



Purchase **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) using the attached forms.

KYC acknowledgement is mandatory for all investors w.e.f. 01/01/2011. However in the case of Micro SIP/Purchase 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 proof other approved document can be accepted.

Distributor's ARN & Name ARN-109681	Sub-broker Code	Sub-broker's ARN	EUIN* (Employee Unique Identification Number) E 1 5 1 6 1 6
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Folio No

Transaction charges For Rs. 10,000 and above:
 Existing Investor-Rs.100
 New Investor-Rs.150

* 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First/Sole Applicant/ Guardian	Second Applicant	Third Applicant
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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.

Name of First/Sole Applicant (capital Letters)

Name of Guardian in case First / Sole Applicant is a Minor (capital Letters)

E-Mail	Mobile No
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I/We would like to receive Account Statements, Annual Reports and other information by email and SMS updates on mobile Yes No

Note: Where the investor has not opted for any option or has opted for both options the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by email and receive SMS updates on mobile.

Fund Name	Plans*: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Options*: <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-Investment <input type="checkbox"/> Dividend Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Bonus <input type="checkbox"/> Others.....
	Dividend Frequency: (For Fixed Income Funds only)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual

Bank (on which Cheque is drawn or by which Demand Draft is issued) **Branch**

Amount (figures)	Amount (in words)	Cheque/DD No (attach a cancelled cheque leaf)	Cheque/DD Date
Rs			DD MM YY YY YY

DEMAT Account Details (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.)

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

Purchases made through third party cheques(s) will not be accepted. In case of payment from a Joint Bank Account, the First holder in the Application must be one of the Joint Account Holders of the Joint Bank Account. However the following are excluded from this restriction: 1. Gifts to a minor from Parents/Grand Parents up to Rs50,000 for each Purchase (per SIP Installment) 2. Employer's Remittance of Payroll deduction on behalf of Employees 3. Custodian's payment on behalf of an FII/Client. For further details please refer to Statement of Additional Information.

KYC details (Mandatory) Individual Non-Individual (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)

a. Status of First/Sole Applicant [Please <input checked="" type="checkbox"/>]	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF
<input type="checkbox"/> Partnership	<input type="checkbox"/> Society/Club	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> FPI
<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non-Repatriable	<input type="checkbox"/> FII/Sub account of FII	<input type="checkbox"/> Fund of Funds in India	<input type="checkbox"/> QFII	<input type="checkbox"/> Others _____ (please specify)

b. Occupation Details [Please] (To be filled only if the applicant is an individual)

First Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others	<input type="checkbox"/> (please specify)
Second Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others	<input type="checkbox"/> (please specify)
Third Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others	<input type="checkbox"/> (please specify)

c. Gross Annual Income (in ₹) [Please]

First Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore (or) Net-worth (Mandatory for non-individuals) ₹ _____ as on DD MM YY YY YY (Not older than one year)
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Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore (or) Net-worth
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Third Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore (or) Net-worth
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d. First Applicant:

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

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

<input type="checkbox"/> Foreign Exchange/Money Changer Services	<input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services	<input type="checkbox"/> Money Lending/Pawning	<input type="checkbox"/> None of the above
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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

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 or 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 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.

Acknowledgement		Request Date:
<input type="checkbox"/> Purchase	Cheque /DD Number.....	DD MM YY YY YY
Folio No		Fund
Plans: <input type="checkbox"/> Regular <input type="checkbox"/> Direct		Options: <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep or <input type="checkbox"/> Growth <input type="checkbox"/> Bonus
Dividend Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual	Amount

Signature

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Request Date DD MM YY YY YY

Time Stamp/Seal

Toll Free: 1800 103 7237 (India)
+91 44 49057300 (NRI)

SMS SFUND to 56767

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

www.sundarammutual.com



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) using the attached forms. Redemption request submitted along with change of bank mandate would result in payment being withheld upto 10 days for validating new bank mandate. Effective May 01, 2012 the forms for redemption request and change of bank account will be segregated to ensure that the two different requests are handled and executed separately for all existing and new customers.

Distributor's ARN & Name ARN-109681	Sub-broker Code	Sub-broker's ARN	EUIN* (Employee Unique Identification Number) E 1 5 1 6 1 6
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Folio No					
Transaction charges For Rs. 10,000 and above:					
<input type="checkbox"/> Existing Investor-Rs.100					
<input type="checkbox"/> New Investor-Rs.150					

* 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First/Sole Applicant/ Guardian	Second Applicant	Third Applicant
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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.

Name of First/Sole Applicant (Please use capital Letters)								
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 Switch Amount. Units.....Source Scheme:(Fund) Plan: Regular DirectOptions: **Dividend** Payout Re-Investment Sweep **Growth** **Bonus** Others

TO

Target Scheme:(Fund) Plan: Regular DirectOptions: **Dividend** Payout Re-Investment Sweep **Growth** **Bonus** OthersDividend Frequency: Daily Weekly Fortnightly Monthly Quarterly Half-Yearly AnnualDividend Frequency:
(For Fixed Income Funds only) Daily Weekly Fortnightly Monthly Quarterly Half-Yearly Annual**KYC details (Mandatory)** Individual Non-Individual (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)

a. Status of First/Sole Applicant [Please (✓)]	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> HUF	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Society/Club	<input type="checkbox"/> Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund	
<input type="checkbox"/> NRI-Repatriable	<input type="checkbox"/> NRI-Non-Repatriable	<input type="checkbox"/> FII/Sub account of FII	<input type="checkbox"/> Fund of Funds in India	<input type="checkbox"/> QFII	<input type="checkbox"/> Others _____ (please specify)	
b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual)						
First Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others _____ (please specify)	
Second Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others _____ (please specify)	
Third Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others _____ (please specify)	
c. Gross Annual Income (in ₹) [Please (✓)]	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore (or) Net-worth (Mandatory for non-individuals) ₹ _____ as on DDMMYYYY (Not older than one year)
First Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore (or) Net-worth _____
Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore (or) Net-worth _____
Third Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore (or) Net-worth _____

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

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 Change of Address/Contact Details (For non-KYC folios only). For those who are KYC compliant, please use the KYC change details form, and provide self-attested copy of proof of new address, and PAN card.

Address: PIN:

Email: Mobile:

I/We would like to receive Account Statements, Annual Reports and other information by email and SMS updates on mobile Yes No

Note: Where the investor has not opted for any option or has opted for both options the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by email and receive SMS updates on mobile.

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 or 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 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.

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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 DDMMYYYY

Acknowledgement

Request Date:

 Change of Address Switch**DDMMYYYY**

Folio No: Fund:

Switch to: **(Fund)** Plans: Regular Direct Amount/Units

Dividend Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual	Options: Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep or <input type="checkbox"/> Growth <input type="checkbox"/> Bonus <input type="checkbox"/> Others.....
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Time Stamp/Seal

Toll Free: 1800 103 7237 (India)**+91 44 49057300 (NRI)****www.sundarammutual.com****SMS SFUND to 56767****E-mail: customerservices@sundarammutual.com**
(NRI): nrисervices@sundarammutual.com**Sundaram Mutual Fund**

