

Common Application Form

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS WITHIN THE BOXES ONLY

Application No:



SUNDARAM MUTUAL

Please refer to Riskometer details available on cover page of this KIM and Your Guide to fill the Application Form before proceeding.

Distributor ARN	Sub Distributor ARN	Internal Sub-Broker/Sol ID	EUIIN*	Employee Code	PMRN / RIA Code	ISC Date Time Stamp Reference No.
ARN-106392 BLUECHIP STOCKS			E-107715			

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

*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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. In case the subscription amount is ₹ 10,000 or more and your MFD has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the MFD. Units will be issued against the balance amount invested.

I confirm that I am a first time investor across Mutual Funds-₹150.
 I confirm that I am an existing investor in Mutual Funds-₹100.

1. MODE OF HOLDING			2. Existing Folio no:		
<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor	(If you have an existing folio with KYC validated, please mention here and skip to Investment & Payment section)		
UNIT HOLDING OPTION		<input type="checkbox"/> Physical Mode	<input type="checkbox"/> Demat Mode		

Demat Account Details of First / Sole Applicant
(Name of First / Sole Applicant as per demat account)

Investor willing to invest in Demat option, should provide a copy of the DP Statement / Client Master List (CML) enabling us to match the Demat details as stated in the application form.

NSDL	DPID		CDSL	DPID	
	Beneficiary ID			Beneficiary ID	

Status	Resident Individual	Non Resident	Company	HUF	Minor	Society	FII	PIO	Partnership Firm	Proprietor	NPO	Trust	Others
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify

3. FIRST HOLDER DETAILS

Name	<input type="text"/>															
PAN*	<input type="text"/>								DOB* <input type="text"/>							
CKYC KIN	<input type="text"/>															
Mobile No*	<input type="text"/>															
	Email ID* <input type="text"/>															

*Please tick the Family Code for the Mobile Number and Email ID provided

***Mandatory**

Mobile: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian Email: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

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

Guardian / PoA Name	<input type="text"/>															
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Relationship of Guardian: Father Mother Legal Guardian. **If Legal Guardian is opted, submission of duly notarised court order is mandatory.**

PAN*	<input type="text"/>								DOB* <input type="text"/>							
CKYC KIN	<input type="text"/>															

SECOND HOLDER DETAILS

Name	<input type="text"/>															
PAN*	<input type="text"/>								DOB* <input type="text"/>							
CKYC KIN	<input type="text"/>															

THIRD HOLDER DETAILS

Name	<input type="text"/>															
PAN*	<input type="text"/>								DOB* <input type="text"/>							
CKYC KIN	<input type="text"/>															

4. INVESTMENT & PAYMENT DETAILS

Scheme Name	Scheme-1	Scheme-2	Scheme-3
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW)	<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW)	<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW)
	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer*	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer*	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer*
	IDCW Frequency (For Fixed Income Funds only):	IDCW Frequency (For Fixed Income Funds only):	IDCW Frequency (For Fixed Income Funds only):
	(applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme	(applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme	(applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme
	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth
<small>(*If target scheme is not mentioned for Transfer (IDCW), default scheme is "Sundaram Liquid Fund and sub-option 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</small>			
Payment Mode	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer
Reference No.			
Amount	Figures:		
	Words:		
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others	Drawn on Bank, Branch	

5. BANK ACCOUNT DETAILS FOR PAYOUT

IFSC CODE	MICR									
Bank Account No										
Bank Name	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 →	Please specify								

6. LEGAL ENTITY IDENTIFIER (Mandatory) - (Only for Non-Individuals including HUF)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">VALIDITY DATE OF LEI</td> <td style="width: 20%; text-align: center;">D</td> <td style="width: 20%; text-align: center;">D</td> <td style="width: 20%; text-align: center;">M</td> <td style="width: 20%; text-align: center;">M</td> <td style="width: 20%; text-align: center;">Y</td> <td style="width: 20%; text-align: center;">Y</td> <td style="width: 20%; text-align: center;">Y</td> <td style="width: 20%; text-align: center;">Y</td> </tr> </table>	VALIDITY DATE OF LEI	D	D	M	M	Y	Y	Y	Y									
VALIDITY DATE OF LEI	D	D	M	M	Y	Y	Y	Y										

Address of First / Sole Applicant

Town:	City/District:	State:	PIN Code:
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Overseas Address (in case of NRIs/Flis) (Mandatory)

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

Mode of SIP OTM/NACH (please submit SIP Registration Form) **Each SIP Amount** ₹

SIP Period Month/Year **SIP Start** | M | M | Y | Y | Y | Y | **SIP End (Default Dec 2099):** | M | M | Y | Y | Y | Y | **Till Further Notice***

(*The end date – 01/12/2099 as end date. If not specified by the investor. This will be considered in both Online and Physical modes) (refer Guide to investing through SIP)

SIP Date-Any Day **SIP Date:**(for Monthly / Quarterly Frequency)

SIP Frequency Weekly Monthly Quarterly (Refer to respective Scheme Information Document for minimum criteria)
For Equity: • Weekly every Wednesday (For Minimum amount of ₹ 1000, Minimum No. of installments is 6) • Monthly (For Minimum amount of ₹ 100, minimum No. of installments is 6) • Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 6)

	Normal STP	SWP	
Source Scheme		Scheme	
Target Scheme		Amount (figures)	
Amount (figures)		Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Frequency	Daily / Weekly / Monthly / Quarterly	STP Date - Any Day (for Monthly / Quarterly frequency)	
	D D M M	STP Period	
	From Date	To Date (including Perpetual)	
		SWP Period	
		From Date	To Date

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.

10. 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 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) 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.

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.

(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 - _____ 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

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			