

A Simple Way to Invest-Common Transaction Slip *(for existing investors only)*

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	Sub-broker Code	Sub-broker's ARN	EUIN* (Employee Unique Identification Number)
ARN-109681			E 151616

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.

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.

First/Sole Applicant/ Guardian	Second Applicant	Third Applicant
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Name of First/Sole Applicant (capital Letters)[illegible]

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

[illegible][illegible]

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.

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 they receive the account statement annual report and other correspondence of fund and receive sms updates on month

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
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		(For India Income Tax only)	
Bank (on which Cheque is drawn or by which Demand Draft is issued)			

Branch

Bank (on which cheque is drawn or to which Demand Draft is issued)	Branch

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

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. <input type="checkbox"/> Central Depository Services (India) Ltd.		Depository Participant Name _____ DP ID Number _____		Beneficiary Account Number _____	
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Purchases made through third party cheque(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 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"/> Company	<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"/> FII/Sub account of FII	<input type="checkbox"/> Fund of Funds in India	<input type="checkbox"/> QFI	<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_____ (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_____ (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_____ (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 <u>DD/MM/YYYY</u> (Not older than one year)					
	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

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 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 mv/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	DD	MM	YYYY								

Acknowledgement **Request Date:**
☐ Purchase Cheque /DD Number..... DDMMYYYY

[illegible]

Plans: ☐ Regular ☐ Direct Options: **Dividend** ☐ Payout ☐ Re-Investment ☐ Sweep or ☐ Growth ☐ 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
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Time Stamp/Seal

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Sundaram Mutual Fund

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