

3. KYC details (Mandatory) (refer instruction 3) ☐ Individual☐ Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO)**Status of First/Sole Applicant** [Please (✓)]

- ☐ Listed Company
☐ Unlisted Company
☐ Individual
☐ Minor through guardian
☐ HUF
☐ Partnership
☐ Society/Club
☐ Company
☐ Body Corporate
☐ Trust
☐ Mutual Fund
☐ FPI
☐ NRI-Repatriable
☐ NRI-Non-Repatriable
☐ FII/Sub account of FII
☐ Fund of Funds in India
☐ QFI
☐ Others..... (please specify)

Occupation Details [Please (✓)]

(To be filled only if the applicant is an individual)

First Applicant

- ☐ Private Sector Service ☐ Public Sector Service
☐ Government Service ☐ Business
☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife
☐ Student ☐ Forex Dealer
☐ Others..... (please specify)

Second Applicant

- ☐ Private Sector Service ☐ Public Sector Service
☐ Government Service ☐ Business
☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife
☐ Student ☐ Forex Dealer
☐ Others..... (please specify)

Third Applicant

- ☐ Private Sector Service ☐ Public Sector Service
☐ Government Service ☐ Business
☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife
☐ Student ☐ Forex Dealer
☐ Others..... (please specify)

Gross Annual Income (in ₹) [Please (✓)]**First Applicant**

- ☐ Below 1 Lac ☐ 1-5 Lacs
☐ 5-10 Lacs ☐ 10-25 Lacs
☐ > 25 Lacs - 1 Crore ☐ > 1 Crore (or)
 Net-worth (Mandatory for non-individuals) ₹
 as on
 IDIDIMIMYIYIYI (Not older than one year)

Second Applicant

- ☐ Below 1 Lac ☐ 1-5 Lacs
☐ 5-10 Lacs ☐ 10-25 Lacs
☐ > 25 Lacs - 1 Crore
☐ > 1 Crore (or) Net-worth.....

Third Applicant

- ☐ Below 1 Lac ☐ 1-5 Lacs
☐ 5-10 Lacs ☐ 10-25 Lacs
☐ > 25 Lacs - 1 Crore
☐ > 1 Crore (or) Net-worth.....

PEP Status**First Applicant**

- For Individuals** [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)
☐ I am PEP ☐ Not Applicable
☐ I am related to PEP

For Non-Individuals providing any of the below mentioned services [Please (✓)]

- ☐ Foreign Exchange/Money Changer Services
☐ Gaming/Gambling/Lottery/Casino Services
☐ Money Lending/Pawning
☐ None of the above

Second Applicant

- (To be filled only if the applicant is an individual)
☐ I am PEP
☐ I am related to PEP
☐ Not Applicable

Third Applicant

- (To be filled only if the applicant is an individual)
☐ I am PEP
☐ I am related to PEP
☐ Not Applicable

4. 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			
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	<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			
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.

5. Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory) (refer instruction 5)

[illegible]

6. Mode of payment of redemption/dividend proceeds via Direct credit/NEFT/Other Mode (refer instruction 6).

Direct Credit is now available with: Axis Bank, BNP Paribas Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, SBI, Standard Chartered Bank, YES Bank. If your bank falls in this list your Redemption/ Dividend proceeds will be directly credited to your account. Alternatively, you will receive the payment through NEFT mode based on the bank details available. Otherwise, payment will be made by way of a cheque/demand draft/warrant.

7. Payment Details: Please issue a separate Cheque/Demand Draft favouring the scheme you wish to invest/One Time Mandate (OTM) (refer instruction 7)

Scheme Name			
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	Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep# <input type="checkbox"/> Growth <input type="checkbox"/> Others #Dividend Sweep Target Scheme (Fund) <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep# <input type="checkbox"/> Growth <input type="checkbox"/> Others #Dividend Sweep Target Scheme (Fund) <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep# <input type="checkbox"/> Growth <input type="checkbox"/> Others #Dividend Sweep Target Scheme (Fund) <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth

(If an investor fails to specify the option, he will be allotted units under the default option/suboption of the Target scheme.) 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

Amount Invested (₹)			
DD Charges (₹)			
Net Amount Paid			

Payment Details	
Payment Method	Credit Card
Cardholder Name	John Doe
Card Number	1234 5678 9010 1122
Expiry Date	12/2023 - 12/2024
CVV	123
Merchant Name	ABC Company
Merchant Address	123 Main St, New York, NY 10001
Merchant Phone	+1 212 555 1234
Merchant Email	contact@abc.com
Invoice Number	INV-2023-001
Invoice Date	2023-10-27
Invoice Amount	\$1,234.56
Payment Status	Completed
Payment Date	2023-10-27
Payment Reference	REF-123456789

<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD Number <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer			
Bank/Branch			

In case of third party payment (refer instruction 7): Please download (www.sundarammutual.com) and attach the third party declaration form

8. **DEMAT Account Details (refer instruction 8)**

<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant	
<input type="checkbox"/> Central Depository Services (India) Ltd.	DP ID Number <input type="text"/>	Beneficiary Account Number <input type="text"/>

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.

