification - NACH / One Time Mandate (OTM)

(First time investors should use this form along with the application form)

SUNDARAM MUTUAL

Please tick ☑ as applicable:
☐ NACH/OTM Form is attached and to be registered in the folio. SIP will start after mandate registration which may take 30 days.
☐ NACH/OTM Form is already registered in the folio. [No need to submit again].

ISC's signature & Time Stamping

Distributor's ARN & Name	Sub-broker's ARN (Code)	Sub-broker Code (internal)	EUIN* (Employee Unique Idendification Number)	Registered Investment Adviser (RIA) Code	For Office use only
ARN-111310			E-156922		

☐ I/We confirm that the EUIN box is intentionally left blank by me/us as this is an **"execution-only" transaction without any interaction or advice by the distributor personnel concerned.** Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

..... Sole/First Applicants's Signature Mandatory

*Mandatory

Name of First/Sole Applicant Gender* ☐ Male ☐ Female ☐ Others

Mobile* PIN Code*

Name of Second Applicant Gender* ☐ Male ☐ Female ☐ Others

Mobile* PIN Code*

Name of Third Applicant Gender* ☐ Male ☐ Female ☐ Others

Mobile* PIN Code*

E-Mail*

Existing Investor Folio No. New Investor Application No.

	Permanent Account Number (PAN)*	PEKRN	Central KYC Number ☐ CKYC Proof attached (Mandatory)
First/Sole Applicant/Guardian			
Second Applicant			
Third Applicant			

Bank Name..... Cheque No.....Dated.....

Bank Name..... Cheque No.....Dated.....

Bank Name..... Cheque No.....Dated.....

Please tick ☑ ☐ SIP Registration ☐ SIP with Top-up Registration ☐ SIP-Change in Bank Details (Please provide copy of cancelled cheque and mention relevant SIP details in the form and OTM mandate.)

CKYC compliant ☐ Yes ☐ No *(if no, please provide CKYC proof/additional documents if not submitted earlier)*

Sr. No	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date	Frequency	SIP Top Up (Optional)	Start Month/Year	End Month/Year (Default Dec 2099)#
1	Scheme ..... Plan:..... Option:.....		☐ 1st ☐ 7th ☐ 14th ☐ 20th ☐ 25th	☐ Weekly@ ☐ Monthly* ☐ Quarterly	*Top-up amount* $ ₹..... *Top-up Freqency* ^ ☐ Half-yearly ☐ Yearly	M M Y Y Y Y	M M Y Y Y Y ☐ Till Further Notice
2	Scheme ..... Plan:..... Option:.....		☐ 1st ☐ 7th ☐ 14th ☐ 20th ☐ 25th	☐ Weekly@ ☐ Monthly* ☐ Quarterly	*Top-up amount* $ ₹..... *Top-up Freqency* ^ ☐ Half-yearly ☐ Yearly	M M Y Y Y Y	M M Y Y Y Y ☐ Till Further Notice
3	Scheme ..... Plan:..... Option:.....		☐ 1st ☐ 7th ☐ 14th ☐ 20th ☐ 25th	☐ Weekly@ ☐ Monthly* ☐ Quarterly	*Top-up amount* $ ₹..... *Top-up Freqency* ^ ☐ Half-yearly ☐ Yearly	M M Y Y Y Y	M M Y Y Y Y ☐ Till Further Notice

**Default frequency; #The end date 01/12/2099 as end date for not specified by the investor. This will be considered in both Online and Physical modes (refer Guide to investing through SIP).*
$ Top up amount should be in multiples of ₹ 500 only; ^ Quarterly SIP offers top-up frequency at yearly intervals only; ***@Only on Wednesdays***

DEMAT Account Details

☐ National Securities Depository Ltd.
☐ Central Depository Services (India) Ltd.
Depository Participant
DP ID Number Beneficiary Account Number

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.

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 NACH/OTM • 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.

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 and 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.

Signatures [as per Mutual Fund Records / Application]	
	First Unit Holder's Signature
	Second Unit Holder's Signature
	Third Unit Holder's Signature

NACH/OTM Registration

SUNDARAM MUTUAL

For office use only

UMRN Date D D M M Y Y Y Y ①

Tick (✓)	
Create	
Modify	
Cancel	

Sponsor Bank Code Utility Code

I/We herby authorise **SUNDARAMMUTUALFUND** to debit Tick (✓) ☐ SB ☐ CA ☐ SB-NRE ☐ SB-NRO ☐ Others..... ②

Bank Account No ③

④ With Bank Name of customers bank IFSC or MICR ⑤

⑥ an amount of ₹ (in words) ₹

FREQUENCY ☒ ~~Monthly~~ ☒ ~~Quarterly~~ ☒ ~~Half-Yearly~~ ☒ ~~Yearly~~ ☑ As & when presented DEBIT TYPE ☒ ~~Fixed Amount~~ ☑ Maximum Amount

⑦ Reference 1 Folio No Phone No ⑨

⑧ Reference 2 Application No Email ID ⑩

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

⑪ PERIOD
From D D M M Y Y Y Y
To D D M M Y Y Y Y
or ☐ Until Cancelled

Signature Primary Account holder ..... Signature Account holder ..... Signature Account holder ..... ⑫

1 Name as in bank records 2 Name as in bank records 3 Name as in bank records ⑬

• This is to confirm that the declaration has been carefully read,understood and made by me/us.I 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, now 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).