

# Common Application Form

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS WITHIN THE BOXES ONLY

Application No:



**SUNDARAM MUTUAL**

Please refer to Riskometer details available on cover page of this KIM and Your Guide to fill the Application Form before proceeding.

Distributor ARN	Sub Distributor ARN	Internal Sub-Broker/Sol ID	EUIIN*	Employee Code	PMRN / RIA Code	ISC Date Time Stamp Reference No.

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

**\*Declaration for "Execution only" transaction (only where EUIIN box is left blank)**  \*I/We hereby confirm that the EUIIN 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

I confirm that I am a first time investor across Mutual Funds-₹150.  
 I confirm that I am an existing investor in Mutual Funds-₹100.

<b>1. MODE OF HOLDING</b>			<b>2. Existing Folio no:</b> <small>(If you have an existing folio with KYC validated, please mention here and skip to Investment &amp; Payment section)</small>
<input type="checkbox"/> <b>Single</b>	<input type="checkbox"/> <b>Joint</b>	<input type="checkbox"/> <b>Anyone or Survivor</b>	
<b>UNIT HOLDING OPTION</b>			<b>Depository Participant Name ↓</b>
<input type="checkbox"/> <b>Physical Mode</b> <input type="checkbox"/> <b>Demat Mode</b>			

**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.

<b>NSDL</b>	DPID		<b>CDSL</b>	DPID	
	Beneficiary ID			Beneficiary ID	

Note: Please attach copy of Client Master List.

Status	Resident Individual	Non Resident	Company	HUF	Minor	Society	FII	PIO	Partnership Firm	Proprietor	NPO	Trust	Others
<b>1st Holder</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
<b>2nd Holder</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
<b>3rd Holder</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify

### 3. FIRST HOLDER DETAILS

Name	<input type="text"/>																
PAN	<input type="text"/>								DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC KIN	<input type="text"/>																
Mobile No*	Incase of minor, provide guardian mobile no								Email ID*	Incase of minor, provide guardian email ID							

E-mail ID:  **Self** OR  **Family Member** (Relationship)..... **\*Mandatory**  
 Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓)  Account Statement  Annual Report  Other Statutory Information

Note Primary holder(s) / guardian own email address and mobile number should be provided for speed and ease of communication in a convenient and cost effective manner, and to help prevent fraudulent transactions.

Father / Guardian / PoA Name	<input type="text"/>																
PAN	<input type="text"/>								DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC KIN	<input type="text"/>																
Relationship of guardian	<input type="text"/>																

### SECOND HOLDER DETAILS

Name	<input type="text"/>																
PAN	<input type="text"/>								DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC KIN	<input type="text"/>																

### THIRD HOLDER DETAILS

Name	<input type="text"/>																
PAN	<input type="text"/>								DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CKYC KIN	<input type="text"/>																

## 4. INVESTMENT & PAYMENT DETAILS Payment Type Third Party Payment (Please attach 'Third Party Payment Declaration Form') Non Third Party Payment

Scheme Name	Scheme-1	Scheme-2	Scheme-3
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> <b>Growth</b> <input type="checkbox"/> <b>Income Distribution cum Capital Withdrawal (IDCW)</b> <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): ..... (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> <b>Growth</b> <input type="checkbox"/> <b>Income Distribution cum Capital Withdrawal (IDCW)</b> <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): ..... (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> <b>Growth</b> <input type="checkbox"/> <b>Income Distribution cum Capital Withdrawal (IDCW)</b> <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): ..... (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth
(*If target scheme is not mentioned for Transfer (IDCW), default scheme is "Sundaram Money Fund and sub-option Growth") 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	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer
Reference No.			
Amount	Figures: _____ Words: _____	Figures: _____ Words: _____	Figures: _____ Words: _____
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others

## 5. BANK ACCOUNT DETAILS FOR PAYOUT

IFSC CODE	<input style="width: 100%;" type="text"/> MICR
Bank Account No	<input style="width: 100%;" type="text"/>
Bank Name	Bank Branch
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others → <span style="float: right; font-size: small;">Please specify</span>

## 6. LEGAL ENTITY IDENTIFIER (Mandatory) - (Only for Non-Individuals including HUF)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
VALIDITY DATE OF LEI																				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Address of First / Sole Applicant

