

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 compliant ☐ Yes ☐ No (if no, please provide KYC proof/additional documents if not submitted earlier)

CKYC compliant ☐ Yes ☐ No (if no, please provide CKYC form & proof/additional documents.

If yes, please provide 14 digit CKYC Number)

Distributor's ARN & Name	Sub-broker's ARN (Code)	Sub-broker Code (internal)	EJIN* (Employee Unique Identification Number)	Registered Investment Advisor (RIA) Code	Employee Code	For Office use only
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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.

Signature of First/Sole Applicant/ Guardian		Signature of Second Applicant		Signature of Third Applicant	
Transaction charges For Rs. 10,000 and above: <input type="checkbox"/> Existing Investor-Rs.100 <input type="checkbox"/> New Investor-Rs.150		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.			Folio No

Name of First/Sole Applicant (Name as per PAN card)															DOB/Date of Incorporation* D D M M Y Y Y Y									
Permanent Account Number (PAN)															Central KYC Number									
E-Mail*															Mobile*									
Name of Second Applicant (Name as per PAN card)															DOB* D D M M Y Y Y Y									
Permanent Account Number (PAN)															Central KYC Number									
Name of Third Applicant (Name as per PAN card)															DOB* D D M M Y Y Y Y									
Permanent Account Number (PAN)															Central KYC Number									
<i>*Please tick the Family Code for the Mobile Number and Email ID provided</i> <b>Mobile:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <b>Email:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick <input checked="" type="checkbox"/> Annual Report <input type="checkbox"/> Other Statutory Information																								
<input type="checkbox"/> Additional Purchase															Fund Name:									
Amount ₹ (in figures).....(in words)..... <b>Plans:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Direct <b>Options: Income Distribution cum Capital Withdrawal (IDCW)</b> <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer <input type="checkbox"/> Growth <b>IDCW Frequency: (For Fixed Income Funds only)</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual <b>Transfer IDCW Target Scheme.....</b> <i>(If an investor fails to specify the target scheme, he will be allotted units under the default option/suboption of Sundaram Liquid Fund- Growth) 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</i>																								
Mode of payment: <input type="checkbox"/> Cheque/DD <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Fund Transfer <input type="checkbox"/> One Time Mandate (OTM)															IFSC									
Bank Name (on which Cheque is drawn or by which Demand Draft is issued)															Bank Branch									
Account Type <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR Others →															Cheque/DD No.									

Legal Entity Identifier (Mandatory) - (Only for Non-Individuals including HUF)																				Validity Date of LEI							
																	D	D	M	M	Y	Y	Y	Y			
<input type="checkbox"/> (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:																Name:											
																Address											
																City											
																PIN											
AMFI Registration Number:										SEBI Registration No.						E-Mail ID				Tel.No							

Non-Profit Organization [NPO] Declaration	
We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be 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 • declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority • 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 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.

**Stamp Duty:** Pursuant to Notification No. S.O. 1226/E and G.S.R. 226/E dated March 30, 2020 issued by Department of Revenue, Ministry of Finance, Government of India, read with Part I of Chapter IV of The Finance Act, 2019, notified on February 21, 2019 issued by Legislative Department, Ministry of Law and Justice, Government of India, a stamp duty @0.005% of the transaction value of units would be levied on applicable mutual fund inflow transactions, with effect from July 1, 2020. Accordingly, pursuant to levy of stamp duty, the number of units allotted on purchase transactions (including reinvestment IDCW and switch-in) to the Unit holders would be reduced to that extent.

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

<b>Acknowledgement</b>															<b>Request Date:</b>			
<input type="checkbox"/> Purchase    Cheque /DD Number.....															<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> </div>			
Folio No										Fund								
<b>Plans:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Direct										<b>Options:</b> <input type="checkbox"/> IDCW <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer <b>or</b> <input type="checkbox"/> <i>Growth</i>								
<b>IDCW Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual										Amount								

Time Stamp/Seal

Nomination Details

☐ I / We wish to nominate. (Proportion (%) in which units will be shared by each nominee should aggregate to 100%. In case of single nominee default proportion will be 100%.)

Mandatory Details	Particulars	Nominee 1	Nominee 2	Nominee 3
	Name of the Nominee			
	Relationship			
	Allocation (%)**			
	Address			
	Mobile Number			
	E-mail			
	Identity Number*** (Please tick any one and provide details of same)	<input type="checkbox"/> PAN <input type="checkbox"/> Driving License Number <input type="checkbox"/> Last 4 digits of Aadhaar <input type="checkbox"/> Passport Number	<input type="checkbox"/> PAN <input type="checkbox"/> Driving License Number <input type="checkbox"/> Last 4 digits of Aadhaar <input type="checkbox"/> Passport Number	<input type="checkbox"/> PAN <input type="checkbox"/> Driving License Number <input type="checkbox"/> Last 4 digits of Aadhaar <input type="checkbox"/> Passport Number
Additional Details				
Date of Birth#				
Guardian Name (Optional)				

1) \*\* if % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form.; 2)\*\*\* Investor can provide any one of the following as the identity number for the nominee(s), **copy of the document is not required.** • PAN • Driving License Number • Last 4 digits of Aadhaar • Passport Number; 3) # Mandatory only if the nominee is minor.

I/We want the details of my/our nominee to be printed in the statement of holding, provided to me/us by the AMC/DP as follows (Please tick, as appropriate) ☐ Name of nominee(s) ☐ Nomination: Yes/No

I hereby authorize .....to operate my account on my behalf, in case of my incapacitation. He/She is authorized to encash my assets up to .....% of assets in the account / folio or Rs.....(Optional).

☐ I / We DO NOT wish to nominate.

**Nomination Declaration:** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

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Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

**KYC details (Mandatory)** ☐ Individual

☐ Non-Individual (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)

**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  
☐ FI/ Sub account of FI  
☐ 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  
[D][D][M][Y][Y][Y] (Not older than one year)  
**Second Applicant**  
☐ Below 1 Lac ☐ 1-5 Lacs  
☐ 5-10 Lacs ☐ 10-25 Lacs  
☐ > 25 Lacs - 1 Crore ☐ 10-25 Lacs  
☐ > 1 Crore (or) Net-worth.....  
**Third Applicant**  
☐ Below 1 Lac ☐ 1-5 Lacs  
☐ 5-10 Lacs ☐ 10-25 Lacs  
☐ > 25 Lacs - 1 Crore ☐ 10-25 Lacs  
☐ > 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 ☐ 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

The below information is required for all applicant(s) / guardian / PoA holder

FATCA-CRS DETAILS	For Individuals (Mandatory)	Non Individual investors & HUF should mandatorily fill separate FATCA-CRS Annexure		
	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.

**Certification & Signatures:** 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, refile 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), 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.

**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/accounted 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 institution's 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 green card 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 H.R. 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.

Signature		
First / Sole Applicant / Guardian	Second Applicant	Third Applicant

Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI) E-mail: customerservices@sundarammutual.com (NRI): nriseservices@sundarammutual.com

www.sundarammutual.com

Sundaram Mutual Fund