

Application Type* ☐ New ☐ Update
 KYC Type* ☐ Normal (PAN is mandatory)
☐ PAN Exempt Investors (Refer instruction K)

KYC Number**

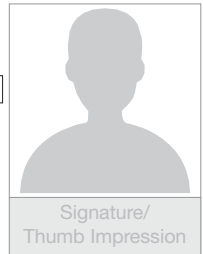
**Mandatory for KYC update only; KYC Number issued by Central KYC Registry.

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T- Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others – Country <input type="text"/> Country Code <input type="text"/>			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised			

Photo



2. Proof of Identity (Pol)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted)

<input type="checkbox"/> A - Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B - Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D - Driving Licence	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> E - Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F - NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z - Others (any document notified by the central government)	<input type="text"/>		

3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*	<input type="text"/>														
Line 2	<input type="text"/>														
Line 3	<input type="text"/>														
District*	<input type="text"/>	Zip / Post Code*	<input type="text"/>	State/UT Code	<input type="text"/>	as per Indian Motor Vehicle Act, 1988									
State/UT*	<input type="text"/>	Country*	<input type="text"/>	Country Code	<input type="text"/>	as per ISO 3166									
Address Type*	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified														

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*		Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Passport Number	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>		

☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1'. Submit relevant documentary proof)

Line 1*	<input type="text"/>														
Line 2	<input type="text"/>														
Line 3	<input type="text"/>														
District*	<input type="text"/>	Zip / Post Code*	<input type="text"/>	State/UT Code	<input type="text"/>	as per Indian Motor Vehicle Act, 1988									
State/UT*	<input type="text"/>	Country*	<input type="text"/>	Country Code	<input type="text"/>	as per ISO 3166									

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID																								
Mobile					Tel.(Off)					Tel.(Res)														
Fax No.																								

5. Additional Information for Tax Purpose (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence*					Country Code of Jurisdiction of Residence			as per ISO 3166			
Tax Identification Number or equivalent (If issued by jurisdiction)*											
Place / City of Birth*					Country of Birth*			Country Code			as per ISO 3166

Address ☐ Same as Current / Permanent / Overseas Address Details; ☐ Same as Correspondence / Local Address Details

Line 1*																									
Line 2																									
Line 3																					City/Town/Village*				
District*					Zip / Post Code*					State/UT Code			as per Indian Motor Vehicle Act, 1988												
State/UT*					Country*			Country Code			as per ISO 3166														

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type*	<input type="checkbox"/> Guardian of Minor		<input type="checkbox"/> Assignee		<input type="checkbox"/> Authorized Representative	
	Prefix	First Name	Middle Name	Last Name		
Name*						

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)

Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> Passport Number					Passport Expiry Date	D D - M M - Y Y Y Y			
<input type="checkbox"/> Voter ID Card					PAN Card				
<input type="checkbox"/> Driving Licence					Driving Licence Expiry Date	D D - M M - Y Y Y Y			
<input type="checkbox"/> Aadhaar Card									
<input type="checkbox"/> NREGA Job Card									
<input type="checkbox"/> Z-Others (any document notified by the central government)					Identification Number				

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: D D - M M - Y Y Y Y Place:

[Signature / ThumbImpression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use OnlyDocuments Received ☐ Certified Copies**KYC Verification Carried Out by (Refer Instruction I)**

Date:	D D - M M - Y Y Y Y			
Emp. Name				
Emp. Code				
Emp. Designation				

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date:	D D - M M - Y Y Y Y			
Emp. Name				
Emp. Code				
Emp. Designation				

[Employee Signature]

Institution Details

Name																
Code																
Emp. Branch																

[Institution Stamp]

Institution Details

Name																
Code																
Emp. Branch																

[Institution Stamp]



Annexure A1 – Addition / Modification / Change of Address – Correspondence / Local Address

Fields marked with '*' are mandatory fields. Please fill the form in English and in BLOCK letters.

For office use only

(To be filled by financial institution)

Application Type* ☐ New ☐ Update/Change

KYC Number (Mandatory for KYC update request)

1. Correspondence / Local Address Details (Please see instruction E at the end) Enclose relevant documentary proof

☐ Same as Current / Permanent / Overseas Address details

Line 1*
 Line 2
 Line 3 City/Town/Village*
 District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
 State/UT* Country* Country Code as per ISO 3166

2. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID
 Mobile – Tel.(Off) – Tel.(Res) –
 Fax –

3. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / ThumbImpression]

Date: – – Place:

Signature / Thumb Impression of Applicant



Fields marked with '*' are mandatory fields. Please fill the form in English and in BLOCK letters.

