

3. KYC details (Mandatory) (refer instruction 3) ☐ Individual

☐ Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO)

Status of First/Sole Applicant [Please (✓)]

- ☐ Listed Company
☐ Unlisted Company
☐ Individual
☐ Minor through guardian
☐ HUF
☐ Partnership
☐ Society/Club
☐ Company
☐ Body Corporate
☐ Trust
☐ Mutual Fund
☐ FPI
☐ NRI-Repatriable
☐ NRI-Non-Repatriable
☐ FII/Sub account of FII
☐ Fund of Funds in India
☐ QFI
☐ Others..... (please specify)

Occupation Details [Please (✓)]

(To be filled only if the applicant is an individual)
First Applicant

- ☐ Private Sector Service ☐ Public Sector Service
☐ Government Service ☐ Business
☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife
☐ Student ☐ Forex Dealer
☐ Others..... (please specify)

Second Applicant

- ☐ Private Sector Service ☐ Public Sector Service
☐ Government Service ☐ Business
☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife
☐ Student ☐ Forex Dealer
☐ Others..... (please specify)

Third Applicant

- ☐ Private Sector Service ☐ Public Sector Service
☐ Government Service ☐ Business
☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife
☐ Student ☐ Forex Dealer
☐ Others..... (please specify)

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) ₹

..... as on
IDIDIMIMIIYIYIYI (Not older than one year)

Second Applicant

- ☐ Below 1 Lac ☐ 1-5 Lacs
☐ 5-10 Lacs ☐ 10-25 Lacs
☐ > 25 Lacs - 1 Crore

☐ > 1 Crore (or) Net-worth.....

Third Applicant

- ☐ Below 1 Lac ☐ 1-5 Lacs
☐ 5-10 Lacs ☐ 10-25 Lacs
☐ > 25 Lacs - 1 Crore

☐ > 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)

☐ I am PEP

☐ I am related to PEP ☐ Not Applicable

For Non-Individuals providing any of the below mentioned services [Please (✓)]

☐ Foreign Exchange/Money Changer Services

☐ Gaming/Gambling/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 Applicable

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.

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) (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 (✓)]	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE* <input type="checkbox"/> NRO* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others.....									
RTGS / NEFT / IFSC Code						*If the payment is by DD or source of fund is not clear on the Cheque 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.

7. Payment Details: Please issue a separate Cheque/Demand Draft favouring the scheme you wish to invest/One Time Mandate (OTM) (refer instruction 7)

Scheme Name			
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Others Dividend Frequency: (For Fixed Income Funds only) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual Dividend Sweep Target Scheme (Fund)	<input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Others Dividend Frequency: (For Fixed Income Funds only) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual Dividend Sweep Target Scheme (Fund)	<input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Sweep <input type="checkbox"/> Growth <input type="checkbox"/> Others Dividend Frequency: (For Fixed Income Funds only) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annual Dividend Sweep Target Scheme (Fund)
(If an investor fails to specify the option, he will be allotted units under the default option/suboption of the Target scheme.) Any / each correction carried out in selecting the target scheme has to be counter-signed by the investor(s) to make it a valid selection			
Amount Invested (₹)			
DD Charges (₹)			
Net Amount Paid			
Payment Details			
<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD Number <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer			
Bank/Branch			

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)

<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant	
<input type="checkbox"/> 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 Period (For Post-Dated Cheques)		SIP Date	SIP Frequency
SIP Starting	SIP Ending	for Monthly/Quarterly frequency only <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25	<input type="checkbox"/> Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5) <input type="checkbox"/> Monthly (Minimum amount ₹ 250 Minimum No of installments 20) <input type="checkbox"/> Quarterly (Minimum amount ₹ 750 Minimum No of installments 7)
M M Y Y Y Y	M M Y Y Y Y		
No. of PDCs	First SIP Cheque No		Last SIP Cheque No
Each SIP Amount ₹	Refer Guide to investing through SIP		

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

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)

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).

Serial No: EQ

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

11. Declaration, Certification & Signature (refer instruction 11)

Certification: I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions), stated in pages 1-30 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.

Tel.No	
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I / we further declare that this consent will remain valid for I / Indentation in all my / our existing & new folios serviced by Sundaram BNP Paribas Fund Services Limited

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

www.sundarammutual.com 22 Sundaram Asset Management

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].

ISC's signature
&
Time Stamping

Distributor's ARN & Name	Sub-broker's ARN (code)	Sub-broker Code (internal)	EUIN* (Employee Unique Identification Number)	For Office use only
ARN-77875			E027739	

☐ I/we confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole/First Applicants's Signature Mandatory

Mandatory	Name of First/Sole Applicant Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Mobile*	PIN Code*
	Name of Second Applicant Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Mobile*	PIN Code*
	Name of Third Applicant Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Mobile*	PIN Code*

Existing Investor Folio No.	New Investor Application No.
Permanent Account Number (PAN)*	Aadhaar Card Number* / PEKRN
First/Sole Applicant/Guardian	Central KYC Number <input type="checkbox"/> CKYC Proof attached (Mandatory)
Second Applicant	
Third Applicant	

Bank Name..... Bank Name..... Bank Name.....

