

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 / /	annel Partner / Agent Information								Serial No:EQ								
Distributor's	Distributor's Sub-broker's ARN ARN & Name (Code)			Code		UIN* e Idendification Number)		d Investment (RIA) Code	looi:								
Ainvanie	(Oode)		(interna	A1)	(Employee omqu	/ tavisci (11) y coac			ISC's signature								
ARN: 54854							&										
								Time Stamping									
* Declaration for "Ex EUIN box has been into									y								
	the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.								Transaction charges For ₹ 10,000 and above:  ☐ Existing Investor-₹ 100 ☐ New Investor-₹ 150								
First/Sole Applicant/		Second				Third			Upfront commission shall be paid directly by the investor to the AMFI-registered								
Guardian		Applican	t			Applicant			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	e provide C					Folio No									
If yes, please pro																	
2. New Investor In Name of First/Sole	•		•	emale [	Others												
Permanent Account Numb	per (PAN)*				Aadhaar Card N	o.*			Date of Birth* D D M M Y Y Y Y								
Central KYC Numb	er				1				☐ CKYC Proof attached (Mandatory)								
		t / Sola A	onlicant is	a Min	or\/Contac	t Person-De	signation (i	in case of non	-individual Investors) / <b>POA Holder Name</b>								
Permanent Account Number	r (PAN)*				Aadha	ar Card No.*			Relationship								
Central KYC Numb	er								☐ CKYC Proof attached (Mandatory)								
Father's name (man	ndatory if PAN/	Aadhaar	not provide	ed)													
Go Green Services (	Save The Futu	re): Pleas	se provide	Conta	ct Details o	of First / Sole	Applicant										
E-Mail																	
STD Code		Telep	ohone					Mobile*									
Default Communicat  ☐ Account Statemer						ving docume	nt(s) via phy	sical mode: F	Please tick (🗸)								
Mode of Holding [		<u> </u>		Joint	Jimation	☐ Anyone o	r Survivor										
Address of First / S																	
TOWN		CITY/ D	ISTRICT			S	TATE		PIN CODE*								
Overseas Address	(in case of NRI	s/FIIs) (M	landatory)														
			1 1														
Name of Second Applicant Gender*   Male   Female   Others																	
	 	1 1	1 1 1	1					PIN CODE*								
Permanent Account Numb	per (PAN)*				Aadhaar Card N	o.*			Date of Birth* D D M M Y Y Y Y								
Central KYC Numb	` . '					☐ CKYC Proof atta	ched (Mandatory)	Mobile*									
Name of Third Applicant Gender*   Male   Female   Others																	
									PIN CODE*								
Permanent Account Numb	per (PAN)*				Aadhaar Card N	o.*			Date of Birth* D D M M Y Y Y Y								
Central KYC Numb						☐ CKYC Proof atta	ched (Mandatory)	Mobile*									
To be submitted alo				FATOA	D-4-11- /F		F ()		Additional Patails (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) (r	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	☐ Below 1 Lac ☐ 1-5 Lacs	For Individuals [Please (/)] Politically Exposed						
☐ Individual	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business	e	Person (PEP) Status (Also applicable for authorised 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)	D D M M Y Y Y Y  (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	☐ Gaming/Gambling/Lottery/Casino Services☐ Money Lending/Pawning						
☐ Trust	☐ Professional ☐ Agriculturist	Below 1 Lac 1-5 Lacs	□ None of the above						
☐ Mutual Fund	☐ Retired ☐ Housewife	5-10 Lacs 10-25 Lacs	Second Applicant						
□ FPI	☐ Student ☐ Forex Dealer	□ > 25 Lacs - 1 Crore	(To be filled only if the applicant is an individual)						
	Others(please specify)		☐ I am PEP						
□ NRI-Repatriable	Third Applicant  ☐ Private Sector Service ☐ Public Sector Service	□ > 1 Crore (or) Net-worth	☐ I am related to PEP						
□ NRI-Non-Repatriable	☐ Government Service ☐ Business	77.100	☐ 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)	Ion Individual investors should mandat	orily fill separate FATCA-CRS Annexure						
	ired for all applicant(s) / guardian / PoA								
Category	First Applicant/Guardian	Second Applicant	Third Applicant						
1. Are you a Tax Resident of	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No						
Country other than India?  2. Is your Country of Birth/									
citizenship other than India?  3. Is your Residence address /	☐ Yes ☐ No	Yes No	Yes No						
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	v 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 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 TIM 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 Details of First/Sole Applicant (as per SEBI Regulations it is mandatory) (refer instruction 5)																	
Account No																	
Name of the Bank							I	Branch									
Branch Address							I	Bank Ci	ity (rede	mption will	be payat	ole at this lo	cation)				
Cheque MICR No				Account	Type [PI	ease (🗸)]	] 🗆 S	Savings [	☐ Curr	rent 🗆 N	NRE* [	□ NRO*	☐ FCN	IR* □ O	hers		
RTGS / NEFT / IFSC Code	e					*I:   le	If the	paymei lease pi	nt is b rovide	y DD c	or sou v of F	irce of IRC.	fund is	not cle	ear on	the Cl	heque
