Common Application Form THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS WITHIN THE BOXES ONLY								A	Applic	ation N	10:			-									UA					
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Application Form

4. INVESTMENT & F	PAYMENT DETA	ALS (Stamp Duty																		
Scheme Name			ne-1																	
Plan	Regula	ar 🗌 Dii	rect			R	egular		Direc	t				Regul	ar		Direct	i		
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	□ Regular G	rowth 🗆 Direct	Growth			□ Reg	ular Grov	vth 🗆 Di	rect Gro	owth			□ Re	egular (Growth	🗆 Dire	ect Gro	wth		
(*If target scheme is not	mentioned for Tran	sfer (IDCW), default s	scherne is "Sur	idaram Liquii	d Fund and	l sub-optio	n Growth") A	ny/each c	orrection c	arried out i	in selectin	g the target sci	heme ha	as to be co	ounter-sigi					
Payment Mode		U OTM	Chequ ransfer* (*S					OTM _ Fund ⁻				RTGS ealisation)			OTM				D 🛄 R ⁻ D realisa	
Cheque / DD / Refe																				
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Drawn on Bank / B																				
Amount (₹)																				
A			NRE																	
	Account Type Savings NRO									urrent			NR			Others				
5. BANK ACCOUNT	BANK ACCOUNT DETAILS FOR PAYOUT (Mandatory to attach proof, in case th						k account b	elow is dif	ferent fro	m the che	eque issu	ed for investr	nent as	per sect	tion 4)	∐ Sa	me ban	(as per	investme	ent cheque
IFSC CODE																				
Bank Account No																				
Bank Name								Bank I	Branch											
Account Type 🔄 Sav	vings 🗌 NRC	NRE	Current	FCNR	Others -	>														
6. LEGAL ENTITY IDEN	TIFIER (Mandatory) - (Only for Non-Ind	lividuals inclu	ding HUF fo	or transacti	ons amou	inting to Rs.	50 Crores	and above	e) Sundara	am Mutual	Fund - LEI Nu	umber: (335800QI)GDY5PC	N34581	(The LEI	expires o	n March 2	0, 2029)
				- [
VALIDITY DATE OF I					$\overline{\mathbf{v}}$	$\mathbf{\nabla}$	$\mathbf{\nabla}$													
Address of First / S			1 1 1																	
Address of First / 5	ole Applicant																			
Town:	Citv/Dis	strict:						State:							PIN	V Code:				
Overseas Address)																	
7. Systematic Trans	saction Registr	ation Details – Pl	ease indica	te details	of your S	SIP (skip t	this section i	f you wish	to make a	one-time i	investmer	,		_			(Refer Gi	lide to inv	esting thr	ough SIP)
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Application Form

8. OCCUPATION														
Private Sector Service	Public Sector Government Service	Housewife Business	Professional	Agriculturist	Retired	Student	Forex Deal	er Othe	rs		(Others		
1st Holder											S	pecify		
2nd Holder]		S	oecify		
3rd Holder]		S	pecify		
GROSS ANNUAL INCOME														
Below 1 Lac	1-5 Lacs 5-10 La	ics 10-25 Lacs	> 25 Lacs - 1 Crore	> 1 Crore	Net worth (Ma Non-Indivi					As on	date			
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2nd Holder]	D	D	M	M	Ý	Y	Ý	Ý
3rd Holder]	D	D	M	M	Y	Y	Y	Y
PEP & UBO Details														
I am politically exposed persor	Related Is to PEP	the company a Listed Com (If	pany or Subsidiary of Lis no, Please attach manda	ted Company o tory UBO decla	r Controlled by a ration)	Listed Company	/ / Mo	Foreign Exc oney Change			/ Gamblin asino Serv	g / Lottery / ⁄ices		Lending vning
Yes NA	Yes No	Yes			No			Yes	No	Yes		No	Yes	No
1st Holder							[[
2nd Holder							[[
3rd Holder							[[
9. FATCA-CRS DETAILS F	or Individuals (Manc	datory)				Non Individu	al invest	ors & HUF	should n	nandatoril	y fill sep	arate FATC	A-CRS A	Annexure
The below information is rec	uired for all applicar	nt(s) / guardian / PoA he	older											
		Category			First Applic	cant/Guardian		Seco	nd Applic	ant		Third A	oplicant	
1. Are you a Tax Resic	lent of Country ot	her than India?			🗆 Ye	s □No		□ Y	′es □N	10		🗆 Yes	□No	
2. Is your Country of B	irth/ citizenship o	ther than India?			□ Ye	s □No		ΠY	′es □N	10		🗆 Yes	□No	
3. Is your Residence a					□ Ye	s 🗆 No		□ Y	′es □N	10		□ Yes	□No	
 Is the PoA holder / p any of the categorie 	person to whom s s 1, 2 or 3 above	signatory authority is ?	s given, covered	under	□ Ye	s 🗆 No		ΠY	′es □N	10		□ Yes	□No	
If you have answered	YES to any of a	bove, please prov	vide the below de	etails										
Country of Tax Reside	ence													
Nationality														
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Identification Type (TI														
Residence address fo	or tax purposes (i	nclude City, State,	Country & Pin co											
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City of birth														
Country of birth														
\$ In case any of applicant bei	ng resident/tax paver	in more than one countr	v. provide tax identific	ation number	for each such	country separa	atelv							

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.

