

Channel Partner / Agent Information

Serial No:SIRFF

Distributor's ARN & Name 4483	Sub-broker's ARN (code)	Sub-broker Code (internal)	EUIN* (Employee Unique Identification Number)
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ISC's signature
&
Time Stamping

* Declaration for "Execution only" transaction (only where EUIN box is left blank) I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First/Sole Applicant/ Guardian	Second Applicant	Third Applicant
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Transaction charges For ₹ 10,000 and above:
 Existing Investor-₹ 100 New Investor-₹ 150

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.

Folio No

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 provide CKYC form & proof/additional documents.
 If yes, please provide 14 digit CKYC Number)

2. New Investor Information

Name of First/Sole Applicant Gender Male Female Others

Permanent Account Number (PAN) Aadhaar Card No. Date of Birth D D M M Y Y Y Y

Central KYC Number CKYC Proof attached (Mandatory)

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

Permanent Account Number (PAN) Aadhaar Card No. Relationship

Central KYC Number CKYC Proof attached (Mandatory)

Father's name (mandatory if PAN/Aadhaar not provided)

Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant

E-Mail
 STD Code Telephone Mobile

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓)

Account Statement Annual Report Other Statutory Information

Mode of Holding [Please (✓)] Single Joint Anyone or Survivor

Address of First / Sole Applicant

Town City / District State Pin Code

Name of Second Applicant

Permanent Account Number (PAN) Aadhaar Card No. Date of Birth D D M M Y Y Y Y

Central KYC Number CKYC Proof attached (Mandatory)

Name of Third Applicant

Permanent Account Number (PAN) Aadhaar Card No. Date of Birth D D M M Y Y Y Y

Central KYC Number CKYC Proof attached (Mandatory)

To be submitted along with the Application Form: 1. Your FATCA/CRS Details (Foreign Account Tax Compliance Act) & KYC Additional Details (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 in case of new investor and additional CKYC form in case of existing investors irrespective of the investment amount. The forms are available on our website.

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:SIRFF

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, Chennai-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.

3. KYC details (Mandatory) Individual Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO)

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 (✓)] (To be filled only if the applicant is an individual) 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 IDIDIMIMIYIYIYIYI (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 (To be filled only if the applicant is an individual) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable Third Applicant (To be filled only if the applicant is an individual) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable
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4. 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.

Sundaram Income Plus		<input type="checkbox"/> Regular-Growth; <input type="checkbox"/> Direct-Growth	
Cheque / DD No.		Date	D D M M Y Y Y Y
Amount in words (Rs)		Drawn on Bank	
Amount in figures (Rs)	DD Charges	Total Amount	Branch Name

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.

5. Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory)

Account No																												
Name of the Bank																			Branch									
Branch Address																			Bank City (redemption will be payable at this location)									
Cheque MICR No										Account Type [Please (✓)]	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others.....																	
RTGS / NEFT / IFSC Code																												

Please tick as applicable:

- NACH/OTM Form is attached and to be registered in the folio. SIP will start after mandate registration which takes Ten days.
- NACH/OTM Form is already registered in the folio. [No need to submit again].

UMRN

6. Please indicate details of your SIP (please write the cheque in favour of 'Sundaram Income Plus')

Mode of SIP OTM/NACH

Sr. No	Scheme/Plan/Option	SIP Amount	SIP Date	SIP Frequency	SIP Period (Default Dec 2031)#
1	Sundaram Income Plus <input type="checkbox"/> Regular-Growth <input type="checkbox"/> Direct-Growth	₹.....	7 th of every month	Monthly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Until Cancelled

Minimum SIP Installment amount monthly is ₹ 5000 and multiples of ₹ 5000 thereof.

#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)

Bank Name.....Cheque No.....Dated.....

7. STP details

I/We hereby authorise Sundaram Mutual and their authorised service providers to transfer money from **Sundaram Income Plus** into the same option in the following schemes:

Scheme Name	Amount (₹)	STP Date
Sundaram S.M.I.L.E Fund	SIP amount will be equally distributed among 5 schemes through STP	25 th of every month
Sundaram Infrastructure Advantage Fund		
Sundaram Rural India Fund		
Sundaram Select Focus		
Sundaram Financial Services Opportunities Fund		
Total		

Turn overleaf for Declaration & Signature (Mandatory) → → →

NACH/OTM Registration

Sf | SUNDARAM MUTUAL

For office use only UMRN Date

Tick (✓)	Sponsor Bank Code <input type="text"/>	Utility Code <input type="text"/>
Create	I/We hereby authorise SUNDARAMMUTUALFUND	to debit Tick (✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others.....
Modify	Bank Account No <input type="text"/>	
Cancel		