6. Mode of payment of r	edemption/d	dividend p	roceeds	via Dire	ct cred	it/NEFT	/Oth	er Mod	le (ref	er inst	ructi	on 6).					
Direct Credit is now availat Bank, Kotak Mahindra Ban credited to your account. A made by way of a cheque/o 7. Payment Details: Plea	k, SBI, Stand Ilternatively, y demand draft	dard Charte you will rect/warrant.	ered Bar eive the	nk, YES I paymen	Bank. If t throug	your bar h NEFT	nk fa mod	Ills in th	is list d on t	your F he ban	Reden ik det	nption/ tails av	Divide ailable	end pro . Othen	ceeds wise, p	will be ayme	e direc nt will
Scheme Name																	
Plan	☐ Regular ☐	Direct			□R	egular 🗆	Direc	ct				Reg	ular 🗌	Direct			
Option	Dividend ☐ Pa ☐ Growth ☐ C Dividend Freq ☐ Daily ☐ Wee ☐ Quarterly ☐ Dividend Swe	Others  uency: (For F ekly ☐ Fortnic Half-Yearly ☐	Fixed Incom ghtly ☐ Mo ☐ Annual	ne Funds on onthly	□ Gro	end ☐ Pay owth ☐ Ot end Frequ by ☐ Week arterly ☐ F end Swee	thers . <b>uency:</b> kly 🗆 f Half-Ye	: (For Fixe Fortnightl early  A	d Incom ly □ Mo nnual	ne Funds onthly	only)	□ <b>Grow Dividen</b> □ Daily I □ Quart	<b>th</b> □ Ot d <b>Frequ</b> □ Week erly □ H	rout	r Fixed I nightly [ / □ Ann	ncome i ☐ Mont ual	Funds on
(If an investor fails to specify the option, he v	vill be allotted units ur	nder the default or	ntion/subontio	n of the Targe	scheme.) An	v / each corre	ection ca	arried out in s	selectina t	the target s	cheme h	as to be co	unter-siane	ed by the inv	estor(s) to i	make it a v	alid selecti
Amount Invested (₹)		raor tiro aoraan op	, and an	or are rarge		, , , , , , , , , , , , , , , , , , , ,	001101700					40 10 20 00	aritor orgino		3010/10/10/		w. w
DD Charges (₹)																	
Net Amount Paid																	
Payment Details																	
OTM Cheque DD Number RTGS Fund Transfer																	
Bank/Branch																	
In case of third party payr 8. DEMAT Account Detail	•		<b>7):</b> Plea	se down	load (wv	vw.sund	laram	nmutual	.com)	and at	tach	the thi	rd part	y decla	ration	form	
☐ National Securities Deposito	ry Ltd.	Depository F	Participan	t										1 11 1			
☐ Central Depository Services	(India) Ltd.	DP ID Numb	per			Be	enefici	ary Acco	unt Nu	ımber				ШШ			
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 Period (For Post-	Dated Cheq	ues)		SIP D	ate						SI	P Freq	uency	'			
SIP Starting	SIP End			thly/Quar □ 7 □ 1			☐ Mo	ekly (Mini nthly (Mir	nimum a	amount	₹ 250	Minimum	n No of i	nstallmer	nts 20)	of install	ments 5
No. of	M M Y Y	1 . 1 .		 I I			Qua	arterly (M			1	Minimu 	m No of I I	installme	ents 7)	1	l l
PDCs	rst SIP Chequ	ue No								heque	No_						
Each SIP Amount ₹			7.			efer Guid		Ü	_	•	Of-			\	1-4-		
			iur	n ove	rieat	tor υ ∽	eci	arati	on e	& Ø	Sig	natu	re (ı	viano	iato	ry) <del>-</del>	777
Acknowledgement  Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 44 4083 1500 (NRI)								Serial No: EQ									
Received From Mr./Mrs./Ms							al 💄	ISC's Signature & Stamp  Please Note: All Purchases are subject to realisation of cheques / demand drafts.									

10. Nominee (available o	only for individuals) (	refer instruction 10)	☐ I wish to nominate the fol	lowing person(s)						
1st Nominee		2nd Nominee		3rd Nominee						
Name:		Name:		Name:						
Relationship:				Relationship:						
Address:				Address:						
Proportion (%)* in which u		irst Proportion (%)* ir	n which units will be shared by first%	Proportion (%)* in which units will be shared by first nominee						
If nominee is a minor:		If nominee is a m		If nominee is a minor:						
Date of birth:				Date of birth:						
Name of Guardian:		Name of Guardian	:an:	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, Certif		a (refer instruction								
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   Non-Repatriat										
Address										
City			F	PIN						
E-Mail ID										
Tel.No										
a) For validating my Aadh     b) For updating/seeding n     with PMLA requirement     I/We authorize Sundaram N     I / We hereby provide my /     them, now or to be created	ur consent to Sundarar laar Number with UIDAI my Aadhaar number ba: ts, UIDAI guidelines and futual Fund / Sundaran our consent for sharing i in future.	through an authorized sed on the PANs in all d Account enrichment n BNP Paribas Fund Se the Aadhaar data / inf	my accounts maintained with your F purpose. ervices Limited to authenticate data formation with other Mutual Funds /	nited (RTA) for the following:  Fund for KYC & or related due diligence purpose in line in accordance with UIDAI (Authentication) Regulations. RTAs for updating the same in my / our folios held with iced by Sundaram BNP Paribas Fund Services Limited.						
Name of First / Sole Applicant / Guardian Name of Second Applicant Name of Third Applicant										
Date://	/			Place:						
			&							
			Particulars							
Scheme Name / Plan / Option / Sub-option	Goal	Cheque / DD / Payment Instrument Number / Date	Drawn on (Name of	Amount in figures (₹) & Amount in words						
	☐ Lumpsum Purchase									