9. Please indicate details of your SIP (refer instruction 9) (skip this section if you wish to make a one-time investment)

Mode of SIP ☐ Post-dated cheques (please provide the details below) ☐ OTM/NACH (please submit SIP Registration Form)

SIP Period (For Post-Dated Cheques)							SIP Date				SIP Frequency												
SIP Starting				SIP Ending			for Monthly/Quarterly frequency only <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25				<input type="checkbox"/> Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5) <input type="checkbox"/> Monthly (Minimum amount ₹ 250 Minimum No of installments 20) <input type="checkbox"/> Quarterly (Minimum amount ₹ 750 Minimum No of installments 7)												
M	M	Y	Y	Y	Y	M					M	Y	Y	Y	Y								
No. of PDCs							First SIP Cheque No								Last SIP Cheque No								
Each SIP Amount		₹													Refer Guide to investing through SIP								

Turn overleaf for Declaration & Signature (Mandatory)→→→

Acknowledgement	Sundaram Asset Management Company Limited , CIN: U93090TN1996PLC034615, I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI)	Serial No: EQ <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <div style="text-align: center; margin-top: 10px;">ISC's Signature & Stamp</div>
<p>Received From Mr./Mrs./Ms.</p> <p>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, 23, Cathedral Garden Road, Nungambakkam, Chennai-600034. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI).</p>		
<p>Please Note: All Purchases are subject to realisation of cheques / demand drafts.</p>		

☐ I wish to nominate the following person(s)

1st Nominee	2nd Nominee	3rd Nominee
Name:.....	Name:.....	Name:.....
Relationship:.....	Relationship:.....	Relationship:.....
Address:.....	Address:.....	Address:.....
Proportion (%)* in which units will be shared by first nominee.....%	Proportion (%)* in which units will be shared by first nominee.....%	Proportion (%)* in which units will be shared by first nominee.....%
If nominee is a minor:	If nominee is a minor:	If nominee is a minor:
Date of birth:.....	Date of birth:.....	Date of birth:.....
Name of Guardian:.....	Name of Guardian:.....	Name of Guardian:.....
Address of Guardian:.....	Address of Guardian:.....	Address of Guardian:.....
<small>* Proportion (%) in which units will be shared by each nominee should aggregate to 100%</small> <input type="checkbox"/> I do not wish to choose a nominee. Signature of investor(s)		
1st / Sole Applicant / Guardian	2nd Applicant	3rd Applicant

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 fill 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/Aadhaar 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), stated in pages 1-30 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.

☐ **(Applicable only for investments through RIA) RIA 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 (Correction – Advisor):

AMFI Registration Number ARN - SEBI Registration No.

Name: _____

Name: _____

Address _____

City _____ PIN _____




City _____ PIN _____
E-Mail ID _____

Tel.No

I/We hereby provide my / our consent to Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited (RTA) for the following:

- a) For validating my Aadhaar Number with UIDAI through an authorized entity.
- b) For updating/seeding my Aadhaar number based on the PANs in all my accounts maintained with your Fund for KYC & or related due diligence purpose in line with PMLA requirements, UIDAI guidelines and Account enrichment purpose. I/We authorize Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited to authenticate data in accordance with UIDAI (Authentication) Regulations.
- I / We hereby provide my / our consent for sharing the Aadhaar data / information with other Mutual Funds / RTAs for updating the same in my / our folios held with them, now or to be created in future.
- I / we further declare that this consent will remain valid for Update in all my / our existing & new folios serviced by Sundaram BNP Paribas Fund Services Limited.
- c) The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.
- d) I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.
- I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

Where the client is a non-individual, apart from the Constitution documents, Aadhaar numbers and PANs or Form 60 of Managers, Officers or Employees holding an attorney to transact on its behalf shall be submitted. If a person holding an authority to transact on behalf of such entity is not eligible to be enrolled for Aadhaar and does not submit the PAN, certified copy of an officially valid document shall be submitted.

..... 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

Date:/...../..... Place:

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			