CC THE API	Common Application Form THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS WITHIN THE BOXES ONLY								Appl					NDARAM MUTUAL											
Dis	ributor	ARN		Sub	Pleas Distribut			neter detai rnal Sub-Bro		e on cover	page of this EUIN*	KIM ar		Guide to fill the A ployee Code		tion Form PMRN / RI		procee	oceeding. ISC Date Time Stamp Reference No.						
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(Name of I Investor							uld prov	vide a cop	y of the [DP Statem	ient / Client	Maste	er List (CML) enabling	us to	match th	e Dem	at deta	ails as	stated	in the ;	applica	ition f	form.	
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Guardian	/ PoA																								
Name																									
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Application Form

4. INVESTMENT & PAYMENT DETAILS (Stamp Duty Applicable)																													
Scheme Name				S	chem	e-1								Sche	me-2									Scl	heme-3	}			
Plan		Regula	ar		Dire	ect					Reg	ular	[D	rect					Regular Direct									
Option	Growth Income Distribution cum Capital Withdrawal (IDCW) Payout Reinvestment Transfer* IDCW Frequency (For Fixed Income Funds only):							Growth Income Distribution cum Capital Withdrawal (IDCW) Payout Reinvestment Transfer* IDCW Frequency (For Fixed Income Funds only):							Growth Income Distribution cum														
(*If target scheme is not	(applicable as per SID & KIM of respective Funds) "Transfer (IDCW) Target Scheme "Regular Growth Direct Growth ("If target scheme is not mentioned for Transfer (IDCW), default scheme is "Sundaram Liquid Fund and					(applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme Begular Growth Direct Growth sub-option Growth") Any / each correction carried out in selecting the target st								arget sc	(applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme Regular Growth Direct Growth scheme has to be counter-signed by the investor(s) to make it a valid selection														
Payment Mode							DD F For realis					OTM			ue 🗌 *Subjec							7) 🗌 R o realis)
Cheque / DD / Reference No. Payment from Bank Account No. Drawn on Bank / Branch	Fund Transfer* (*Subject to realisation) Fund Transfer* (*Subject to realisation) Fund Transfer* (*Subject to realisation) Fund Transfer* (*Subject to realisation)																												
Amount (₹)	Figure	s																											
	Words																												
Account Type			Savi	<u> </u>			NF	-							Curre					NR				hers					
5. BANK ACCOUNT	DET	AILS FOR	PAYOL	JT (M	andat	ory to a	attach pr	oof, in c	ase th	ne pay	/-out ba	ank acco	ount	t below	is differe	ent fro	om the	e cheq	lue iss	sued f	or inve	estme	nt as p	er se	ction 4)			
IFSC CODE															MICF	7													
Bank Account No																													
Bank Name Bank Branch																													
Account Type Sav	Account Type Savings NRO NRE Current FCNR Others →																												
6. LEGAL ENTITY IDENTIFIER (Mandatory) - (Only for Non-Individuals including HUF for transactions amounting to Rs. 50 Crores and above) Sundaram Mutual Fund - LEI Number: 33580-0Q-DGDY5PCN345-81 (The LEI expires on March 20, 2023)																													
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VALIDITY DATE OF I	LEI	D			\mathbb{N}	\mathbb{N}	İΥ			Y	Y																		
Address of First / S	ole A	oplicant																											
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7. Systematic Trans	sactio	n Registr	ation D	etails	s – Ple	ease in	dicate de	tails of	your S	SIP (sk	ip this se	ection if yo	ou wi	vish to ma	ke a one-t	ime inv	vestme	nt)						(Refer G	uide to	investing	throug	gh SIP)
Mode of SIP	-	M/NAC																	h SIP	Amou	nt₹								
SIP Period Month/Ye		SIP St		M		Y	YY	Y				fault C	Dec	c 209	9): M	M	1 Y	Y	Υ	Y		Till	Furth	ner N	lotic	e*			
(*The end date – 0						,					s will b	e cons	ide	ered in	both Oi	nline	and	Physi	ical n	nodes)								
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Application Form

8. Nomination Details (Refer Instruction 3)

□ I / We wish to nominate. (Proportion (%) in which units will be shared by each nominee should aggregate to 100%. In case of single nominee default proportion will be 100%.)

