

### Channel Partner / Agent Information

Serial No: FI

|                                                                                                                                                 |  |                                                                                                                                                                                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Agent's Name and ARN<br><b>Bonanza</b><br><b>0186</b>                                                                                           |  | Sub Broker ARN code                                                                                                                                                                                 | Sub Agent Code       | <div> <div>EUIN</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <input type="checkbox"/> 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.         </div> | <div>For Office Use Only</div> <div> <div>First Applicant</div> <div>Second Applicant</div> <div>Third Applicant</div> </div> |
| Transaction charges For Rs. 10,000 and above:<br><input type="checkbox"/> Existing Investor-Rs.100 <input type="checkbox"/> New Investor-Rs.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. | <div>Signature</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |

**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.

[illegible]

## 2. New Investor Information (refer instruction 2)

|                                                                                                                                                           |  |  |  |  |                  |  |  |  |  |               |  |  |  |  |                                       |  |  |  |  |                                                                |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|------------------|--|--|--|--|---------------|--|--|--|--|---------------------------------------|--|--|--|--|----------------------------------------------------------------|--|--|--|--|
| <b>Name of First/Sole Applicant</b>                                                                                                                       |  |  |  |  |                  |  |  |  |  |               |  |  |  |  | <b>Permanent Account Number (PAN)</b> |  |  |  |  | <input type="checkbox"/> <b>KYC Proof attached</b> (Mandatory) |  |  |  |  |
|                                                                                                                                                           |  |  |  |  |                  |  |  |  |  |               |  |  |  |  |                                       |  |  |  |  | <b>Date of Birth</b> DD MM YY YY YY                            |  |  |  |  |
| <b>Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name</b> |  |  |  |  |                  |  |  |  |  |               |  |  |  |  | <b>Permanent Account Number (PAN)</b> |  |  |  |  | <input type="checkbox"/> <b>KYC Proof attached</b> (Mandatory) |  |  |  |  |
|                                                                                                                                                           |  |  |  |  |                  |  |  |  |  |               |  |  |  |  |                                       |  |  |  |  | <b>Relationship</b>                                            |  |  |  |  |
| <b>Contact Details of First / Sole Applicant</b>                                                                                                          |  |  |  |  |                  |  |  |  |  |               |  |  |  |  |                                       |  |  |  |  |                                                                |  |  |  |  |
| <b>E-Mail</b>                                                                                                                                             |  |  |  |  |                  |  |  |  |  |               |  |  |  |  |                                       |  |  |  |  |                                                                |  |  |  |  |
| <b>STD Code</b>                                                                                                                                           |  |  |  |  | <b>Telephone</b> |  |  |  |  | <b>Mobile</b> |  |  |  |  |                                       |  |  |  |  |                                                                |  |  |  |  |
|                                                                                                                                                           |  |  |  |  |                  |  |  |  |  |               |  |  |  |  |                                       |  |  |  |  |                                                                |  |  |  |  |

I/We would like to receive Account Statements, Annual Reports and other information by email and SMS updates on mobile ☐ Yes ☐ No

**Note:** Where the investor has not opted for any option or has opted for both options the application will be processed as per the default option, i.e., receive the account statement, annual report and other correspondence by email and receive SMS updates on mobile.

|                                     |                                 |                                |                                             |
|-------------------------------------|---------------------------------|--------------------------------|---------------------------------------------|
| <b>Mode of Holding</b> [Please (✓)] | <input type="checkbox"/> Single | <input type="checkbox"/> Joint | <input type="checkbox"/> Anyone or Survivor |
|-------------------------------------|---------------------------------|--------------------------------|---------------------------------------------|

**Address of First / Sole Applicant**

|      |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|
| TOWN |  |  |  |  |  |  |  |  |  | CITY/DISTRICT |  |  |  |  |  |  |  |  |  | STATE |  |  |  |  |  |  |  |  |  | PIN CODE |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|

**Overseas Address** (in case of NRIs/FIIs) (**Mandatory**)

|                          |                                |                                                         |
|--------------------------|--------------------------------|---------------------------------------------------------|
| Name of Second Applicant | Permanent Account Number (PAN) | <input type="checkbox"/> KYC Proof attached (Mandatory) |
|                          |                                | Date of Birth                                           |
| Name of Third Applicant  | Permanent Account Number (PAN) | <input type="checkbox"/> KYC Proof attached (Mandatory) |
|                          |                                | Date of Birth                                           |