Cheque No.....Dated..... Cheque No.....Dated..... Cheque No.....Dated.....

Please tick ☒ ☐ SIP Registration ☐ SIP with Top-up Registration ☐ SIP-Change in Bank Details (Please provide copy of cancelled cheque and mention relevant SIP details in the form and OTM mandate.)

CKYC compliant ☐ Yes ☐ No (if no, please provide CKYC proof/additional documents if not submitted earlier)

Sr. No	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date	Frequency	SIP Top Up (Optional)	Start Month/Year	End Month/Year (Default Dec 2031)#
1	Scheme..... Plan..... Option.....		<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 14 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ ₹..... Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y <input type="checkbox"/> Till Further Notice
2	Scheme..... Plan..... Option.....		<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 14 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ ₹..... Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y <input type="checkbox"/> Till Further Notice
3	Scheme..... Plan..... Option.....		<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 14 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ ₹..... Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y <input type="checkbox"/> Till Further Notice

*Default frequency; #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)

\$ Top up amount should be in multiples of ₹ 500 only; ^ Quarterly SIP offers top-up frequency at yearly intervals only

DEMAT Account Details

<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant
<input type="checkbox"/> 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.

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 NACH/OTM • 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 model), 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/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.

Signatures [as per Mutual Fund Records / Application]	First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature
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NACH/OTM Registration

sf SUNDARAM MUTUAL	For office use only	UMRN	Date
	Tick (✓)	Sponsor Bank Code	Utility Code
	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	
Cancel	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	Signature Primary Account holder	Signature Account holder	Signature Account holder
From			
To			
or <input type="checkbox"/> Until Cancelled	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).

General Instructions

1. This facility is offered to investors having Bank accounts in select banks (269) mentioned in our application form. The Banks in the list may be modified/updated/ changed/removed at any time in future entirely at the discretion of Sundaram Asset Management Ltd (“SAMC”), Sundaram Trustee Company Ltd. (“Trustee”) or Sundaram Mutual Fund (“SMF”) without assigning any reasons or prior notice. SIP instructions for investors in such Banks via NACH route will be discontinued.
2. The AMC/ Trustee/ SMF will not be liable for any transaction failures due to rejection by the investors bank/branch.
3. SIP through NACH/OTM Facility is available only on 1st / 7th / 14th / 20th / 25th of the month. In case these days are non-business days for the scheme, then SIP will be processed on the next business day.
4. The investor agrees to abide by the terms and conditions of NACH facility of NPCI.
5. Investor will not hold AMC / Trustee / SMF and its service providers responsible if the transaction is delayed or not effected by the Investor's Bank or if debited in advance or after the specific SIP date due to various reasons or for any bank charges debited by his banker in his account towards NACH Registration / Cancellation / Rejections.
6. The AMC/ Trustee/ SMF reserves the right to reverse allotments in case the NACH/OTM is rejected by the bank for any reason whatsoever.
7. The AMC/ Trustee/ SMF shall not be responsible and liable for any damages/compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using the facility of NACH/OTM and takes full responsibility for the same.
8. The AMC/Trustee reserves the right to discontinue or modify the SIP facility at any time in future on a prospective basis.
9. The AMC/ Trustee reserves the right to discontinue the SIP in case of Direct Debit through NACH routes are rejected by the investor bank for any reasons.
10. For scheme related details, please refer to the Scheme Information Document (SID) / Key Information Memorandum (KIM) and the addendum issued from time to time.
11. The AMC/ Trustee reserves the right to reject any application without assigning any reason thereof.
12. SIP cancellation can be done separately by submitting the request at least 15 Business days in advance; however the associated NACH mandate can be retained for future investments.
13. For intimating the change in bank particulars, please use the NACH/OTM Form to modify transaction limit or add / remove banks from the NACH/OTM facility. Also fill-up all the relevant details as applicable. Requests for any changes / cancellation in the NACH Bank Mandate request should be submitted at least 15 Business days in advance.
14. In case of Micro SIPs, please refer to KIM under “your guide to fill the application form” for more details.
15. **SIP Frequency**
 - Weekly every Wednesday (For Minimum amount of ₹ 1000, Minimum No. of installments is 5)
 - Monthly (For Minimum amount of ₹ 250, minimum No. of installments is 20)
 - Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 7)
16. SIP default date is 7th of every month, if no date is mentioned

The following applications will be considered as ‘Not In Good Order’ (NIGO) and are liable to be rejected:

- If folio number mentioned in the Fresh / Additional Purchase, SIP NACH/OTM form, Switch, STP, SWP & NCT request does not match Folio Number mentioned in NACH/OTM registration mandate Form.
- If the folio number mentioned in the NACH/OTM mandate registration form does not match with our record, the NACH/OTM mandate will not be registered.
- If the SIP period mentioned in SIP via NACH/OTM form is beyond the NACH/OTM validity period or NACH/OTM validity period expired.

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