

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 / A	Agent Information				Serial No:EQ			
Distributor's ARN & Name	Sub-broker's ARN (Code)	Sub-broker Code (internal)	EUIN* (Employee Unique Idendification Number)	Registered Investment Adviser (RIA) Code	ISC's signature			
ARN-53321			E054731		& Time Stamping			
EUIN box has been int the employee/relations	tentionally left blank by ship manager/sales pe	me/us as this transac rson of the above dis	ction is executed without	We hereby confirm that the any interaction or advice by twithstanding the advice of the distributor/sub broker.				
First/Sole Applicant/ Guardian	Secon Applie	Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including						
Please note that CKYC compliant	applicant details and	mode of holding will ase provide CKYC fo	and then proceed to Se be as per existing Folio rm & proof/additional doo	Number.	services rendered by the distributor.			
2. New Investor In	nformation (refer ins	truction 2)						
Name of First/Sole	Applicant Gender*	☐ Male ☐ Female ☐	Others					
Permanent Account Numb	er (PAN)*	1	Aadhaar Card No.*		Date of Birth* D D M M Y Y Y Y			
Central KYC Numb	er				☐ CKYC Proof attached (Mandatory)			
Name of Guardian ((in case of First / Sole	Applicant is a Min	or)/Contact Person-De	signation (in case of non	-individual Investors) / POA Holder Name			
Permanent Account Number	r (PAN)*		Aadhaar Card No.*		Relationship			
Central KYC Numb	er				CKYC Proof attached (Mandatory)			
Father's name (man	datory if PAN/Aadhaa	ar not provided)						
	Save The Future): Ple	ease provide Conta	ct Details of First / Sole	Applicant				
E-Mail	1 1 1 =		1 1 1 1	l leave al l				
STD Code		elephone	ceive following docume	Mobile* nt(s) via physical mode: P	Noasa tick (/)			
	nt Annual Report			nit(s) via priysical mode. P	rease nor (v)			
Mode of Holding [F	Please (✓)] ☐ Single	☐ Joint	☐ Anyone o	r Survivor				
Address of First / S	ole Applicant							
TOWN	CITY	/ DISTRICT	S	TATE	PIN CODE*			
Overseas Address	(in case of NRIs/FIIs)	(Mandatory)						
Name of Second Ap	pplicant Gender*	Male 🗆 Female 🗆	Others		PIN CODE*			
Permanent Account Numb	er (PAN)*		Aadhaar Card No.*		Date of Birth* D D M M Y Y Y Y			
Central KYC Numb	• • • • • • • • • • • • • • • • • • • •		☐ CKYC Proof atta	ched (Mandatory) Mobile*				
Name of Third Appl	licant Gender* Ma	ıle 🗌 Female 🗌 Oti		. "				
D	(DANN+				PIN CODE*			
Permanent Account Numb	* , * , + + + + + + + + + + + + + + + +		Aadhaar Card No.*	ded Oderstates December	Date of Birth* D D M M Y Y Y Y			
Central KYC Numb			CKYC Proof atta					
Ultimate Beneficial (Owner(s) (UBO) informatio	n(for non-individuals or	nly). Please quote the Centra	I KYC (CKYC) number in the b	Additional Details (if not already submitted), and oxes provided above or submit your filled-in CKYC orms are available on our website.			

