Common Application Form

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

Application No:

SUNDARAM MUTUAL
Sundaram Finance Group

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	EUIN*	Employee Code	PMRN / RIA Code	ISC Date Time Stamp Reference No.
ARN-95070				E-101834		

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 EUIN box is left blank)** ☐ "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 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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. In case the subscription amount is ₹ 10,000 or more and your MFD has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the MFD. 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.

1. MODE OF HOLDING

☐ Single ☐ Joint ☐ Anyone or Survivor

2. Existing Folio no: (If you have an existing folio with KYC validated, please mention here and skip to Investment & Payment section)

UNIT HOLDING OPTION ☐ Physical Mode ☐ Demat Mode

Demat Account Details of First / Sole Applicant (Name of First / Sole Applicant as per demat account)

Investor willing to invest in Demat option, should provide a copy of the DP Statement / Client Master List (CML) enabling us to match the Demat details as stated in the application form.

NSDL	DPID		CDSL	DPID	
	Beneficiary ID			Beneficiary ID	

Status	Resident Individual	Non Resident	Company	HUF	Minor	Society	FII	PIO	Partnership Firm	Proprietor	NPO	Trust	Others
1st Holder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Specify
2nd Holder	☐	☐						☐					Specify
3rd Holder	☐	☐						☐					Specify

3. FIRST HOLDER DETAILS (Name as per PAN card) (PLEASE FILL IN BLOCK LETTERS WITHIN THE BOXES ONLY)

Name (FIRST / MIDDLE / LAST)

PAN* DOB/Date of Incorporation * (D D M M Y Y Y Y)

CKYC KIN

Mobile No* Email ID*

*Please tick the Family Code for the Mobile Number and Email ID provided *Mandatory*

Mobile: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian **Email:** ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓) ☐ Annual Report ☐ Other Statutory Information

Guardian / PoA Name (Name as per PAN card) (FIRST / MIDDLE / LAST)

Relationship of Guardian: ☐ Father ☐ Mother ☐ Legal Guardian. **If Legal Guardian is opted, submission of duly notarised court order is mandatory.**

PAN* DOB * (D D M M Y Y Y Y)

CKYC KIN

SECOND HOLDER DETAILS (Name as per PAN card) (PLEASE FILL IN BLOCK LETTERS WITHIN THE BOXES ONLY)

Name (FIRST / MIDDLE / LAST)

PAN* DOB (D D M M Y Y Y Y)

CKYC KIN

Mobile No* Email ID*

*Please tick the Family Code for the Mobile Number and Email ID provided *Mandatory*

Mobile: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian **Email:** ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓) ☐ Annual Report ☐ Other Statutory Information

THIRD HOLDER DETAILS (Name as per PAN card) (PLEASE FILL IN BLOCK LETTERS WITHIN THE BOXES ONLY)

Name (FIRST / MIDDLE / LAST)

PAN* DOB* (D D M M Y Y Y Y)

CKYC KIN

Mobile No* Email ID*

*Please tick the Family Code for the Mobile Number and Email ID provided *Mandatory*

Mobile: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian **Email:** ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓) ☐ Annual Report ☐ Other Statutory Information

4. INVESTMENT & PAYMENT DETAILS (Stamp Duty Applicable)

	Scheme-1	Scheme-2	Scheme-3
Scheme Name			
Plan	☐ Regular ☐ Direct	☐ Regular ☐ Direct	☐ Regular ☐ Direct
Option	☐ ***Growth*** ☐ ***Income Distribution cum Capital Withdrawal (IDCW)*** ☐ Payout ☐ Reinvestment ☐ Transfer* *IDCW Frequency (For Fixed Income Funds only):* ..... *(applicable as per SID & KIM of respective Funds)* ***Transfer (IDCW) Target Scheme** ..... ☐ Regular Growth ☐ Direct Growth	☐ ***Growth*** ☐ ***Income Distribution cum Capital Withdrawal (IDCW)*** ☐ Payout ☐ Reinvestment ☐ Transfer* *IDCW Frequency (For Fixed Income Funds only):* ..... *(applicable as per SID & KIM of respective Funds)* ***Transfer (IDCW) Target Scheme** ..... ☐ Regular Growth ☐ Direct Growth	☐ ***Growth*** ☐ ***Income Distribution cum Capital Withdrawal (IDCW)*** ☐ Payout ☐ Reinvestment ☐ Transfer* *IDCW Frequency (For Fixed Income Funds only):* ..... *(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 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		☐ OTM ☐ Cheque ☐ DD ☐ RTGS ☐ Fund Transfer* *(*Subject to realisation)*	☐ OTM ☐ Cheque ☐ DD ☐ RTGS ☐ Fund Transfer* *(*Subject to realisation)*	☐ OTM ☐ Cheque ☐ DD ☐ RTGS ☐ Fund Transfer* *(*Subject to realisation)*
Cheque / DD / Reference No.				
Payment from Bank Account No.				
Drawn on Bank / Branch				
Amount (₹)	Figures			
	Words			

Account Type	☐ Savings	☐ NRO	☐ NRE	☐ Current	☐ FCNR	☐ Others.....

