SUNDARAM MUTUAL

SIP Enrolment and Auto Debit Form

For investments through ECS (Debit Clearing)/Standing Instruction *(First time investors should use this form along with the application form)*

Channel Partner / Agent Information

Serial No: EQ

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

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.

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

Existing Investor Information (Please fill in your Folio No.) Please note that applicant details and mode of holding will be as per existing Folio Number. **If you want to change your bank details for your ongoing SIP, all you have to do is (1) tick the box ☐ (2) fill in the folio number (3) fill the SIP Auto Debit details and (4) sign; highlighted by the symbol ▲**

▲ Folio No

Name of First/Sole Applicant

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

Name of Second Applicant

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

Name of Third Applicant

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

DEMAT Account Details (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)

☐ National Securities Depository Ltd.
☐ Central Depository Services (India) Ltd.
Depository Participant Name:

DP ID Number

Beneficiary Account Number

▲ SIP Auto Debit details

Fund Name

Plan ☐ Regular ☐ Direct **Option** ☐ Dividend Payout ☐ Dividend Re-Investment ☐ Dividend Sweep ☐ Growth

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 Period **SIP Starting** D D M M Y Y **SIP Ending** D D M M Y Y *OR* ☐ **Till further notice*** 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)

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

SIP Top-up Feature
☐ SIP Top-up (Optional) (please ✓ to avail this facility)
Top-up amount Rs._____ (The amount should be in multiples of Rs. 500 only).
SIP Top-up Freqency: ☐ Half-yearly ☐ Yearly (Quarterly SIP offers top-up frequency at yearly intervals only)

If Micro SIP, please tick ☐ Yes (Micro SIP: Less than Rs 50,000 per person in any rolling 12-month period)

If Micro SIP, supporting document/identification number: .....

Bank Account Details

Account Number	
Name of Account Holder (as in bank account)	
Name of the Bank	
Branch & City	
Branch Address	
Cheque MICR No	
Account Type [Please (✓)]	☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others.....

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.

▲ Signature

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Authorisation & Signature of the Bank Account Holder

To, The Branch Manager,.....(Name of Bank) Bank Account Number

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Credit / Standing Instruction and that my payment towards my investment in Sundaram Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above thorugh participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. If the transaction is delayed or not effected at all of reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Sundaram Mutual Fund / Sundaram Asset Management Company Limited, about any changes in my back account. I/We have read and agreed to the terms and conditions mentioned overleaf.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant

For change of bank to ongoing SIP plese fill in the SIP Auto Debit details