

Application Form
Please refer to Product labelling details available on cover page and Your Guide To
Fill The Application Form (pages 21-23) before proceeding

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3. KYC details (Mandatory) (r	refer instruction 3) 🗆 Individual	Non-Individual (Please attach mandatory Ultim	ate Beneficial Ownership (UBO) declaration form
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	□ Below 1 Lac □ 1-5 Lacs	For Individuals [Please ()] Politically Exposed
☐ Individual	☐ Private Sector Service ☐ Public Sector Service	ce	Person (PEP) Status (Also applicable for authorised
☐ Minor through guardian	☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist	□ > 25 Lacs - 1 Crore □ > 1 Crore (or)	signatories/Promoters/Karta/Trustee/Whole time Directors) 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
'	☐ Others (please specify)	— D D M M Y Y Y Y (Not older than one	mentioned services [Please (/)]
☐ Society/Club	Second Applicant	,	☐ Foreign Exchange/Money Changer Services
☐ Company	☐ Private Sector Service ☐ Public Sector Service☐ Government Service☐ Business		☐ Gaming/Gambling/Lottery/Casino Services
☐ Body Corporate	☐ Professional ☐ Agriculturist	Second Applicant	☐ Money Lending/Pawning ☐ None of the above
☐ Trust	☐ Retired ☐ Housewife	☐ Below 1 Lac ☐ 1-5 Lacs	Second Applicant
☐ Mutual Fund	☐ 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	Tima Applicant	☐ 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	y)	☐ > 1 Crore (or) Net-worth	☐ Not Applicable
4. FATCA-CRS DETAILS F	or Individuals & HUF (Mandatory)	Non Individual investors should mandat	orily fill separate FATCA-CRS Annexure
	ired for all applicant(s) / guardian / Po		
Category	First Applicant/Guardian	Second Applicant	Third Applicant
1. Are you a Tax Resident of			
Country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Is your Country of Birth/	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
citizenship other than India?			
3. Is your Residence address / Mailing address / Telephone	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
No. other than in India?	103 110		
4. Is the PoA holder / person to			
whom signatory authority is	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
given, covered under any of		l les l No	
the categories 1, 2 or 3 above?			
If you have answered YES to	any of above, please provide the below	v details	
Country of Tax Residence			
Nationality			
Tax Identification Number\$			
or Reason for not providing TIN			
Identification Type (TIN or Other, please specify)			
Other, please specify)			
Residence address for tax			
purposes (include City, State,			
Country & Pin code)			
	☐ Residential or Business	☐ Residential or Business	☐ Residential or Business
Address Type	☐ Residential ☐ Business	☐ Residential ☐ Business	☐ Residential ☐ Business
	☐ Registered Office	☐ Registered Office	☐ Registered Office
City of birth			
Country of high			
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. 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) Account Type [Please (✓)] Cheque MICR No ☐ Savings ☐ Current ☐ NRE* ☐ NRO* ☐ FCNR* ☐ Others..... *If the payment is by DD or source of fund is not clear on the Cheque RTGS / NEFT / IFSC Code leaf, please provide a copy of FIRC. 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, ING Vysya, Kotak Mahindra Bank, Royal Bank of Scotland, 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. Payment Details: Please issue a separate Cheque/Demand Draft favouring the scheme you wish to invest/One Time Mandate (OTM) (refer instruction 7) Payment Details Net Amount Amount Invested Scheme Name Plan Option (less DD charges) Paid Bank/Branch ☐ Cheque / ☐ DD Number ☐ Regular ☐ Direct ☐ Regular □ Direct ☐ Regular □ 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) ☐ National Securities Depository Ltd. Depository Participant DP ID Number Beneficiary Account Number ☐ Central Depository Services (India) Ltd. 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 Date** SIP Period (For Post-Dated Cheques) **SIP Frequency** SIP Starting SIP Ending ☐ Weekly (Minimum amount Rs 1000 Every Wednesday, Minimum No of installments 5) for Monthly/Quarterly frequency ☐ Monthly (Minimum amount Rs 250 Minimum No of installments 20) only □ 1 □ 7 □ 14 □ 20 □ 25 M Quarterly (Minimum amount Rs 750 Minimum No of installments 7) No. of First SIP Cheque No Last SIP Cheque No **PDCs Each SIP Amount** Refer Guide to investing through SIP Turn overleaf for Declaration & ∠Signature (Mandatory) → → → Serial No: EQ Acknowledgement Sundaram Asset Management Company Limited, II Floor, 46 Whites Road, Chennai - 600 014. Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI) Received From Mr./Mrs./Ms... Communication in connection with the application should be addressed to the Registrar Sundaram BNP Paribas Fund ISC's Signature & Stamp Services Limited, Registrar and Transfer Agents, Unit: Sundaram Mutual Fund, Central Processing Center, RR Towers II III Floor, Thiru Vi Ka Industrial Estate, Guindy, Chennai 600 032. Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI). Please Note: All Purchases are subject to realisation of cheques / demand drafts.

