

Channel Partner / Agent Information

Serial No:EQ

Distributor's ARN & Name ARN - 3280	Sub-broker's ARN (Code)	Sub-broker Code (internal) SWSA	EUIIN* (Employee Unique Identification Number)	Registered Investment Adviser (RIA) Code
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ISC's signature & Time Stamping

* Declaration for "Execution only" transaction (only where EUIIN box is left blank) I/We hereby confirm that the EUIIN 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.

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

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.

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. CKYC compliant Yes No (if no, please provide CKYC form & proof/additional documents. If yes, please provide 14 digit CKYC Number)

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

Name of First/Sole Applicant Gender Male Female Others

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Permanent Account Number (PAN)	Aadhar Card No.	Date of Birth
		D D M M Y Y Y Y

Central KYC Number CKYC 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**

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Permanent Account Number (PAN)	Aadhar Card No.	Relationship
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Central KYC Number CKYC Proof attached (Mandatory)

Father's name (mandatory if PAN/Aadhar not provided)

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

E-Mail	
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STD Code	Telephone	Mobile
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Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓)

Account Statement Annual Report Other Statutory Information

Mode of Holding [Please (✓)]	Single	Joint	Anyone or Survivor
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Address of First / Sole Applicant

Town	City / District	State	Pin Code
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Overseas Address (in case of NRIs/FIIs) (Mandatory)

Name of Second Applicant

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Permanent Account Number (PAN)	Aadhar Card No.	Date of Birth
		D D M M Y Y Y Y

Central KYC Number CKYC Proof attached (Mandatory)

Name of Third Applicant

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Permanent Account Number (PAN)	Aadhar Card No.	Date of Birth
		D D M M Y Y Y Y

Central KYC Number CKYC Proof attached (Mandatory)

To be submitted along with the Application Form: 1. Your FATCA Details (Foreign Account Tax Compliance Act) & KYC Additional Details (if not already submitted), and 2. Ultimate Beneficial Owner(s) (UBO) information (for non-individuals only). Please quote the Central KYC (CKYC) number in the boxes provided above or submit your filled-in CKYC Form in case of new investor and additional CKYC form in case of existing investors irrespective of the investment amount. The forms are available on our website.

3. KYC details (Mandatory) (refer instruction 3) Individual Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO)

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"/> 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"/> QFI <input type="checkbox"/> Others..... (please specify)	Occupation Details [Please (✓)] <i>(To be filled only if the applicant is an individual)</i> 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)	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 IDIDIMIMIYIYIYIYI (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.....	PEP Status First Applicant For Individuals [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> 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 Second Applicant <i>(To be filled only if the applicant is an individual)</i> <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable Third Applicant <i>(To be filled only if the applicant is an individual)</i> <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable
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4. FATCA-CRS DETAILS For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA-CRS Annexure

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

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.

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/appointed 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 institutions 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 greencard 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 Hire 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.

5. Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory) (refer instruction 5)

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.										

6. Mode of payment of redemption/dividend proceeds via Direct credit/NEFT/Other Mode (refer instruction 6).

Direct Credit is now available with: Axis Bank, BNP Paribas Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, SBI, Standard Chartered Bank, YES Bank. If your bank falls in this list your Redemption/ Dividend proceeds will be directly credited to your account. Alternatively, you will receive the payment through NEFT mode based on the bank details available. Otherwise, payment will be made by way of a cheque/demand draft/warrant.

7. Payment Details: Please issue a separate Cheque/Demand Draft favouring the scheme you wish to invest/One Time Mandate (OTM) (refer instruction 7)

Scheme Name	Plan	Option	Amount Invested (₹)	DD Charges (₹)	Net Amount Paid	Payment Details		
						<input type="checkbox"/> OTM	<input type="checkbox"/> Cheque	Bank/Branch
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct					<input type="checkbox"/> DD Number	<input type="checkbox"/> RTGS	
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct					<input type="checkbox"/> Fund Transfer		
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct							

In case of third party payment (refer instruction 7): Please download (www.sundarammutual.com) and attach the third party declaration form

8. DEMAT Account Details (refer instruction 8)

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

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.

9. Please indicate details of your SIP (refer instruction 9) (skip this section if you wish to make a one-time investment)

Mode of SIP Post-dated cheques (please provide the details below) OTM/NACH (please submit SIP Registration Form)

SIP Period (For Post-Dated Cheques)	SIP Date	SIP Frequency				
<table border="1"> <tr> <td>SIP Starting</td> <td>SIP Ending</td> </tr> <tr> <td>M M Y Y Y Y</td> <td>M M Y Y Y Y</td> </tr> </table>	SIP Starting	SIP Ending	M M Y Y Y Y	M M Y Y Y Y	for Monthly/Quarterly frequency only <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25	<input type="checkbox"/> Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5) <input type="checkbox"/> Monthly (Minimum amount ₹ 250 Minimum No of installments 20) <input type="checkbox"/> Quarterly (Minimum amount ₹ 750 Minimum No of installments 7)
SIP Starting	SIP Ending					
M M Y Y Y Y	M M Y Y Y Y					
No. of PDCs <input type="text"/>	First SIP Cheque No <input type="text"/>	Last SIP Cheque No <input type="text"/>				
Each SIP Amount ₹ <input type="text"/>	Refer Guide to investing through SIP					

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

Acknowledgement	Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 44 4083 1500 (NRI)	Serial No: EQ
Received From Mr./Mrs./Ms.	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, 23, Cathedral Garden Road, Nungambakkam, Chennai-600034. Contact No. 1860 425 7237 (India) +91 44 4083 1500 (NRI).	ISC's Signature & Stamp
		Please Note: All Purchases are subject to realisation of cheques / demand drafts.