	Nominee Name	Nominee PAN	Relationship with applicant	If nominee is minor*	Allocation	Nominee Signature	
		Nominee PAN	with applicant	Guardian Name	Date of Birth	(%)	Nominee Signature
1							
2							
3							
Addr	ess		with Minor as I	h Minor as Nominee, please mention Gua Mother / Father / Legal Guardian & Atta nool Leaving Certificate / Passport / Others	Total 100%		

\Box I / We DO NOT wish to nominate

Nomination Declaration: I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

	Signature is mandatory Signature is mandatory Signature is mandatory																
Signat	ure of Sole /	First App	olicant / G	Guardian	Signa	ture of Sec	ond Applic	ant			Sign	ature o	of Third	Applica	nt		
9. OCCUPAT	TION																
	Private Sector Service	Public Sec Government S	ctor Service Ho	usewife Busine	ss Professional	Agriculturist	Retired	Student	Forex Deale	r Othe	rs			Others			
1st Holder												Specify					
2nd Holder												Specify					
3rd Holder	I Holder I <																
GROSS ANNUAL INCOME																	
	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	> 25 Lacs - 1 Crore	> 1 Crore		landatory for iduals) - ₹		As on date							
1st Holder									D	D	MM			ΥΥΥ		Y	
2nd Holder									D		\mathbb{N}			Y		Y	
3rd Holder									D	D	Μ	Μ	Y	Y	Y	Y	
PEP & UBO	PEP & UBO Details																
	I am politically Related exposed person to PEP Is the company a Listed Company or Subsidiary of Listed Company or Subsidiary UE							Listed Compar	ny F /Mo	Foreign Exc ney Charge	change er Services			Gambling / Lottery / Money Ler sino Services Pawnir			
	Yes NA	Yes N		Yes			No			es	No	Yes		No	Yes	Ňo	
1st Holder																	
2nd Holder														Ц			
3rd Holder																	
10. FATCA-CRS DETAILS For Individuals (Mandatory) Non Individual investors & HUF should mandatorily fill separate FATCA-CRS Annexure																	
The below information is required for all applicant(s) / guardian / PoA holder																	
Category								cant/Guardia	n		nd Applic		Third Applicant				
1. Are you a Tax Resident of Country other than India? Yes No Yes 2. Is your Country of Birth/ citizenship other than India? Yes No Yes									Yes □N Yes □N								
				No. other than in Ind	ia?			es 🗆 No									
					any of the categories 1, 2	or 3 above?		es 🗆 No			Yes 🗆 N						
	swered YES to an			e the below details		010 00000											
Nationality																	
	ion Number ^{\$} or Re																
	Type (TIN or Other,																
Residence ad	dress for tax purpo	ises (include	City, State, Co	ountry & Pin code)													
Address Type								or Business Business Office	Residential or Business Esidential Business Registered Office				Residential or Business Residential Business Registered Office				
City of birth																	
Country of birt	th of one line at the in				ter and de ter identifi		for each and										
\$ In case any o	oi applicant bein				ntry, provide tax identific	callon number	Tor each such	country sepa	ralely.								
st sun	SUNDARAM MUTUAL Acknowledgement Company Limited, CIN: U93090TN1996PLC034615, 1 & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)																
Communication	tal Towers, 180, k	vith the appl Kodambakka	am High Road	d, Nungambakkam,	the Registrar KFin Tec Chennal-600034. Conta ct to realisation of c	act No: 1860 4	l25 7237 (Ind	ia) +91 40 23				ISC	C's Sign	nature & S	tamo		
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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 (\checkmark) \Box 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 \Box Repatriation Basis \Box 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.

Stamp Duty: Pursuant to Notification No. S.O. 1226(E) and G.S.R. 226(E) dated March 30, 2020 issued by Department of Revenue, Ministry of Finance, Government of India, read with Part I of Chapter IV of The Finance Act, 2019, notified on February 21, 2019 issued by Legislative Department, Ministry of Law and Justice, Government of India, a stamp duty @0.005% of the transaction value of units would be levied on applicable mutual fund inflow transactions, with effect from July 1, 2020. Accordingly, pursuant to levy of stamp duty, the number of units allotted on purchase transactions (including reinvestment IDCW and switch-in) to the Unit holders would be reduced to that extent.

□ (Applicable only for investments through RIA) RIA/PMRN Consent Declaration: I/We, the above-named person/s have invested in the Scheme(s) of Sundaram Mutual Fund under Direct Plan under the above mentioned Account No(s)./Folio No(s).

I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the below mentioned Mutual Fund Distributor/SEBI-Registered Investment Advisor/Portfolio Manager:

AMFI Registration Number ARN -	SEBI Registration No.	SEBI Registration No.							
Name:									
Address									
City	F	PIN							
E-Mail ID									
Tel.No									
Name of First / Sole Applicant / Guardian	Name of Second Applicant	Name of Third Applicant							
Signature of First / Sole Applicant / Guardian	Signature of Second Applicant	Signature of Third Applicant							

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										
	SIP										