Town:	City/District:	State:	PIN Code:
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## Overseas Address (in case of NRIs/FIIs) (Mandatory)


## 7. 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	<input type="checkbox"/> OTM/NACH (please submit SIP Registration Form)	Each SIP Amount ₹ <input style="width: 100%;" type="text"/>						
SIP Period	<input type="checkbox"/> SIP Starting <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <b>End Month/Year (Default Dec 2099):</b> <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> <b>Till Further Notice*</b>							
(*The end date – 01/12/2099 as end date. If not specified by the investor. This will be considered in both Online and Physical modes) (refer Guide to investing through SIP)								
SIP Date	SIP Date: .....(for <b>Monthly</b> : Any Day of the Month; for <b>Quarterly</b> : Any Day of the month for each quarter).							
SIP Frequency	<table style="width: 100%; font-size: small;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Weekly <b>For Fixed Income</b></td> <td style="width: 50%;"><input type="checkbox"/> Weekly <b>For Equity</b></td> </tr> <tr> <td><input type="checkbox"/> Monthly</td> <td><input type="checkbox"/> Monthly</td> </tr> <tr> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Quarterly</td> </tr> </table>		<input type="checkbox"/> Weekly <b>For Fixed Income</b>	<input type="checkbox"/> Weekly <b>For Equity</b>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Weekly <b>For Fixed Income</b>	<input type="checkbox"/> Weekly <b>For Equity</b>							
<input type="checkbox"/> Monthly	<input type="checkbox"/> Monthly							
<input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly							

Normal STP	SWP
Source Scheme	Scheme
Target Scheme	
Amount (figures)	Amount (figures)
Amount (words)	Amount (words)
Frequency	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Preferred STP date	Preferred SWP date
STP Period	SWP Period

## 8. NOMINATION DETAILS

If you do not wish to nominate Tick here

### 1st Nominee Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship:.....  
 Address:.....

**If nominee is a minor:**  
 Date of birth: 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of Guardian:.....  
 Address of Guardian:.....

Proportion (%)\* in which units will be shared by first nominee.....%

### 2nd Nominee Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship:.....  
 Address:.....

**If nominee is a minor:**  
 Date of birth: 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of Guardian:.....  
 Address of Guardian:.....

Proportion (%)\* in which units will be shared by first nominee.....%

### 3rd Nominee Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Relationship:.....  
 Address:.....

**If nominee is a minor:**  
 Date of birth: 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of Guardian:.....  
 Address of Guardian:.....

Proportion (%)\* in which units will be shared by first nominee.....%

Signature of 1st / Sole Applicant / Guardian

Signature of 2nd Applicant

Signature of 3rd Applicant

## 9. OCCUPATION

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Student	Forex Dealer	Others	Others
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify

## GROSS ANNUAL INCOME

	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	> 25 Lacs - 1 Crore	> 1 Crore	Net worth (Mandatory for Non-Individuals) - ₹	As on date							
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PEP & UBO Details

	I am politically exposed person		Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If no, Please attach mandatory UBO declaration)		Foreign Exchange / Money Charger Services		Faming / Gambling / Lottery / Casino Services		Money Lending Pawning	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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	First Applicant/Guardian	Second Applicant	Third Applicant
1. Are you a Tax Resident of Country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your Country of Birth/ citizenship other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is your Residence address / Mailing address / Telephone No. other than in India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any of above, please provide the below details

Country of Tax Residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification Number <sup>§</sup> or Reason for not providing TIN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type (TIN or Other, please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence address for tax purposes (include City, State, Country & Pin code)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Type	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
City of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>

§ In case any of applicant being resident/ tax payer in more than one country, provide tax identification number for each such country separately.



## Acknowledgement

Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, 1 & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)

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

Communication in connection with the application should be addressed to the Registrar KFin Technologies Private Limited, Registrar and Transfer Agents, Unit: Sundaram Mutual Fund, Central Processing Center, 23, Cathedral Garden Road, Nungambakkam, Chennai 600034. Contact No: 1860 425 7237 (India) +91 40 2345 2215 (NRI)

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

Application No.

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ISC's Signature & Stamp

## 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.

**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.
Name:	
Address	
City	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
	<input type="checkbox"/> Lumpsum Purchase <input type="checkbox"/> SIP			