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South Gujarat ARN: 54854

ST SUNDARAM MUTUAL	Annexure A1 – Addition / Modification / Change of Address – Correspondence / Local Address
Fields marked with '*' are mandatory fi	elds. Please fill the form in English and in BLOCK letters.
(To be filled by financial institution)	oplication Type*  New Update/Change (C Number (Mandatory for KYC update request)
1	se see instruction E at the end) Enclose relevant documentary proof
Same as Current / Permanent / Overseas Address	
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
$\hfill\square$ 2. Contact Details (All communications will be sen	t on provided Mobile no. / Email-ID) (Please refer instruction F at the end)
Email ID	Tel.(Off)     -     -     -     -     -
3. Applicant Declaration	
you of any changes therein, immediately. In case any of the misrepresenting, I am aware that I may be held liable for it. I h contravention of any Act, Rules, Regulations or any statute of or statutory authority from time to time.	correct to the best of my knowledge and belief and I undertake to inform e above information is found to be false or untrue or misleading or rereby declare that I am not making this application for the purpose of legislation or any notifications/directions issued by any governmental istry through SMS/Email on the above registered number/email address.
Date: $D D - M M - Y Y Y$ Place:	Signature / Thumb Impression of Applicant

SI SUNDA	RAM MUTUAL	Annexure I	B1 – Addition/Deletion of Related Persons
Fields marked with	" '*' are mandatory	r fields. Please fill the	e form in English and in BLOCK letters.
For office use only (To be filled by financial South Gujarat ARN: 5	,	Application Type*  New KYC Number	Update/Change (Mandatory for KYC update request)
□ 1. Details of Related I	Person (please refer instr	uction <b>G</b> at the end)	
Addition of Related Pe	rson 🗆 Deletion of Relat	ed Person KYC Number of	of Related Person (if available*)
Related Person Type*	□ Guardian of Minor	🗆 Assignee	□ Authorized Representative
Name*	Prefix	First Name	Middle Name Last Name
Proof of Identity [Pol] of		e see instruction ( <b>H</b> ) at the er	. ,
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 n	otified by the central government)		Identification Number
2. Applicant Declaration	I.		
you of any changes therein misrepresenting, I am aware contravention of any Act, Re or statutory authority from the	n, immediately. In case any c e that I may be held liable for i ules, Regulations or any statut me to time.	f the above information is found t. I hereby declare that I am not ma e of legislation or any notifications,	edge and belief and I undertake to inform I to be false or untrue or misleading or haking this application for the purpose of s/directions issued by any governmental e above registered number/email address.
Date: DD-MM	- Y Y Y Y Plac	ce:	Signature / Thumb Impression of Applicant
3. Attestation / For Offic	e Use Only		
Documents Received	Certified Copies		
KY	C Verification Carried Ou	t by	Institution Details
Date:	- M M - Y Y Y		Name
Emp. Name			Code
Emp. Code			
Emp. Designation			
pr	[Employee Signature]		[Institution Stamp]

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Certified copy of <u>any one</u> of th					need	15 IO I	be su	DITIIL	lea)				<b>D</b>						Г								( ) (	
A. Passport Number													Pass	port	Expi	ry Da	ate		L	D	D –	- N	M	1	- Y	Y	Y	Y
B. Voter ID Card																												
C. PAN Card													Drivi	ng Li	0000		ninu	Dot	<u>,</u> Г	D	D –		лМ	1 _	_ Y	' Y	/ Y	Ty
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4. Remarks (If any)	Ja by tile Ce	nirai yuve	(Interne)										GUI	mod		varri	001											
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<ul> <li>5. Applicant Declaration</li> <li>I hereby declare that the I undertake to inform you be false or untrue or misi that I am not making this of legislation or any notifi</li> </ul>	i of any o leading o application	change: or misre on for th	s therein presenti ie purpo	, imm ng, I ; se of	nedia am a cont	itely. aware raver	In ca that tion	ase : t I m of a	any ( lay b ny A	of th ie he ct, R	e ab eld li lules	ove able , Re	info for gula	rmati it. I h tions	on is ereb or a	s four y de ny sta	nd to clare atute			[ [Sig	jnatu	 re / 1	Thum	l	pres	sior	]	

#### South Gujarat ARN: 54854 Annexure B1 – Addition/Deletion of Related Persons SUNDARAM MUTUAL Fields marked with '\*' are mandatory fields. Please fill the form in English and in BLOCK letters. Application Type\* □ New Update/Change For office use only (To be filled by financial institution) **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\* Guardian of Minor □ Authorized Representative □ Assianee 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 [Pol] of Related Person\* (Please see instruction (D) 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 Identification Number Z - Others (any document notified by the central government) 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 [Signature / ThumbImpression] 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 Place: Signature / Thumb Impression of Applicant 3. Attestation / For Office Use Only Documents Received Certified Copies KYC Verification Carried Out by Institution Details Date: MM Name Emp. Name Code Emp. Code Emp. Designation Emp. Branch Instructions/Guidelines for filling Individual KYC Application Form 11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving General Instructions: Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided. 1. Self-Certification of documents is mandatory. A. Clarification / Guidelines on filling 'Identity Details' section KYC number of applicant is mandatory for update/change of KYC details. 2 Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned 3. For particular section update, please tick (1) in the box available before the section number and strike off the 1 in the Proof of Identity submitted failing which the application is liable to be rejected. sections not required to be updated. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and name is mandatory. 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 B. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India mentioned under [I]. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. If any proof of identity or address is in a foreign language, then translation into English is required. 5. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification Name & address of the applicant mentioned on the KYC form, should match with the documentary proof (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, 6. a social security/ insurance number, citizen/personal identification/services code/number, and resident submitted. registration number). If correspondence & permanent addresses are different, then proofs for both have to be submitted. 7. C. Clarification / Guidelines on filling 'Related Person details' section Sole proprietor must make the application in his individual name & capacity Provide KYC number of related person if available. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport 1. 9 Clarification / Guidelines on filling 'Related Person details - Proof of Identity [Pol] of Related Person' section / PIOCard / OCICard and overseas address proof is mandatory. D. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) Mention identification / reference number if 'Z- Others (any document notified by the central government)' is 10 1. is to be submitted. ticked

South Gujarat ARN: 54854

# Annexure to Common Application Form No.:

Folio No		Permanant Account Number (PAN)	
KYC details (Mandatory)	C	Non-Individual (Please attach mandatory Ultima	ate Beneficial Ownership (UBO) declaration form)
Status of First/Sole Applicant [Please (/)]  Listed Company Unlisted Company Individual HUF Partnership Society/Club Company Body Corporate Trust Mutual Fund FPI NRI-Repatriable FII/Sub account of FII Fund of Funds in India QFI QFI Others	Occupation Details [Please (/)]         (7o be filled only if the applicant is an individual)         First Applicant         Private Sector Service         Bowernment Service         Business         Professional         Agriculturist         Retired         Housewife         Student         Private Sector Service         Public Sector Service         Others	Gross Annual Income (in ₹) [Please (√)]         First Applicant         □ Below 1 Lac       □ 1-5 Lacs         □ 5-10 Lacs       □ 10-25 Lacs         □ > 25 Lacs - 1 Crore       □ > 1 Crore (or)         Net-worth (Mandatory for non-individuals) ₹	PEP Status         First Applicant         For Individuals [Please (/)] Politically Exposed         Person (PEP) Status (Also applicable for authorised         signatories/Promoters/Karta/Trustee/Whole time Directors)         I am PEP         I am related to PEP         Non-Individuals providing any of the below         mentioned services [Please (//)]         Foreign Exchange/Money Changer Services         Gaming/Cambling/Lottery/Casino Services         Money Lending/Pawning         None of the above         Second Applicant (To be filled only if the applicant is an individual)         I am PEP         I am related to PEP         Not Applicable         Third Applicant (To be filled only if the applicant is an individual)         I am PEP         I am related to PEP         Not Applicant (To be filled only if the applicant is an individual)         I am PEP         I am related to PEP         Not Applicable
FATCA-CRS DETAILS For Ind	lividuals & HUF (Mandatory)	Non Individual investors should mandate	orily 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?	🗌 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
<ol> <li>Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?</li> </ol>	🗌 Yes 🔲 No	🗌 Yes 🔲 No	🗌 Yes 🔲 No
If you have answered YES to a	ny of above, please provide the below o	letails	
Country of Tax Residence			
Nationality			
Tax Identification Number <sup>\$</sup> 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	<ul> <li>□ Residential or Business</li> <li>□ Residential</li> <li>□ Business</li> <li>□ Registered Office</li> </ul>	<ul> <li>□ Residential or Business</li> <li>□ Residential</li> <li>□ Business</li> <li>□ Registered Office</li> </ul>	<ul> <li>□ Residential or Business</li> <li>□ Residential</li> <li>□ Business</li> <li>□ Registered Office</li> </ul>
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 (</ )  $\Box$  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  $\Box$  Repatriation Basis  $\Box$  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 doucments and attach this to the form.