3. KYC details (Mandatory) (r	efer instruction 3) 🗌 Individual	$\ \square$ Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO			
Status of First/Sole Applicant [Please ()]</td <td>Occupation Details [Please (/)]</td> <td colspan="4">Gross Annual Income (in ₹) [Please (√)] PEP Status</td>	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 ☐ 5-10 Lacs ☐ 10-25 Lacs	Person (PEP) Status (Also applicable for authorised		
☐ Minor through guardian	☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist	□ > 25 Lacs - 1 Crore □ > 1 Crore (or)	signatories/Promoters/Karta/Trustee/Whole time Directors) 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		
	☐ Others (please specify)	— IDIDIMIMIYIYIYIYI (Not older than one	mentioned services [Please ()]</td		
Society/Club	Second Applicant	,	☐ Foreign Exchange/Money Changer Services		
Company	☐ Private Sector Service ☐ Public Sector Service		☐ Gaming/Gambling/Lottery/Casino Services		
☐ Body Corporate	☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist	Second Applicant	 □ Money Lending/Pawning □ None of the above 		
Trust	☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife	☐ Below 1 Lac ☐ 1-5 Lacs	Second Applicant		
☐ Mutual Fund	Student Forex Dealer	☐ 5-10 Lacs ☐ 10-25 Lacs	(To be filled only if the applicant is an individual)		
□ FPI	Others(please specify)	□ > 25 Lacs - 1 Crore	□ I am PEP		
☐ NRI-Repatriable	Third Applicant	☐ > 1 Crore (or) Net-worth	☐ I am related to PEP		
☐ NRI-Non-Repatriable	☐ Private Sector Service ☐ Public Sector Service	e Third Applicant	☐ Not Applicable		
FII/Sub account of FII	☐ Government Service ☐ Business	☐ Below 1 Lac ☐ 1-5 Lacs	Third Applicant		
☐ Fund of Funds in India	□ Professional □ Agriculturist	☐ 5-10 Lacs ☐ 10-25 Lacs	(To be filled only if the applicant is an individual)		
□ QFI	☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer	□ > 25 Lacs - 1 Crore	☐ I am PEP ☐ I am related to PEP		
Others(please specify		□ > 1 Crore (or) Net-worth	Not Applicable		
	, , , , , , , , , , , , , , , , , , , ,	1	,		
		Non Individual investors should mandat	orily fill separate FATCA-CRS Annexure		
The below information is requi	red for all applicant(s) / guardian / Po	Aholder			
Category	First Applicant/Guardian	Second Applicant	Third Applicant		
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		
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 or Business Registered Office		□ 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 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. Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory) (refer instruction 5) Account No Name of the Bank Branch **Branch Address** Bank City (redemption will be payable at this location Cheque MICR No Account Type [Please (✓)] Savings ☐ Current ☐ NRE* ☐ NRO* ☐ FCNR* ☐ Others.... *If the payment is by DD or source of fund is not clear on the Cheque RTGS / NEFT / IFSC Code leaf, please provide a copy of FIRC. 6. Mode of payment of redemption/dividend proceeds via Direct credit/NEFT/Other Mode (refer instruction 6). Direct Credit is now available with: Axis Bank, BNP Paribas Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, SBI, Standard Chartered Bank, YES Bank. If your bank falls in this list your Redemption/ Dividend proceeds will be directly credited to your account. Alternatively, you will receive the payment through NEFT mode based on the bank details available. Otherwise, payment will be made by way of a cheque/demand draft/warrant. Payment Details: Please issue a separate Cheque/Demand Draft favouring the scheme you wish to invest/One Time Mandate (OTM) (refer instruction 7) Payment Details OTM Cheque Amount Net Amount Scheme Name Plan Option DD Charges (₹) DD Number Bank/Branch Invested (₹) Paid RTGS Fund Transfer □ Regular □ Direct □ Regular □ Direct □ Regular □ Direct In case of third party payment (refer instruction 7): Please download (www.sundarammutual.com) and attach the third party declaration form 8. DEMAT Account Details (refer instruction 8) National Securities Depository Ltd. Depository Participant Central Depository Services (India) Ltd. DP ID Number Beneficiary Account Number 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 Date SIP Period (For Post-Dated Cheques) SIP Frequency SIP Starting SIP Ending Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5) for Monthly/Quarterly frequency Monthly (Minimum amount ₹ 250 Minimum No of installments 20) Quarterly (Minimum amount ₹ 750 Minimum No of installments 7) No. of First SIP Cheque No Last SIP Cheque No **PDCs Each SIP Amount** Refer Guide to investing through SIP Turn overleaf for Declaration & ≤Signature (Mandatory) → → → Serial No: EQ Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, Acknowledgement I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 44 4083 1500 (NRI) Received From Mr./Mrs./Ms. Communication in connection with the application should be addressed to the Registrar Sundaram BNP Paribas Fund

Services Limited, Registrar and Transfer Agents, Unit: Sundaram Mutual Fund, Central Processing Center, 23, Cathedral Garden Road, Nungambakkam, Chennal-600034. Contact No. 1860 425 7237 (India) +91 44 4083 1500 (NRI).

ISC's Signature & Stamp

Please Note: All Purchases are subject to realisation of cheques / demand drafts.

10. Nominee (available only for individuals) (refer instruction 10)											
1st Nominee Name:		2nd Nominee Name:		3rd Nominee Name:							
Relationship:		Relationship:		Relationship:							
Address:		Address:		Address:							
Proportion (%)* in which us nominee%		Proportion (%)* in nominee		Proportion (%)* in which units will be shared by first nominee%							
If nominee is a minor: Date of birth:		If nominee is a m	inor:	If nominee is a minor: Date of birth:							
Name of Guardian:		Name of Guardian		Name of Guardian:							
			an:								
*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, Certifi		e (refer instruction	n 11)	·							
papir 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 OTM/NACCH* 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 * 50,000 in a financial year or a rolling period of twelve months (applicable for PAN/AACHaar exempt category of which the Commission of the form of the											
Consent & Signature for Aadhaar I/We hereby provide my / our consent to Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited (RTA) for the following: a) For validating my Aadhaar Number with UIDAI through an authorized entity. b) For updating/seeding my Aadhaar number based on the PANs in all my accounts maintained with your Fund for KYC & or related due diligence purpose in line with PMLA requirements, UIDAI guidelines and Account enrichment purpose. I/We authorize Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited to authenticate data in accordance with UIDAI (Authentication) Regulations. I/ We hereby provide my / our consent for sharing the Aadhaar data / information with other Mutual Funds / RTAs for updating the same in my / our folios held with them, now or to be created in future. I/ we further declare that this consent will remain valid for Updation in all my / our existing & new folios serviced by Sundaram BNP Paribas Fund Services Limited.											
Name of First / Sole /	Applicant / Guardian	Name	of Second Applicant	Name of Third Applicant							
	ole Applicant / Guard	lian <i>Æ</i> Signa	ture of Second Applicant								
Date:											
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										