

Purchase 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		Agent's Name and ARN	Sub Broker ARN code	Sub Agent Code	EUIN	E	0	2	6	6	5	1
		SGSSL - 54854										

Transaction charges: For Rs. 10,000 and above: ☐ Existing Investor- Rs.100 ☐ New Investor-Rs.150 ☐ 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.

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**

Fund Name **Plans:** ☐ Regular ☐ Direct **Options:** ☐ Dividend Payout ☐ Dividend Re-Investment ☐ Dividend Sweep ☐ Growth ☐ Bonus ☐ Others.....

Bank (on which Cheque is drawn or by which Demand Draft is issued) **Branch**

Amount (figures)	Amount (in words)	Cheque/DD No (attach a cancelled cheque leaf)	Cheque/DD Date
Rs			DDMMYYYY

DEMAT Account Details (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.)

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

Purchases made through third party cheque(s) will not be accepted. In case of payment from a Joint Bank Account, the First holder in the Application must be one of the Joint Account Holders of the Joint Bank Account. However the following are excluded from this restriction: 1. Gifts to a minor from Parents/Grand Parents up to Rs50,000(for each Purchase /per SIP Installment) 2. Employer's Remittance of Payroll deduction on behalf of Employees 3. Custodian's payment on behalf of an FII /Client. For further details please refer to Statement of Additional Information.

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 Auto Debit • 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 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/FCNR Account on a ☐ Repatriation Basis ☐ Non-Repatriation Basis. I/We confirm that I am/we are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time.

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 and other investigation agencies 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.

Acknowledgement ☐ Purchase **Request Date:** DDMMYYYY **Time Stamp/Seal**

Folio No		Cheque/DD No:
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Fund:	Plans:	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
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Amount	Options: Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep or <input type="checkbox"/> Growth <input type="checkbox"/> Bonus
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Redemption request submitted along with change of bank mandate would result in payment being withheld upto 10 days for validating new bank mandate. Effective May 01, 2012 the forms for redemption request and change of bank account will be segregated to ensure that the two different requests are handled and executed separately for all existing and new customers.

Folio No		Agent's Name and ARN	Sub Broker ARN code	Sub Agent Code	EUIN	
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☐ 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.

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Name of First/Sole Applicant (Please use capital Letters)

☐ **Redemption**

Are you submitting a change of bank request along with your redemption ☐ Yes (if yes please also use the stand alone bank mandate form) ☐ No

Fund Name:.....Plan: ☐ Regular ☐ Direct ☐ Others

Options: **Dividend** ☐ Payout ☐ Re-Investment ☐ Sweep ☐ **Growth** ☐ **Bonus** ☐ Amount ☐ Units.....

If the balance in the account does not cover the amount of this request. I/We authorize you to close the account and send the available amount.

☐ **Switch**

☐ Amount ☐ Units.....From:.....

Plan: ☐ Regular ☐ Direct ☐ Others Options: **Dividend** ☐ Payout ☐ Re-Investment ☐ Sweep ☐ **Growth** ☐ **Bonus**

To:.....Plan: ☐ Regular ☐ Direct Options: **Dividend** ☐ Payout ☐ Re-Investment ☐ Sweep ☐ **Growth** ☐ **Bonus**

☐ **Change of Address*/Contact Details**

Address:.....PIN.....

Email:.....Mobile No

*(For non-KYC folios only). For those who are KYC compliant, please use the KYC change details form, and provide self-attested copy of proof of new address, and PAN card.

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 Auto Debit • 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 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/FCNR Account on a ☐ Repatriation Basis ☐ Non-Repatriation Basis. I/We confirm that I am/we are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time.

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 and other investigation agencies 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.

Signature

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

Request Date

Acknowledgement ☐ Change of Address ☐ Redemption ☐ Switch

Request Date:

Time Stamp/Seal

Folio No

Fund:

Plans: ☐ Regular ☐ Direct ☐ Others.....

Amount

Options: **Dividend** ☐ Payout ☐ Re-Investment ☐ Sweep or ☐ **Growth** ☐ **Bonus**

Toll Free: 1800 103 7237 (India)
+91 44 49057300 (NRI)

SMS SFUND to 56767

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Sundaram Mutual Fund

Redemption request submitted along with change of bank mandate would result in payment being withheld upto 10 days for validating new bank mandate. Effective May 01, 2012 the forms for redemption request and change of bank account will be segregated to ensure that the two different requests are handled and executed separately for all existing and new customers.

Name of First/Sole Applicant (Please use capital Letters)

[illegible]

Are you submitting a redemption request along with change of bank details. ☐ Yes ☐ No

Change of Bank Mandate (please refer check-list for supporting documents-Annexure 1)

Bank	
Branch/Location	
Account No	
Account Type	<input type="checkbox"/> SB <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> CURRENT <input type="checkbox"/> Others.....
RTGS/NEFT/IFSC	
MICR No	

Change of Address*/Contact Details (please refer check-list for supporting documents-Annexure 2)

[illegible]

**(For non-KYC folios only). For those who are KYC compliant, please use the KYC change details form, and provide self-attested copy of proof of new address, and PAN card.*

Declaration: I/We, having read and understood the contents of the Statement of Additional Information/Scheme Information Document, as applicable, agree to abide by the terms, conditions, rules and regulations of the scheme.

Request Date	D	D	M	M	Y	Y	Y	Y
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Signature	First Applicant	Second applicant	Third Applicant

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 ☐ **Change of Bank Mandate** ☐ **Change of Address** ☐

Request Date:

D	D	M	M	Y	Y	Y	Y
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Time Stamp/Seal

Folio No											
Fund:											
Amount											

Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI)

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Sundaram Mutual Fund