

**To be submitted mandatorily:** 1. Your **FATCA** (Foreign Account Tax Compliance Act) Details (if not already submitted) and 2. Ultimate Beneficial Owner (**UBO**) information (for non-individuals only) which can be downloaded from our website. **KYC acknowledgement is mandatory for all investors w.e.f. 01/01/2011. However in the case of Micro SIP/Pruchase of an individual investor (if the total amount of investment including SIP is upto Rs 50,000 per investor in any rolling 12-month period or in a financial year) instead of PAN/Aadhar proof other approved document can be accepted.**

Folio No		Distributor's ARN & Name <b>ARN-181211</b>	Sub-broker Code	Sub-broker's ARN
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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.

*Mandatory	Name of First/Sole Applicant Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		Mobile*	PIN Code*
	E-Mail			
	Name of Second Applicant Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		Mobile*	PIN Code*
	Name of Third Applicant Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		Mobile*	PIN Code*

<b>Permanent Account Number (PAN)*</b>	<b>Aadhaar Card Number* / PEKRN</b>	<b>Central KYC Number</b> <input type="checkbox"/> CKYC Proof attached (Mandatory)
First/Sole Applicant/Guardian		
Second Applicant		
Third Applicant		

You will receive an account statement by e-mail. If you wish to receive a physical statement please tick ☐

Scheme Name	<input type="checkbox"/> Fixed Amount Rs. _____ OR <input type="checkbox"/> Capital Appreciation
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Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input type="checkbox"/> Others:.....	Option: Income Distribution cum Capital Withdrawal (IDCW) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer <input type="checkbox"/> Growth <input type="checkbox"/> Bonus
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<b>SWP Amount</b>	<b>SWP Period</b> <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> Till further notice*
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**SWP Frequency** ☐ Monthly ☐ Quarterly

*\*The minimum SWP amount is subject to minimum redemption criteria. Kindly refer to respective SID for complete details.*

SWP will be processed on 1st working day of the month/quarter

<b>SWP Period</b>	<b>SWP Starting</b>	<b>SWP Ending</b>	OR <input type="checkbox"/> Till further notice*
	0 1 M M Y Y	0 1 M M Y Y	0 1 1 2 2 0 5 0

<b>Request Date</b>	D D M M Y Y Y Y
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(\*The end date – 01/12/2050 as end date for not specified by the investor. This will be considered in both Online and Physical modes.)

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

<b>Acknowledgement</b>		<b>Request Date:</b>	<b>Time Stamp/Seal</b>
Folio No		<input type="checkbox"/> Fixed Amount Rs. _____ OR <input type="checkbox"/> Capital Appreciation	
Scheme Name:		<b>SWP Frequency</b>	
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input type="checkbox"/> Others .....		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Minimum amount Rs 1,000 Minimum No of installments 6)	
Options: IDCW <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Transfer <input type="checkbox"/> Growth <input type="checkbox"/> Bonus		SWP will be processed on 1st working day of the month/quarter	

**Contact No. 1860 425 7237 (India)**  
**+91 40 2345 2215 (NRI)**

**SMS SFUND to 56767**

**E-mail: customerservices@sundarammutual.com**  
**(NRI): nriservices@sundarammutual.com**

**www.sundarammutual.com**

**Sundaram Mutual Fund**

**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/Aadhar 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 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 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.

Signature									
First / Sole Applicant / Guardian									
Second Applicant									
Third Applicant									
Request Date	D	D	M	M	Y	Y	Y	Y	Y

**Contact No. 1860 425 7237 (India)  
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