

Application Form
Please refer to Product labelling details available on cover page and Your Guide To
Fill The Application Form (pages 23-26) before proceeding

Channel Partner / Agent Informat	Serial No:EQ							
Distributor's Sub-broker's ARN & Name (Code)		EUIN* (Employee Unique Idendification Number)	Registered Investment Adviser (RIA) Code	ISC's signature &				
* Declaration for "Execution only" tr EUIN box has been intentionally left bla the employee/relationship manager/sa	Transaction charges For ₹ 10,000 and above:							
inappropriateness,if any, provided by t	☐ Existing Investor-₹ 100 ☐ New Investor-₹ 150 ☐ Upfront commission shall be paid directly							
First/Sole Applicant/ Guardian	Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including							
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)								
2. New Investor Information (ref	,							
Name of First/Sole Applicant Gen	nder*   Male  Female	Others						
Permanent Account Number (PAN)*		Aadhaar 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	t / Sole Applicant is a <b>Min</b>	or)/Contact Person-De	signation (in case of nor	n-individual Investors) / POA Holder Name				
Permanent Account Number (PAN)*		Aadhaar Card No.*		Relationship				
Central KYC Number				☐ <b>CKYC Proof attached</b> (Mandatory)				
Father's name (mandatory if PAN/A	Aadhaar not provided)							
Go Green Services (Save The Future	re): Please provide Conta	ct Details of First / Sole	Applicant					
E-Mail								
STD Code	Telephone		Mobile*					
Default Communication mode is E-I  ☐ Account Statement ☐ Annual Reg			nt(s) via physical mode: I	Please tick (✓)				
Mode of Holding [Please (✓)] □		☐ Anyone o	r Survivor					
Address of First / Sole Applicant								
TOWN	CITY/ DISTRICT	Sī	ГАТЕ	PIN CODE*				
Overseas Address (in case of NRIs	s/Fils) (Mandatory)							
Name of Second Applicant Gender* ☐ Male ☐ Female ☐ Others								
				PIN CODE*				
Permanent Account Number (PAN)*		Aadhaar Card No.*		Date of Birth* D D M M Y Y Y Y				
Central KYC Number		☐ CKYC Proof attack	ched (Mandatory) Mobile*					
Name of Third Applicant Gender*	' □ Male □ Female □ Ot	hers						
				PIN CODE*				
Permanent Account Number (PAN)*		Aadhaar Card No.*		Date of Birth* D D M M Y Y Y Y				
Central KYC Number		☐ CKYC Proof attack	ched (Mandatory) Mobile*					
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 incase of new investor and additional CYKC form incase of existing investors, irrespective of the investment amount. The forms are available on our website.

3. KYC details (Mandatory) (re	efer instruction 3)   Individual	☐ Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO						
Status of First/Sole Applicant [Please (/)]	Occupation Details [Please (/)]	Gross Annual Income (in ₹) [Please (✓)]	PEP Status					
☐ Listed Company	(To be filled only if the applicant is an individual)	First Applicant	First Applicant					
☐ Unlisted Company	First Applicant  ☐ Private Sector Service ☐ Public Sector Service	☐ Below 1 Lac ☐ 1-5 Lacs	For Individuals [Please (/)] Politically Exposed Person (PEP) Status (Also applicable for authorised					
□ Individual	☐ Government Service ☐ Business	☐ 5-10 Lacs ☐ 10-25 Lacs	signatories/Promoters/Karta/Trustee/Whole time Directors)					
☐ Minor through guardian	☐ Professional ☐ Agriculturist	□ > 25 Lacs - 1 Crore □ > 1 Crore (or)	☐ I am PEP					
□HUF	☐ Retired ☐ Housewife	Net-worth (Mandatory for non-individuals) ₹	☐ I am related to PEP ☐ Not Applicable					
☐ Partnership	☐ Student ☐ Forex Dealer	as on	For Non-Individuals providing any of the below					
☐ Society/Club	Others(please specify)	— IDIDIMIMIYIYIYI (Not older than one	mentioned services [Please (/)]					
☐ Company	Second Applicant	,	☐ Foreign Exchange/Money Changer Services					
☐ Body Corporate	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business	Second Applicant	<ul><li>☐ Gaming/Gambling/Lottery/Casino Services</li><li>☐ Money Lending/Pawning</li></ul>					
☐ Trust	☐ Professional ☐ Agriculturist	☐ Below 1 Lac ☐ 1-5 Lacs	□ None of the above					
☐ Mutual Fund	☐ Retired ☐ Housewife		Second Applicant					
	☐ Student ☐ Forex Dealer	□ 5-10 Lacs □ 10-25 Lacs	(To be filled only if the applicant is an individual)					
□ FPI	☐ Others (please specify)	□ > 25 Lacs - 1 Crore	☐ I am PEP					
☐ NRI-Repatriable	Third Applicant	□ > 1 Crore (or) Net-worth	☐ I am related to PEP					
☐ NRI-Non-Repatriable	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business	······································	Not Applicable  Third Applicant					
☐ FII/Sub account of FII	☐ Professional ☐ Agriculturist	☐ Below 1 Lac ☐ 1-5 Lacs	(To be filled only if the applicant is an individual)					
☐ Fund of Funds in India	Retired Housewife	☐ 5-10 Lacs ☐ 10-25 Lacs	□ I am PEP					
□QFI	☐ Student ☐ Forex Dealer	□ > 25 Lacs - 1 Crore	☐ I am related to PEP					
☐ Others (please specify	Others (please specify)	☐ > 1 Crore (or) Net-worth	☐ Not Applicable					
4. FATCA-CRS DETAILS Fo	or Individuals & HUF (Mandatory) N	on Individual investors should mandat	orily fill separate FATCA-CRS Annexure					
	red for all applicant(s) / guardian / PoA		<b>,</b> coparate 1711 cm cm c					
Category	First Applicant/Guardian	Second Applicant	Third Applicant					
Are you a Tax Resident of Country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No					
2. Is your Country of Birth/ citizenship other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No					
3. Is your Residence address / Mailing address / Telephone No. other than in India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No					
4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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	☐ Residential ☐ Business [	☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office	☐ Residential or Business ☐ Residential ☐ Business ☐ 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 doucments and attach this to the form.

