

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.

Serial No: EQ

Channel Partner / Agent Information

Distributor's ARN & Name ARN-18141	Sub-broker Code	Sub-broker's ARN	EUIN* <small>(Employee Unique Identification Number)</small> E 0 4 0 4 4 4
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Transaction charges For Rs. 10,000 and above: <input type="checkbox"/> Existing Investor-Rs.100 <input type="checkbox"/> New Investor-Rs.150
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*** 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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1. Existing Investor Information (Please fill in your Folio No. and then proceed to Section 3)
Please note that applicant details and mode of holding will be as per existing Folio Number.

Folio No	
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2. New Investor Information (refer instruction 2)

Name of First/Sole Applicant	Permanent Account Number (PAN)	<input type="checkbox"/> KYC Proof attached (Mandatory)
Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name	Permanent Account Number (PAN)	<input type="checkbox"/> KYC Proof attached (Mandatory)
		Date of Birth <table border="1" style="display: inline-table; width: 100px; height: 20px; text-align: center;">D D M M Y Y Y Y</table>
		Relationship <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>

Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant

E-Mail	Telephone	Mobile
STD Code		

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.

Mode of Holding [Please (✓)] Single Joint Anyone or Survivor

Address of First / Sole Applicant

TOWN	CITY/DISTRICT	STATE	PIN CODE
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Overseas Address (in case of NRIs/FIIs) (Mandatory)

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Name of Second Applicant	Permanent Account Number (PAN)	<input type="checkbox"/> KYC Proof attached (Mandatory)
Name of Third Applicant	Permanent Account Number (PAN)	<input type="checkbox"/> KYC Proof attached (Mandatory)
		Date of Birth <table border="1" style="display: inline-table; width: 100px; height: 20px; text-align: center;">D D M M Y Y Y Y</table>
		Date of Birth <table border="1" style="display: inline-table; width: 100px; height: 20px; text-align: center;">D D M M Y Y Y Y</table>

3. KYC details (Mandatory) (refer instruction 3) Individual Non-Individual (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)

3a. 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)

3b. 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)

3c. 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 <table border="1" style="display: inline-table; width: 100px; height: 20px; text-align: center;">D D M M Y Y Y Y</table> (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 _____

3d. 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)	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am related to PEP	<input type="checkbox"/> Not Applicable
Third Applicant: (To be filled only if the applicant is an individual)	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am related to PEP	<input type="checkbox"/> Not Applicable

Acknowledgement
Sundaram Asset Management Company Limited, II Floor, 46 Whites Road, Chennai - 600 014. Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI)

Serial No: EQ

Received From Mr./Mrs./Ms.

ISC's Signature & Stamp

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, RR Towers, II - III Floor, Thiru Vi Ka Industrial Estate, Guindy, Chennai 600 032. Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI).

Please Note: All Purchases are subject to realisation of cheques / demand drafts.

4. Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory) (refer instruction 4)

Account No																					
Name of the Bank											Branch										
Branch Address											Bank City (redemption will be payable at this location)										
Cheque MICR No						Account Type [Please (✓)]	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE* <input type="checkbox"/> NRO* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others.....														
RTGS / NEFT / IFSC Code						*If the payment is by DD or source of fund is not clear on the Cheque leaf, please provide a copy of FIRC.															

5. Mode of payment of redemption/dividend proceeds via Direct credit/NEFT (refer instruction 5). Please tick (✓)

- I/We wish to receive redemption/dividend proceeds directly into my/our bank account via Direct Credit/NEFT facility
- I/We wish to receive the redemption/dividend proceeds (if any) by way of a cheque/demand draft/Warrant
- Direct Credit is now available with: Axis Bank, BNP Paribas Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, ING Vysya, Kotak Mahindra Bank, Royal Bank of Scotland, SBI, Standard Chartered Bank, YES Bank. If your bank falls in this list your Redemption/Dividend proceeds will be directly credited to your account irrespective of the option ticked.