SUNDARAM MUTUAL	Acknowledgement Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, I & Il Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)	Application No.
Sundaram Finance Group ——	I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)	
Received From Mr./Mrs./Ms		
	the application should be addressed to the Registrar KFin Technologies Limited, Registrar and Transfer Agents,	
	mbakkam High Road, Nungambakkam, Chennal-600034. Contact No: 1860 425 7237 (India) +91 40 2345 2215 (NRI)	
Please	Note: All Purchases are subject to realisation of cheques / demand drafts.	ISC's Signature & Stamp

Application Form

10. Nomination Details (Refer Instruction 11)

□ 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%.) If nominee is minor* Relationship Allocation Nominee Name Nominee PAN Nominee Signature with applicant* (%) Guardian Name* Date of Birth' 1 2 3 Address Mandatory Details In case of each Minor as Nominee, please mention Guardian's relationship # Total 100% with Minor as Mother / Father / Legal Guardian & Attach proof like Birth Certificate / School Leaving Certificate / Passport / Others.

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 nonappointment 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.

11. 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	🗆 Yes
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	□ No
State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	
If yes, please quote Degistration No. of Darpan portal of Niti Aavog	

quote Registration No. of Darpan portal of Niti Aav

In tops, bease register immediately and continue to be apart ported of the robys in the portal as mandated, wherever applicable will force MF / AMC to register your entity name in 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 am/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 bectare full with 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 scheme(s) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(s) as indicated in the application form • agree to abide by the terms, conditions of the scheme(s) as indicated 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 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 accommended to me/us all the commissions (in the form of trail commission or any other mode). recommended to me/us.

Applicable to NRIs only: Please (*) | |/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. |/We further declare that |/We am/are not a citizen of USA/Canada. barking chaines of homonosin my/our Not Resident External/Ordinaly Account on a Linepatriation basis. Li Not Hepatriation basis Li Not Hepatriation basis Li Not Hepatriation basis. Li Not Hepatriation basis Li Not Hepatriation basis Li Not Hepatriation basis. Li Not Hepatriation basis Li Not Hepatriation basis Li Not Hepatriation basis. Li Not Hepatriation basis Li Not Hepatriation basis Li Not Hepatriation basis. Li Not Hepatriation basis Li Not Hepatriation basis Li Not Hepatriation basis. Li Not Hepatriation basis Li Not Hepatriation basis Li Not Hepatriation basis. Li Not Hepatriation basis Li Not Hepatri 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

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 tax. in) to the Unit holders would be reduced to that extent

□ (Applicable only for investments through RIA) RIA/PMRN 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/Portfolio Manager:

AMFI Registration Number ARN	l -		SEBI Registration No.	
Name:				
Address				
City				PIN
E-Mail ID				Tel.No
Name of First / Sole A	Applicant / Guardian	Name	e of Second Applicant	Name of Third Applicant
✓ Signature of First / Sc	ble Applicant / Guard	ian 🖉 Signa	ture of Second Applicant	Signature of Third Applicant
			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
	Lumpsum Purchase			

SIP

Utility Code				Spc	onsor				1				()	TIOC	J()P	G V V						(\mathbf{V})	Cr	eate			()	Mo					Ca	
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*Maximum period o				ate is 	40 ye		_					-	- ¢	← .				-			-	-	-		-		· _	-	-				-	-
	ARAM MI laram Finance (SIP	Regi	stra	tion	n / Re	ene	wall	For	m / N	lodi	ficat	ion -	NA	CH	/ 0	ne T	'im	еM	anc	late	(OT	M)				me inv ng wi				
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Please tick 🗹 as ap] NACH/OTM Form NACH/OTM Form	n is attached											r ma	andat	e regi	istrat	ion wl	hich	may	' tak	e 21	da	ys.												
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First Unit Holder's / Guardian Signature

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Important Instructions:

B. Tick "wherever applicable.

- A. Fields marked with '*' are mandatory fields.
- F. Please read section wise detailed guide
- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two character ISO 3166 country codes is available at the end.
- I. KYC number of applicant is mandatory for update application.
- D. Please fill the date in DD-MM-YY format.
 E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.