5. Bank Account De	tails of Fir	st/Sole A	Applica	nt (as p	er SEBI I	Regulati	ons it	is mand	latory) (ı	refer instr	ruction	n 5)			
Account No															
Name of the Bank								Br	anch						
Branch Address Bank City (redemption will be							be payable	at this location	n)						
Cheque MICR No	Cheque MICR No Account Type [Please (✓)] ☐ Savings ☐ Current ☐ N								IRE* □	E*  NRO*  FCNR*  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).															
<u>Direct Credit is now available with:</u> 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 iss	ue a sepa	arate Ch	eque/De	mand Dr	aft favou	ring the	e schem	e you wis	sh to inves	st/One	Time Ma	•	, ,	struction 7
Scheme Nam	е	Plan	O	ption		ount ted (₹)	DD Cł	narges (₹	1	Amount Paid		TM D Number und Transf		ie	k/Branch
		☐ Regula	ar												
		☐ Regula	ar												
		☐ Regula	ar												
In case of third party  8. DEMAT Account D		•		<b>7):</b> Plea	ase dowr	nload (w	ww.sun	ndaramm	utual.co	m) and at	tach th	he third p	arty decla	ration for	m
☐ National Securities Dep	ository Ltd.	De	pository	Participa	nt										
☐ Central Depository Services (India) Ltd. ☐ DP ID Number ☐ ☐ Beneficiary Account Number ☐															
Investor willing to invest	in Demat	option, ma	ay provid	de a cop	y of the D	P Staten	nent en	abling us	s to mato	h the Dem	nat det	ails as sta	ated in the	applicatio	n form.
9. Please indicate de	etails of y	our SIP (	refer in	structio	<b>n 9)</b> (skip	this secti	on if yo	u wish to	make a o	ne-time inv	estmer	nt)			
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	SIP Frequency						
SIP Starting       SIP Ending       for Monthly/Quarterly frequency only □ 1 □ 7 □ 14 □ 20 □ 25       Weekly (Minimum amount ₹ □ Monthly (Minimum amount ₹ □ Quarterly (Minimum amount X □							₹ 250 M	linimum No	of installme	nts 20)	stallments 5)				
No. of PDCs	First SIF	P Cheque	No						Last SIP	Cheque	No				
Each SIP Amount ₹ Refer Guide to investing through SIP															
Turn overleaf for Declaration & ∠Signature (Mandatory)→→→															
Acknowledgement  Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615,  1 & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 44 4083 1500 (NRI)								erial No:	EQ						
Received From Mr./Mrs./Ms								ase Note: All Purd	ISC's Signa		mp ques / demand drafts				

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10. Nominee (available only for individuals) (refer instruction 10)										
1st Nominee		3rd Nominee								
Name:Relationship:				Name:Relationship:						
Address:				Address:						
Proportion (%)* in which ur			which units will be shared by first	Proportion (%)* in which units will be shared by first						
nominee%	•	nominee	%	nominee%						
If nominee is a minor: Date of birth:		If nominee is a m	linor:	If nominee is a minor: Date of birth:						
Name of Guardian:		Name of Guardian		Name of Guardian:						
Address of Guardian:			an:	Address of Guardian:						
*Proportion (%) in which units will be shared by each nominee should aggregate to 100%  I do not wish to choose a nominee. Signature of investor(s)										
1st / Sole Applic			2nd Applicant	3rd Applicant						
11. Declaration, Certifi		e (refer instruction		2.2.1 PP						
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/Aadhaar 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 authorises Sundaram Asset Management to disclose, share, remit in any form, mode or manner, all/any of the information 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										
C'h				DINI						
City E-Mail ID			ŀ	PIN						
Tel.No										
Consent & Signature for Aadhaar  I/We hereby provide my / our consent to Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited (RTA) for the following:  a) For validating my Aadhaar Number with UIDAI through an authorized entity.  b) For updating/seeding my Aadhaar number based on the PANs in all my accounts maintained with your Fund for KYC & or related due diligence purpose in line with PMLA requirements, UIDAI guidelines and Account enrichment purpose.  I/We authorize Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited to authenticate data in accordance with UIDAI (Authentication) Regulations.  I / We hereby provide my / our consent for sharing the Aadhaar data / information with other Mutual Funds / RTAs for updating the same in my / our folios held with them, now or to be created in future.  I / we further declare that this consent will remain valid for Updation in all my / our existing & new folios serviced by Sundaram BNP Paribas Fund Services Limited.										
Name of First / Sole	Applicant / Guardian	Name	e of Second Applicant	Name of Third Applicant						
≲Signature of First / So	ole Applicant / Guard	lian ÆSigna	ture of Second Applicant	∕≾Signature of Third Applicant						
Date:/	Date:									
<del>&amp;_</del>										
			Particulars							
		Cheque / DD /								
Scheme Name / Plan / Option / Sub-option	Goal	Payment Instrument Number / Date	Drawn on (Name of Bank & Branch)	Amount in figures (₹) & Amount in words						
	☐ Lumpsum Purchase☐ SIP									