6. Payment Details: Please issue a separate cheque/Demand Draft favouring the scheme you wish to invest (refer instruction 6)

Scheme Name	Plan	Option	Amount Invested (less DD charges)	Net Amount Paid	Payment Details	
					Cheque/DD Number	Bank/Branch
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct					
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct					
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct					

Incase of third party payment (refer instruction 6): Please download (www.sundarammutual.com) and attach the third party declaration form

DEMAT Account Details (refer instruction 6)

National Securities Depository Ltd. Depository Participant Name _____

Central Depository Services (India) Ltd. DP ID Number _____ Beneficiary Account Number _____

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.

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

Mode of SIP Auto Debit (also submit SIP Auto Debit form) Post-dated cheques

If you opt for SIP through post dated cheques, please indicate

First SIP Cheque No _____ **Last SIP Cheque No** _____

Each SIP Amount Rs _____ **SIP Period**

SIP Date for Monthly/Quarterly frequency only 1 7 14 20 25

SIP Starting SIP Ending OR Till further notice*

SIP Frequency Weekly (Minimum amount Rs 1000 Every Wednesday, Minimum No of installments 5)
 Monthly (Minimum amount Rs 250 Minimum No of installments 20)
 Quarterly (Minimum amount Rs 750 Minimum No of installments 7)

(*The date may be taken as 31/12/2031 in case the bank needs to input a specific date in their system) (refer Guide to investing through SIP)

8. Nominee (available only for individuals) (refer instruction 8) I wish to nominate the following person(s)

<p>1st Nominee Name:..... Address:..... Proportion (%)* in which units will be shared by first nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Relationship:..... Name of Guardian:..... Address of Guardian:.....</p>	<p>2nd Nominee Name:..... Address:..... Proportion (%)* in which units will be shared by second nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Relationship:..... Name of Guardian:..... Address of Guardian:.....</p>	<p>3rd Nominee Name:..... Address:..... Proportion (%)* in which units will be shared by third nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Relationship:..... Name of Guardian:..... Address of Guardian:.....</p>
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* Proportion (%) in which units will be shared by each nominee should aggregate to 100%

I do not wish to choose a nominee. Signature of investor(s) _____

1st / Sole Applicant / Guardian 2nd Applicant 3rd Applicant

9. Signature (refer instruction 9)

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 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, 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.

First / Sole Applicant / Guardian
Second Applicant
Third Applicant

Particulars			
Scheme Name / Plan / Option / Sub-option	Cheque/DD/Payment Instrument Number/Date	Drawn on (Name of Bank & Branch)	Amount in figures (₹) & Amount in words

FATCA declaration Form for Individual Applicants / Investors

Annexure to Common Application Form No.:.....for:

First/Sole Applicant Second Applicant Third Applicant Guardian Power of Attorney Holder

*The below information is required for all applicant(s), guardian(s), Power of Attorney .Please tick above box as applicable and submit a separate form(s) for each category

Details under FATCA / Foreign tax laws (see instructions)

1. Country of birth.....
2. Country of Citizenship / Nationality.....
3. Are you a resident of any country other than India for tax purposes?

If no, please tick here.

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Country of Tax Residency	Tax Reference Number

I hereby declare that all the particulars given herein are true, correct and complete to the best of my knowledge and belief. I 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 not intimating/delay in intimating any changes to the above particulars. I 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. I/We agree to notify Sundaram Asset Management Company Limited within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. 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.

Name	Signature	Date								
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

Instructions

Details under FATCA/Foreign Tax Laws: Tax Regulations require us to collect information about each investor’s tax residency. 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. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in information provided, please ensure you advise us promptly, i.e., within 30 days.

If you are a US citizen or resident or greencard holder, please include United States in the foreign country information 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.

Applicants are required to mandatorily fill/sign off "FATCA declaration form". Applications without this information / declaration being filled/signed off will be deemed as incomplete and are liable to be rejected. Investors are requested to note that the contents of the information to be provided / declaration in the application form may undergo a change on receipt of communication / guidelines from AMFI/SEBI.