Application Form

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 in raking 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/FCNF Account on a □ Repatriation Basis □ Non-Repatriation Basis. I/We further declare that I/We am/are not a citizen of Canada. **IdWe 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 intimating/delay in intimating any changes to the above particulars bear particulars being false, incorrect or incomplete or in case of my/our my/o	10. Nominee (available o	nly for individuals) (r	refer instruction 10)	☐ I wish to nominate the fo	llowing person(s)
Address:	1st Nominee		2nd Nominee		3rd Nominee
Proportion (%) in which units will be sheed by first formitted					
Proportion (%) in which units will be shared by first nomines					
Incomisee is a minor					
If nominee is a minor: Date of birth: Relationship: Date of birth: Relationship: Date of birth: Relationship: Date of birth: Relationship: Date of birth: Name of Claserdam: Address of Claserdam: Name of Name		nits will be shared by fi			
Name of Guardian: Name of Guardian: Address of Guardian: Addre	11				If nominee is a minor:
Address of Guardian: Address of Guardian:	1 1	•			Date of birth:Relationship:
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11. Declaration, Certification & Signature (refer instruction 11) Declaration: We * having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issue to the SID and Kill did ate * heaving apply for units under the schemen(g) as indicated in the application form * agree to abide by the terms, conditions, rules and regulations of the scheme(g) * agree to the terms and conditions for OTM/NACH * have not received nor been induced by any rebate or pifts, directly or indirectly in making this investment * of not have any existing Micro of StE/investments which together with the current application will result in the total investments exceeding file. \$0,000 in a financial year or a rolling period of twelve months (papiciable for PAN exempt category of investors). The APN holder investments exceeding file. \$0,000 in a financial year or a rolling period of twelve months (papiciable for PAN exempt category of investors). The APN holder investments exceeding file. \$0,000 in a financial year or a rolling period of twelve months (papiciable for PAN exempt category of investors). The APN holder investments exceeding file. \$0,000 in a file of the APN holder of the APN hold	* Proportion (%) in which units will be	shared by each nominee should	aggregate to 100%		
Int Declaration, Certification & Signature (refer instruction 11) Declaration: IWe • 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(e) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(e) age indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(e) age indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme (e) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme (e) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme of the scheme (e) as indicated in the application form • agree to abide by the terms, conditions, rules are also as the commission of the scheme (e) as indicated in the application of the application of the applic	☐ I do not wish to choos	se a nominee. Signatui	re of investor(s)		
Declaration: I/We + having read and understood the contents of the Statement of Additional Information/Schem Information Document/addenda issue to the SD and KMM till date + hereby apply for units under the seheme(s) as indicated in the application form + agree to abide by the terms, conditions, and the state of the					
Declaration: I/We + having read and understood the contents of the Statement of Additional Information/Schem Information Document/addenda issue to the SD and KMM till date + hereby apply for units under the seheme(s) as indicated in the application form + agree to abide by the terms, conditions, and the state of the	11 Declaration Certifi	ication & Signatur	a (refer instructio	n 11)	··
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 funded by any rebate or grifts, directly 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 myour Non-Resident External/Ordinary Account/FCNR Account on a □ Repatriation Basis □ Non-Repatriation Basis. I/We further declare that I/We arrayer not a citizen of Canada. I/We hereby declare that all the particulars given herein are true, correct and complete to the best of myour 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 myour mortifications. I/We have understood the above particulars. I/We hereby authories 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 incorrect in the provided by me/us, to any indincorrect interest and conditional information/deventional provide			•	•	ii - (Oakara lafarrati - Dan arak kalika da isaa da