For office use only

(To be filled by financial institution)

Application Type* ☐ New ☐ Update/ChangeKYC Number (Mandatory for KYC update request)

South Gujarat ARN: 54854

1. Details of Related Person (please refer instruction **G** at the end)☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type*

☐ Guardian of Minor☐ Assignee☐ Authorized Representative

Prefix

First Name

Middle Name

Last Name

Name*

(If KYC number and name are provided, below details of section 1 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction **H**) at the end)☐ A - Passport Number

Passport Expiry Date

☐ B - Voter ID Card

PAN Card

☐ D - Driving Licence

Driving Licence Expiry Date

☐ E - Aadhaar Card☐ F - NREGA Job Card☐ Z - Others (any document notified by the central government)

Identification Number

2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

3. Attestation / For Office Use Only**Documents Received** ☐ Certified Copies**KYC Verification Carried Out by**

Date:

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution Details

Name

Code

[Institution Stamp]

☐ Normal (PAN is mandatory)

☐ PAN Exempt Investors

Sundaram Asset Management



Fields marked with '*' are mandatory fields. Please fill the form in English and in BLOCK letters.

For office use only (To be filled by financial institution)	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update/Change KYC Number (Mandatory for KYC update request)
---	---

1. Details of Related Person (please refer instruction C at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type*	<input type="checkbox"/> Guardian of Minor	<input type="checkbox"/> Assignee	<input type="checkbox"/> Authorized Representative
Name*	Prefix 	First Name 	Middle Name
		Last Name 	

(If KYC number and name are provided, below details of section 1 are optional)

Proof of Identity [Pol] of Related Person* (Please see instruction (D) at the end)

<input type="checkbox"/> A - Passport Number 	Passport Expiry Date
<input type="checkbox"/> B - Voter ID Card 	PAN Card
<input type="checkbox"/> D - Driving Licence 	Driving Licence Expiry Date
<input type="checkbox"/> E - Aadhaar Card 	
<input type="checkbox"/> F - NREGA Job Card 	
<input type="checkbox"/> Z - Others (any document notified by the central government) 	Identification Number

2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

3. Attestation / For Office Use Only

Documents Received ☐ Certified Copies

KYC Verification Carried Out by	
Date:	
Emp. Name	
Emp. Code	
Emp. Designation	
Emp. Branch	
[Employee Signature]	

Institution Details	
Name	
Code	
[Institution Stamp]	

Instructions/Guidelines for filling Individual KYC Application Form

General Instructions:

- Self-Certification of documents is mandatory.
- KYC number of applicant is mandatory for update/change of KYC details.
- For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
- If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent addresses are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card / OCI Card and overseas address proof is mandatory.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.

- For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.

A. Clarification / Guidelines on filling 'Identity Details' section

- Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/ insurance number, citizen/personal identification/services code/number, and resident registration number).

C. Clarification / Guidelines on filling 'Related Person details' section

- Provide KYC number of related person if available.

D. Clarification / Guidelines on filling 'Related Person details - Proof of Identity [Pol] of Related Person' section

- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

South Gujarat ARN: 54854

Annexure to Common Application Form No.:

Folio No		Permanent Account Number (PAN)	
----------	--	--------------------------------	--

KYC details (Mandatory) ☐ Individual ☐ Non-Individual (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)

Status of First/Sole Applicant [Please (✓)] <input type="checkbox"/> Listed Company <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Individual <input type="checkbox"/> Minor through guardian <input type="checkbox"/> HUF <input type="checkbox"/> Partnership <input type="checkbox"/> Society/Club <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> FPI <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non-Repatriable <input type="checkbox"/> FII/Sub account of FII <input type="checkbox"/> Fund of Funds in India <input type="checkbox"/> QFI <input type="checkbox"/> Others..... (please specify)	Occupation Details [Please (✓)] <i>(To be filled only if the applicant is an individual)</i> First Applicant <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others..... (please specify) Second Applicant <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others..... (please specify) Third Applicant <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others..... (please specify)	Gross Annual Income (in ₹) [Please (✓)] First Applicant <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore (or) Net-worth (Mandatory for non-individuals) ₹ as on (Not older than one year) Second Applicant <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore (or) Net-worth..... Third Applicant <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore (or) Net-worth.....	PEP Status First Applicant For Individuals [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable For Non-Individuals providing any of the below mentioned services [Please (✓)] <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> None of the above Second Applicant <i>(To be filled only if the applicant is an individual)</i> <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable Third Applicant <i>(To be filled only if the applicant is an individual)</i> <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable
---	--	--	--

FATCA-CRS DETAILS For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA-CRS Annexure

The below information is required for all applicant(s) / guardian / PoA holder

Category	First Applicant/Guardian	Second Applicant	Third Applicant
1. Are you a Tax Resident of Country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your Country of Birth/ citizenship other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is your Residence address / Mailing address / Telephone No. other than in India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> 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.

Declaration, Certification & Signatures




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 further declare that I/We am/are not a citizen of 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.

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

Date:/...../.....

Place:.....

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.