④ With Bank Name of customers bank IFSC or MICR

⑥ an amount of ₹ (in words) ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

⑦ Reference 1 Folio No Phone No

⑧ Reference 2 Application No Email ID

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

⑩ PERIOD From To
 or Until Cancelled

⑫ _____ 1 Name as in bank records 2 Name as in bank records 3 Name as in bank records

• This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.
 • I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.
 I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

8. Nominee (available only for individuals)

I wish to nominate the following person(s)

<p>1st Nominee Name:..... Relationship:..... Address:..... </p> <p>Proportion (%)* in which units will be shared by first nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Name of Guardian:..... Address of Guardian:..... </p>	<p>2nd Nominee Name:..... Relationship:..... Address:..... </p> <p>Proportion (%)* in which units will be shared by first nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Name of Guardian:..... Address of Guardian:..... </p>	<p>3rd Nominee Name:..... Relationship:..... Address:..... </p> <p>Proportion (%)* in which units will be shared by first nominee.....%</p> <p>If nominee is a minor: Date of birth:..... Name of Guardian:..... Address of Guardian:..... </p>
<p><small>* Proportion (%) in which units will be shared by each nominee should aggregate to 100%</small></p> <p><input type="checkbox"/> I do not wish to choose a nominee. Signature of investor(s)</p> <p>.....</p>		
1st / Sole Applicant / Guardian	2nd Applicant	3rd Applicant

9. Signature

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 of the respective scheme 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 OTM/NACH • 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/Aadhaar 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. 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 and 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.

Consent & Signature for Aadhaar
 I/We hereby provide my 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 Update 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
..... Signature of First / Sole Applicant / Guardian Signature of Second Applicant Signature of Third Applicant

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

Conditions

- This form is applicable to domestic investors only
- PAN/Aadhaar is mandatory for all investments
- Inflow in SIP into Sundaram Income Plus will be equally distributed among 5 schemes (Sundaram SM.I.L.E Fund, Sundaram Infrastructure Advantage Fund, Sundaram Rural India Fund, Sundaram Financial Services Opportunities Fund & Sundaram Select Focus) through STP
- **SIP Frequency :** Monthly
- **SIP date :** 7th of every month
- **STP date :** 25th of every month
- STP will start after 3 months from the date of SIP Registration
- SIP will automatically get ceased in case of three consecutive bounces
- STP will start & continue subject to available balance in the source scheme
- In the event of residual balance in the source scheme, the balance amount will be retained in the source scheme i.e. Sundaram Income Plus
- In case the aggregate value of investment in the source scheme is short for effecting STPs, the target schemes would be selected at random.

Following fields need to be filled mandatorily

1. Date: In format DD/MM/YYYY
2. Bank A/c Type: Tick the relevant box
3. Fill Bank Account Number
4. Fill name of Destination Bank
5. IFSC / MICR code: Fill respective code
6. Mention Maximum Amount
7. Reference 1: Mention Folio Number
8. Reference 2: Mention Application Number
9. Telephone Number (Optional)
10. Email ID
11. Period: Starting date of NACH registration (in format DD/MM/YYYY)
12. Signature as per bank account
13. Name: Mention Holder Name as Per Bank Record

Other Instructions

- NACH/OTM Bank Mandate can be used for both SIP and Lump Sum Purchase.
- Investors are allowed to perform Lump sum purchase and SIP on a same day provided the NACH/OTM bank account has the adequate funds to honor multiple debits
- NACH/OTM is applicable for both Individual and Non-Individual
- Registration of Multiple NACH/OTM forms is acceptable with different Bank and Accounts.
- Per transaction limit should be less than or equal to the amount as mentioned in NACH/OTM Form already registered or submitted, if not registered
- Investors are required to submit “NACH/OTM” registration first and only after successful registration an existing “NACH” associated with a SIP can be cancelled.
- NACH/OTM request will be accepted only if the “Bank” mentioned in the request form is listed in the NACH banks list. Please contact offices of Sundaram Asset Management Company/ visit www.sundarammutual.com for updated list of banks eligible for NACH/OTM Facility.
- Submitting NACH/OTM form does not confirm your investments in SMF unless supported by SIP Investment Form or Common Transaction forms
- Sundaram Mutual will initiate debit instructions to the investor bank account only on receipt of valid investment instruction from the investor.
- For other Terms and Conditions governing NACH/OTM payments please refer KIM or www.sundarammutual.com
- NACH/OTM is applicable only for investments via debit instructions
- By submitting the NACH/OTM the investor authorizes Sundaram Mutual to utilize the information provided herein for the purpose of his/her investments in Sundaram Mutual Fund, including creation of a folio
- Investors are deemed to have read and understood the requirements and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) and all other scheme related documents