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	and regulations of the schoor indirectly in making this investments exceeding Rs. has disclosed to me/us all	eme(s) • agree to the investment • do not . 50,000 in a financial I the commissions (in	terms and conditions have any existing Mi year or a rolling perio the form of trail con	s for OTM/NACH • have not receitor SIPs/investments which toget dof twelve months (applicable for nmission or any other mode), pay	ved nor been induced by any rebate or gifts, directly her with the current application will result in the total r PAN exempt category of investors). The ARN holder
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. Name of First / Sole Applicant / Guardian Name of Second Applicant Name of First / Sole Applicant / Guardian Name of Second Applicant Name of First / Sole Applicant / Guardian Signature of Second Applicant Signature of Third Applicant Place: Place: Particulars Scheme Name / Plan / Option / Sub-option Drawn on (Name of Bank & Branch) Amount in figures (*) & Amount in words Amount in figures (*) & Amount in words	subscription have been re	mitted from abroad th	nrough normal banki	ng channels or from funds in my	our Non-Resident External/Ordinary Account/FCNR
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. Name of First / Sole Applicant / Guardian	consequences/losses/cost in intimating any changes manner, all/any of the infor foreign governmental or intermediaries without any	ts/damages in case of to the above particul mation provided by m statutory or judicial obligation of advising	f any of the above partiars. I/We hereby authorities/agencies	articulars being false, incorrect or thorise Sundaram Asset Manager hanges, updates to such informat s, the tax/revenue authorities,	incomplete or in case of my/our not intimating/delay ment to disclose, share, remit in any form, mode or ion as and when provided by me/us, to any Indian or other investigation agencies and SEBI registered
Name of First / Sole Applicant / Guardian Name of Second Applicant Name of First / Sole Applicant / Guardian Name of Second Applicant Name of Second Applicant Name of Second Applicant Name of Third Applicant Signature of Second Applicant Signature of Second Applicant Place: Particulars Scheme Name / Plan / Option / Sub-option Goal Payment Instrument Number / Date Drawn on (Name of Bank & Branch) Payment Instrument Number / Date Lumpsum Purchase	hereby certify that the info	rmation provided by	me/us on this Form i	is true, correct, and complete. I/V	
Signature of First / Sole Applicant / Guardian Date:					
Signature of First / Sole Applicant / Guardian Date:					
Date:	Name of First / Sole A	Applicant / Guardian	Name	of Second Applicant	Name of Third Applicant
Date:					
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	≲Signature of First / So	ole Applicant / Guard	ian ÆSigna	ture of Second Applicant	
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	Date:/	/			Place:
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		Goal	Payment Instrument	Drawn on (Name of	Amount in figures (₹) & Amount in words
		· ·	Number / Date	,	



SIP Registration / Renewal Form / Modification - NACH / One Time Mandate (OTM) (First time investors should use this form along with the application form)

Seneme/Plan/Option/Sub-option	□ NAC	tick ☑ as applicable: CH/OTM Form is attache	d and to be re	gistered in the fo	olio. SII	o will start after	manda	ate registratio	on which takes		SC's sign	ature
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[•] This is to confirm that the declaration has been carefully read,understood and made by me/us.l am authorising the user entity/corporate to debit my account.
• I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancel/alicina/mendment request to the user entity/corporate or the bank where i have authorized the debit.

I/We hereby declare that the above in my/our prejective of my/our registration of the above is registered in my/our my/