5. BANK ACCOUNT DETAILS FOR PAYOUT (Mandatory to attach proof, in case the pay-out bank account below is different from the cheque issued for investment as per section 4) ☐ **Same bank as per investment cheque**

IFSC CODE

Bank Account No

Bank Name | Bank Branch

Account Type ☐ Savings ☐ NRO ☐ NRE ☐ Current ☐ FCNR Others ➔ | Please specify

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: 335800QDGDY5PCN34581 (The LEI expires on March 20, 2029)

VALIDITY DATE OF LEI D D M M Y Y Y Y

Address of First / Sole Applicant

Town: City/District: State: PIN Code:

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) *(Refer Guide to investing through SIP)*

Mode of SIP ☐ OTM/NACH *(please submit SIP Registration Form)* **Each SIP Amount** ₹

SIP Period Month/Year **SIP Start** M M Y Y Y Y **SIP End (Default 40 years)#:** M M Y Y Y Y ☐

 # End date should be less than or equal to 40 years from the application date or equal to end date of NACH period

SIP Date-Any Day

SIP Date: .....

(for Monthly / Quarterly Frequency)

SIP Frequency ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly *(Refer to respective Scheme Information Document for minimum criteria)*

Equity: • **Daily*** (for Minimum amount of ₹ 100, Minimum period 3 months) • **Weekly** every Wednesday (For Minimum amount of ₹ 1000, Minimum No. of installments is 6) • **Monthly** (For Minimum amount of ₹ 100, minimum No. of installments is 6) • **Quarterly** (For Minimum amount of ₹ 750, minimum No. of installments is 6)

** SIP debits will be processed on all days including Public holidays and week ends.*

Note: In case the chosen date falls on a Non-Business Day, then the SIP transactions will be processed on the immediate next Business Day based on the receipt of credit in the AMC account.

STP			**SWP**		
Source Scheme			Scheme		
Target Scheme					
Option	☐ Fixed Amount	☐ Capital Appreciation option$	Option	☐ Fixed Amount	☐ Capital Appreciation option$
Amount (figures)	For fixed Amount Option		Amount (figures)	For fixed Amount Option	
Frequency	Daily / Weekly / Monthly / Quarterly		Frequency	Monthly / Quarterly	
STP Date - Any Day (for Monthly / Quarterly frequency)	D D M M		SWP Date - Any Day (for Monthly / Quarterly frequency)	D D M M	
STP Period	From Date	To Date (including Perpetual)	SWP Period	From Date	To Date

$ Note: Capital Appreciation Option for STP/SWP can be availed only under "Growth" Option of the eligible scheme

8. OCCUPATION

	Private Sector Service	Public Sector Government Service	Housewife	Business	Professional	Agriculturist	Retired	Student	Forex Dealer	Others	Others
1st Holder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Specify
2nd Holder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Specify
3rd Holder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	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	☐	☐	☐	☐	☐	☐	☐	D D M M Y Y Y Y
2nd Holder	☐	☐	☐	☐	☐	☐	☐	D D M M Y Y Y Y
3rd Holder	☐	☐	☐	☐	☐	☐	☐	D D M M Y Y Y Y

PEP & UBO Details

	I am politically exposed person		Related to PEP		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 Changer Services		Faming / Gambling / Lottery / Casino Services		Money Lending Pawning	
	Yes	NA	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1st Holder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2nd Holder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3rd Holder	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

9. 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Is your Country of Birth/ citizenship other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Is your Residence address / Mailing address / Telephone No. other than in India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If you have answered YES to any of above, please provide the below details			
Country of Tax Residence			
Nationality			
Tax Identification Number$ or Reason for not providing TIN			
Identification Type (TIN or Other, please specify)			
Residence address for tax purposes (include City, State, Country & Pin code)			
Address Type	☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office	☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office	☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office
City of birth			
Country of birth			

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

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.

SUNDARAM MUTUAL
Sundaram Finance Group

Acknowledgement

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

Application No.

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

Communication in connection with the application should be addressed to the Registrar **KFin Technologies Limited**, Registrar and Transfer Agents, 9th Floor, Capital Towers, 180, Kodambakkam High 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.

ISC's Signature & Stamp

10. Nomination Details

☐ **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%.)

Particulars	Nominee 1	Nominee 2	Nominee 3
Mandatory Details			
Name of the Nominee			
Relationship			
Allocation (%)**			
Address			
Mobile Number			
E-mail			
Identity Number*** [Please tick any one and provide details of same]	☐ PAN ☐ Driving License Number ☐ Last 4 digits of Aadhaar ☐ Passport Number	☐ PAN ☐ Driving License Number ☐ Last 4 digits of Aadhaar ☐ Passport Number	☐ PAN ☐ Driving License Number ☐ Last 4 digits of Aadhaar ☐ Passport Number
Additional Details			
Date of Birth#			
Guardian Name (Optional)			

** if % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form.

*** Investor can provide any one of the following as the identify number for the nominee(s), ***copy of the document is not required.*** • PAN • Driving License Number • Last 4 digits of Aadhaar • Passport Number

Mandatory only if the nominee is minor.

I/We want the details of my/our nominee to be printed in the statement of holding, provided to me/us by the AMC/DP as follows (Please tick, as appropriate) ☐ Name of nominee(s) ☐ Nomination: Yes/No

I hereby authorize .....to operate my account on my behalf, in case of my incapacitation. He/She is authorized to encash my assets up to .....% of assets in the account / folio or Rs.....(Optional).

☐ **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 non appointment 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.

11. Non-Profit Organization (NPO) Declaration

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	☐ Yes ☐ No
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

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. • declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. • 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

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

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			