SUNDARAM MUTUAL

Application Form

Please refer to Product labelling details available on cover page and Your Guide To Fill The Application Form (pages 11-12) before proceeding

Channel Partner / Agent Information

Serial No: EQ

Agent's Name and ARN	Sub Broker ARN code	Sub Agent Code
ARN-52719		

EUIN E079989

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness,if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

For Office Use Only

Signature: First Applicant / Second Applicant / Third Applicant

Transaction charges For Rs. 10,000 and above:
☐ Existing Investor-Rs.100 ☐ New Investor-Rs.150

Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including services rendered by the distributor.

1. Existing Investor Information (Please fill in your Folio No. and then proceed to Section 3)
Please note that applicant details and mode of holding will be as per existing Folio Number.

Folio No

2. New Investor Information (refer instruction 2)

Permanent Account Number (PAN) | **KYC completed** ☐ Yes ☐ No **Date of Birth** D D M M Y Y Y Y

Name of Guardian (in case of First / Sole Applicant is a Minor) **/ Contact Person – Designation** (in case of non-individual Investors)

Permanent Account Number (PAN) | **KYC completed** ☐ Yes ☐ No **Relationship**

Name of Power of Attorney (PoA) (PoAs must be KYC compliant. Please also attach proof of the PoA-refer instruction 2 for PAN and KYC).

Permanent Account Number (PAN) | **KYC completed** ☐ Yes ☐ No **Relationship**

Contact Details of First / Sole Applicant

E-Mail

STD Code | Telephone | Mobile

Sundaram Mutual Go Green Services: Save the Future

1. **Go Green e-Update Service:** Receive Account Statements, Annual Reports and other information instantly by email: ☐ Yes I/We would like to receive the above by email ☐ No I/We would not like to receive the above by email
2. **Go Green Web Service (for existing investors only):** Access your account and transact online. Register online by visiting our website www.sundarammutual.com
3. **Go Green IPIN Service (for new investors only):** To access your account using I-Pin please choose the 'yes' option ☐ Yes I/We would like to receive an I-Pin (refer instruction 2-Please use the PIN Agreement form attached in this document).
4. **Go Green Mobile Service:** Get instant SMS alerts for your transactions. I/We wish to register for SMS updates on my/our mobile phone. ☐ Yes ☐ No.

Note: Where the investor has not opted for any option or has opted for both options the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by email and receive SMS updates on mobile.

Address of First / Sole Applicant

TOWN | CITY/DISTRICT | STATE | PIN CODE

Overseas Address (in case of NRIs/FIIs) (**Mandatory**)

Mode of Holding [Please (✓)]
☐ Single ☐ Joint
☐ Anyone or Survivor

Status of First / Sole Applicant [Please (✓)]
☐ Individual ☐ Minor through guardian ☐ HUF ☐ Partnership ☐ Society/Club
☐ Company ☐ Body Corporate ☐ Trust ☐ Mutual Fund ☐ Fund of Funds in India
☐ NRI-Repatriable ☐ NRI-Non-Repatriable ☐ FII/Sub account of FII ☐ QFI ☐ Others_____(please specify)

Name of Second Applicant

Permanent Account Number (PAN) | **KYC completed** ☐ Yes ☐ No **Date of Birth** D D M M Y Y Y Y

Name of Third Applicant

Permanent Account Number (PAN) | **KYC completed** ☐ Yes ☐ No **Date of Birth** D D M M Y Y Y Y

Acknowledgement

Sundaram Asset Management Company Limited, II Floor, 46 Whites Road, Chennai - 600 014. Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI)

Serial No: EQ

Received From Mr./Mrs./Ms. .....
Address .....
.....

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, RR Towers, II III Floor, Thiru Vi Ka Industrial Estate, Guindy, Chennai 600 032. Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI).

ISC's Signature & Stamp

Please Note: All Purchases are subject to realisation of cheques / demand drafts.

3. Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory) (refer instruction 3)

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.....
RTGS / NEFT / IFSC Code			

If the payment is by DD or source of fund is not clear on the Cheque leaf, please provide a copy of FIRC.