C. Please fill the form in English and BLOCK letters.

J.	The 'OTP based E-KYC' check box is to be checked for accounts opened us	sing
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Line 3												City/T	Town/V	'illage*						
District*			Pin/Po	ost Code	*					Sta	te/U.T C	ode*			ISO 3	3166 (Cour	ntry Co	ode*	

	nail-ID provided including for validation purpose) (Please refer instruction C at the end)						
Tel. (Off)	Mobile*						
Email ID*							
S. Remarks (If any)							
5. Remarks (II any)							
6. Applicant Declaration							
hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I ndertake to inform you of any changes therein, immediately. In case any of the above information is found to be false r untrue or misleading or misrepresenting. I am aware that I may be held liable for it. hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or ny statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to me hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered umber/email address and to download the information from CKYCR am providing the consent to MF/RTA/SEBI registered intermediary to share this KYC data / applicable Aadhaar XML ata with KRA and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI uidelines.							
Date: D D M M - Y Y Y Place:	Signature/Thumb Impression of Applicant						
7. Attestation / For Office Use only							
Documents Received Certified Copies E-KYC data received	from UIDAI Data received from Offline verification Digital KYC Process						
Equivalent e-document Video Based KYC							
KYC documents verification carried out by	Institution details						
Date: D D - M M - Y Y Y Y	Name						
Date: D D - M M - Y Y Y Emp. Name I <	Name						
Emp. Name							
Emp. Name Emp. Code	Code						
Emp. Name Emp. Code Emp. Designation							
Emp. Name	Code						
Emp. Name Emp. Code Emp. Designation Emp. Branch [Employee Signature]	Code [Institution Stamp]						
Emp. Name	Code [Institution Stamp]						
Emp. Name	Code [Institution Stamp]						
Emp. Name	Code						

KFINTECH		Plea				eclaration & Supplementary KYC Information Declaration Form for Individuals e from your tax professional on your tax residency, related FATCA & CRS guidance								
PAN / PEKRN*														
Name												-		
Address Type [for KYC address]	 Residential Registered Office Business 					Natior	nality	☐ Indian	an 🔲 US 📋 Others <u>(please specify)</u>					
Place of Birth						•	Coun	try of Birth						
Gross Annual Income Details in INR Net Worth in INR. In Lacs & Date [Optional]	□ Below 1 Lakh □ 1-5 Lacs □ 5-10 Lacs □ 10-25 Lacs □ 25 Lacs - 1 Cr □ > 1 Crore dd-mmm-yyyy						Detai	pation Is [Please ny one (√)]	Publ Gove Agrie Stud Fore	 Public Sector Private Sector Government Service Agriculturist Housewife 				
Politically Exposed Person [PEP]	Yes Related to PEP Not Applicable						-	other nation [if cable]		[Please specify]				
Citizen / Resident . S. Coun	Green Card Holder / Tax Resident ry of Tax Tax Identification idency Number (TIN)				in the re on or	Identi			If TIN is not available, please tick ☑ the reason A, B or C [as defined below]					
1				Functional Equivalent			plea	ase specify]	Preason A □ B □ C □					
2									→ Rea	с <u> </u>				
 Reason A → The Reason B → No TIN to be collected Reason C → Oth Declaration: acknowledge and comparising it 	TIN requi ed] hers – Plea	red [Se ase spe t the in	elect this work the	s reason or reasons on provideo	d abc	the authorized by the authoriz	e and co	the respective respect	est of my kr	f tax reside	nd belief. I	n case any of		
he above specified i authorize you [KFIN, ncluding all change Management Compa udicial authorities / ndia or outside India Further, I authorize t SEBI / RBI / IRDA / I vriting about any cl additional informatio Fund/AMC/RTA to p or close or suspend FATCA & CRS Term	(Fund/AM0 as, update any, truste agencies a whereve o share th PFRDA to hanges / r n as may rovide rele my accou	C] to di s to su es, the includir r it is le e given facilitat modifica- be recovant in nt(s) wi	sclose, uch info ir emplo g but r egally re ation to uired a formatio thout a	share, rely prmation as pyees / RT, iot limited to equired and ation to oth e submission the above t your / Fu on to upstreen ny obligation	, rem s and As ('1 to the d oth er S on / u e info nd's eam p on of	hit in any d when the Autho e Financi er invest EBI Regi pdate & prmation end or I payors to advising	form, m provided prized Pa ial Intelli igation a stered In for other in future by dome enable me of th	ode or mann by me to / arties') or any gence Unit-li gencies with itermediaries relevant pur e within 30 d stic or overs withholding t he same. I als	er, all / any any of the Indian or fundia (FIU-IN) out any oblin /or any regui poses. I also lays and als eas regulate o occur and	of the infor Mutual Fu preign gove D), the tax gation of a lated interm o undertake so undertake ors/ tax au pay out an	mation pro und, its Sp rnmental of / revenue dvising me hediaries ro to keep yo ke to provi thorities. I/ y sums fro	by the provided by me, ponsor, Asset or statutory or authorities in of the same. egistered with ou informed in ide any other We authorize m my account		
Date: Place:									<u> </u>	ignature:				
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						<u>cknowle</u>	-	-						
Ve [KFIN, on behand and signed from M				iuai Fund	sj ad	cknowled	age the		-ATCA/CR AN	5 declara		duly filled		

Signature with Name, Emp. ID & Seal

Date: