

**Channel Partner / Agent Information**

Serial No: EQ

For Office Use Only

Agent's Name and ARN <b>ARN- 83671</b>	Sub Agent Code
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EUIN	E	1	0	0	5	0	0
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Transaction charges For Rs. 10,000 and above:  
 Existing Investor-Rs.100  New Investor-Rs.150

"I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" 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.

Existing Investor Information (Please fill in your Folio No.) Please note that applicant details and mode of holding will be as per existing Folio Number. If you want to change your bank details for your ongoing SIP, all you have to do is (1) tick the box  (2) fill in the folio number (3) fill the SIP Auto Debit Bank details and (4) sign; highlighted by the symbol ▲

▲ Folio No																			
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**Name of First/Sole Applicant**

Permanent Account Number (PAN)					KYC completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	D	D	M	M	Y	Y	Y	Y

**Name of Guardian (in case of First / Sole Applicant is a Minor) / Contact Person – Designation (in case of non-individual Investors)**

Permanent Account Number (PAN)					KYC completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	D	D	M	M	Y	Y	Y	Y

**Name of Second Applicant**

Permanent Account Number (PAN)					KYC completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	D	D	M	M	Y	Y	Y	Y

**Name of Third Applicant**

Permanent Account Number (PAN)					KYC completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	D	D	M	M	Y	Y	Y	Y

**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		

If Micro SIP, please tick  Yes (Micro SIP: Less than Rs 50,000 per person in any rolling 12-month period)

If Micro SIP, supporting document/identification number: .....

Fund Name

Plan  Regular  Direct

Option  Dividend Payout  Dividend Re-Investment  
 Dividend Sweep  Growth

Each SIP Amount Rs

SIP Frequency  Weekly (Minimum amount Rs 1000 Every Wednesday)  
 Monthly (Minimum amount Rs 250 Minimum No of installments 20)  
 Quarterly (Minimum amount Rs 750 Minimum No of installments 7)

SIP Period SIP Starting SIP Ending OR  Till further notice\*  
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(\*The date may be taken as 31/12/2031 in case the bank needs to input a specific date in their system) (refer Guide to investing through SIP)

SIP Date for Monthly/Quarterly frequency only  1  7  14  20  25

**Declaration:** I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document • hereby apply for units as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme • 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 which together with the current application will result in the total investments exceeding Rs. 50,000 in a year. 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.

D	D	M	M	Y	Y	Y	Y
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**▲ Signature**

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

**▲ SIP Auto Debit: Bank Account Details**

Name of Account Holder (as in bank account)

Name of the Bank

Branch & City

Branch Address

Account Number

Cheque MICR No

Account Type [Please (✓)]  Savings  Current  NRE  NRO  FCNR  Others.....

**Authorisation & Signature of the Bank Account Holder**

To, The Branch Manager,.....(Name of Bank) Bank Account Number

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Credit / Standing Instruction and that my payment towards my investment in Sundaram Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. If the transaction is delayed or not effected at all of reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Sundaram Mutual Fund / Sundaram Asset Management Company Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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