4. Mode of payment of redemption/dividend proceeds via Direct credit/NEFT (refer instruction 4). Please tick (✓)

☐ I/We wish to receive redemption/dividend proceeds directly into my/our bank account via Direct Credit/NEFT facility

☐ I /We wish to receive the redemption/dividend proceeds (if any) by way of a cheque/demand draft/ Warrant

Direct Credit is now available with: Axis Bank, BNP Paribas Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, ING Vysya, Kotak Mahindra Bank, Royal Bank of Scotland, SBI, Standard Chartered Bank, YES Bank. If your bank falls in this list your Redemption/ Dividend proceeds will be directly credited to your account irrespective of the option ticked.

5. I/We wish to invest in (refer instruction 5- please issue a separate cheque/Demand Draft in favour of the scheme you wish to invest)

Scheme Name	Plan	Option	Amount Invested (less DD charges)	Net Amount Paid	Payment Details	
					Cheque/DD Number	Bank/Branch
	☐ Regular ☐ Direct					
	☐ Regular ☐ Direct					
	☐ Regular ☐ Direct					

Incase of third party payment (refer instruction 5): Please download (www.sundarammutual.com) and attach the third party declaration form

DEMAT Account Details (refer instruction 5)

☐ National Securities Depository Ltd. Depository Participant Name_____

☐ Central Depository Services (India) Ltd. 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.

6. Please indicate details of your SIP (skip this section if you wish to make a one-time investment)

Mode of SIP ☐ Auto Debit *(also submit SIP Auto Debit form)* ☐ Post-dated cheques

If you opt for SIP through post dated cheques, please indicate **First SIP Cheque No** _____ **Last SIP Cheque No** _____

Each SIP Amount Rs _____

SIP Frequency
☐ Weekly (Minimum amount Rs 1000 Every Wednesday. Minimum No of installments 5)
☐ Monthly (Minimum amount Rs 250 Minimum No of installments 20)
☐ Quarterly (Minimum amount Rs 750 Minimum No of installments 7)

SIP Date for Monthly/Quarterly frequency only ☐ 1 ☐ 7 ☐ 14 ☐ 20 ☐ 25

SIP Period

SIP Starting	SIP Ending	OR	☐ Till further notice*
D D M M Y Y	D D M M Y Y		3 1 1 2 2 0 3 1

*(*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)

7. Nominee (available only for individuals) (refer instruction 7)

☐ I wish to nominate the following person(s)

1st Nominee
Name:.....
Address:.....
.....
.....
Proportion (%)* in which units will be shared by first nominee.....%
If nominee is a minor:
Date of birth:.....Relationship:.....
Name of Guardian:.....
Address of Guardian:.....
.....

2nd Nominee
Name:.....
Address:.....
.....
.....
Proportion (%)* in which units will be shared by second nominee.....%
If nominee is a minor:
Date of birth:.....Relationship:.....
Name of Guardian:.....
Address of Guardian:.....
.....

3rd Nominee
Name:.....
Address:.....
.....
.....
Proportion (%)* in which units will be shared by third nominee.....%
If nominee is a minor:
Date of birth:.....Relationship:.....
Name of Guardian:.....
Address of Guardian:.....
.....

** Proportion (%) in which units will be shared by each nominee should aggregate to 100%*

☐ **I do not wish to choose a nominee. Signature of investor(s)** ....

8. Signature (refer instruction 8)

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 Auto Debit • 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 Rs. 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 confirm that I am/we are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time or a resident of 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 and other investigation agencies 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.

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Scheme: .....

Plans: ☐ Regular ☐ Direct

Options: ☐ Growth ☐ Dividend ○ Dividend Re-investment ○ Dividend Payout ○ Dividend Sweep ☐ Others .....

Cheque / DD No.				Date	D D M M Y Y Y Y
Amount in words (Rs)				Drawn on Bank	
Amount in figures (Rs)		DD Charges	Net Amount	Branch Name	

SMF-KIM-March 31, 2014