10. Nominee (available only for individuals) (refer instruction 10)

I wish to nominate the following person(s)

1st Nominee Name:..... Relationship:..... Address:..... Proportion (%)* in which units will be shared by first nominee.....% If nominee is a minor: Date of birth:..... Name of Guardian:..... Address of Guardian:.....	2nd Nominee Name:..... Relationship:..... Address:..... Proportion (%)* in which units will be shared by first nominee.....% If nominee is a minor: Date of birth:..... Name of Guardian:..... Address of Guardian:.....	3rd Nominee Name:..... Relationship:..... Address:..... Proportion (%)* in which units will be shared by first nominee.....% If nominee is a minor: Date of birth:..... Name of Guardian:..... Address of Guardian:.....
..... 1st / Sole Applicant / Guardian 2nd Applicant 3rd Applicant

* 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)

11. Declaration, Certification & Signature (refer instruction 11)

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 OTM/NACH • 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 ₹ 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 further declare that I/We am/are not a citizen of USA/Canada.

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.

Certification: I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions), stated in pages 1-30 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.

(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 (Correction – Advisor):

AMFI Registration Number ARN - _____ SEBI Registration No. _____

Name: _____

Address _____

City _____ PIN _____

E-Mail ID _____

Tel.No _____

Name of First / Sole Applicant / Guardian	Name of Second Applicant	Name of Third Applicant
✍ Signature of First / Sole Applicant / Guardian	✍ Signature of Second Applicant	✍ Signature of Third Applicant

Date:/...../.....

Place:.....

Particulars				
Scheme Name / Plan / Option / Sub-option	Goal	Cheque / DD / Payment Instrument Number / Date	Drawn on (Name of Bank & Branch)	Amount in figures (₹) & Amount in words
	<input type="checkbox"/> Lumpsum Purchase <input type="checkbox"/> SIP			

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 less than 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.

Folio No		Broker Code	ARN - 3280	Sub-Broker Code	SWSA
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Transaction charges: For Rs. 10,000 and above:
 Existing Investor- Rs.100 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.

Name of First/Sole Applicant (capital Letters)

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

E-Mail Mobile No

Scheme Name Fixed Amount Rs. OR Capital Appreciation

Plan: Regular Direct Others:..... Option: Dividend Payout Dividend Re-Investment Dividend Sweep Growth Bonus

SWP Amount SWP Period 1 year 2 years 3 years 5 years 10 years 15 years Till further notice*

SWP Frequency Monthly Quarterly (Minimum amount Rs 1,000 Minimum No of installments 6) SWP will be processed on 1st working day of the month/quarter

SWP Period	SWP Starting		SWP Ending		OR	Till further notice*		Request Date								
	0	1	M	M	Y	Y	0		1	M	M	Y	Y	0	1	2

(*The date may be taken as 01/12/2031 in case of a requirement of an input for a specific date in the system)

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document • agree to transfer units as provided in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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.

Signature	First Applicant	Second applicant	Third Applicant
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Acknowledgement Request Date:

Folio No		<input type="checkbox"/> Fixed Amount Rs. <input type="text"/> OR <input type="checkbox"/> Capital Appreciation
Scheme Name:		SWP Frequency
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: <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Bonus		SWP will be processed on 1st working day of the month/quarter

Time Stamp/Seal

Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI) SMS SFUND to 56767 E-mail customerservices@sundarammutual.com

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 less than 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.

Folio No		Broker Code	ARN - 3280	Sub-Broker Code	SWSA
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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	Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the assessment of various factors including services rendered by the distributor.	investors'
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Name of First/Sole Applicant (capital Letters)

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

E-Mail Mobile No

Scheme Name Fixed Amount Rs. OR Capital Appreciation

Plan: Regular Direct Others:..... Option: Dividend Payout Dividend Re-Investment Dividend Sweep Growth Bonus

SWP Amount SWP Period 1 year 2 years 3 years 5 years 10 years 15 years Till further notice*

SWP Frequency Monthly Quarterly (Minimum amount Rs 1,000 Minimum No of installments 6) SWP will be processed on 1st working day of the month/quarter

SWP Period	SWP Starting	SWP Ending	OR	<input type="checkbox"/> Till further notice*	Request Date
	0 1 M M Y Y Y	0 1 M M Y Y Y		0 1 1 2 2 0 3 1	

(*The date may be taken as 01/12/2031 in case of a requirement of an input for a specific date in the system)

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document • agree to transfer units as provided in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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.

Signature	First Applicant	Second applicant	Third Applicant
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Acknowledgement	Request Date: <input type="text"/>
Folio No <input type="text"/>	<input type="checkbox"/> Fixed Amount Rs. <input type="text"/> OR <input type="checkbox"/> Capital Appreciation
Scheme Name: <input type="text"/>	SWP Frequency
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: <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Bonus	SWP will be processed on 1st working day of the month/quarter

Time Stamp/Seal

Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI) SMS SFUND to 56767 E-mail customerservices@sundarammutual.com

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

Switch Request:			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

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Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

Switch Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Switch Request:	
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From Scheme:	
To Scheme:	

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Redemption Transaction Form

Date: _____

ARN: 3280 Sundaram Finance Limited	Sub Broker ARN: -----	Sub Agent Code: SWSA	EUIN:
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Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

Redemption Request: I /We wish to redeem Rs. _____ Or _____ Units From Scheme:

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