3. **KYC details (Mandatory) (refer instruction 3)** ☐ Individual ☐ Non-Individual (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)

|                                                        |                                              |                                                 |                                                 |                                     |                                                 |                              |
|--------------------------------------------------------|----------------------------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------------------|-------------------------------------------------|------------------------------|
| <b>3a. Status of First/Sole Applicant</b> [Please (✓)] |                                              | <input type="checkbox"/> Listed Company         | <input type="checkbox"/> Un-listed 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)             |

**3b. Occupation Details** [Please (✓)] (To be filled only if the applicant is an individual)

|                         |                                                                                     |                                                                                      |                                                                                 |                                                                            |                                                                          |                                                            |
|-------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------|
| <b>First Applicant</b>  | <input type="checkbox"/> Private Sector Service<br><input type="checkbox"/> Retired | <input type="checkbox"/> Public Sector Service<br><input type="checkbox"/> Housewife | <input type="checkbox"/> Government Service<br><input type="checkbox"/> Student | <input type="checkbox"/> Business<br><input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Professional<br><input type="checkbox"/> Others | <input type="checkbox"/> Agriculturist<br>(please specify) |
| <b>Second Applicant</b> | <input type="checkbox"/> Private Sector Service<br><input type="checkbox"/> Retired | <input type="checkbox"/> Public Sector Service<br><input type="checkbox"/> Housewife | <input type="checkbox"/> Government Service<br><input type="checkbox"/> Student | <input type="checkbox"/> Business<br><input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Professional<br><input type="checkbox"/> Others | <input type="checkbox"/> Agriculturist<br>(please specify) |
| <b>Third Applicant</b>  | <input type="checkbox"/> Private Sector Service<br><input type="checkbox"/> Retired | <input type="checkbox"/> Public Sector Service<br><input type="checkbox"/> Housewife | <input type="checkbox"/> Government Service<br><input type="checkbox"/> Student | <input type="checkbox"/> Business<br><input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Professional<br><input type="checkbox"/> Others | <input type="checkbox"/> Agriculturist<br>(please specify) |

## 3c. Gross Annual Income (in ₹) [Please (✓)]

|                         |                                                   |                                   |                                    |                                     |                                              |                                                             |
|-------------------------|---------------------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| <b>First Applicant</b>  | <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 <u>[DD][MM][YY][YY][YY]</u> (Not older than one year) |
| <b>Second Applicant</b> | <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 _____     |
| <b>Third Applicant</b>  | <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 _____     |

**3d. 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

## Acknowledgement

**Sundaram Asset Management Company Limited**, II Floor, 46 Whites Road, Chennai - 600 014. Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI)

Serial No: FI

ISC's Signature & Stamp

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, RR Towers, II, III Floor, Thiru Vi Ka Industrial Estate, Guindy, Chennai 600 032. Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI).

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

#### 4. Sundaram Mutual Go Green Services: Save the Future

1. **Go Green Web Service (for existing investors only)** : Access your account and transact online. Register online by visiting our website [www.sundarammutual.com](http://www.sundarammutual.com)
2. **Go Green IPIN Service (for new investors only)** : To access your account using I-Pin please use the PIN Agreement form attached in this document.
3. **Go Green Call Services (for existing investors only)** : To register your email ID and Mobile number please call Toll Free: 1800 103 7237 (India) +91 44 49057300 (NRI) between 9.00am to 6.00pm on any business day.

**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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <i>*If the payment is by DD or source of fund is not clear on the Cheque leaf, please provide a copy of FIR</i> |                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |

*\*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 (refer instruction 6). Please tick (✓)

- ☐ I/We wish to receive redemption/dividend proceeds directly into my/our bank account via Direct Credit/NEFT facility
- ☐ I/We wish to receive the redemption/dividend proceeds ( if any) by way of a cheque/demand draft/ Warrant
- Direct Credit is now available with: Axis Bank, BNP Paribas Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, ING Vysya, Kotak Mahindra Bank, Royal Bank of Scotland, SBI, Standard Chartered Bank, YES Bank. If your bank falls in this list your Redemption/ Dividend proceeds will be directly credited to your account irrespective of the option ticked.

7. I/We wish to invest in (refer instruction 7- please issue a separate cheque/Demand Draft in favour of the scheme you wish to invest)

| Scheme Name | Plan                                                             | Option | Amount Invested<br>(less DD charges) | Net Amount<br>Paid | Payment Details  |             |
|-------------|------------------------------------------------------------------|--------|--------------------------------------|--------------------|------------------|-------------|
|             |                                                                  |        |                                      |                    | Cheque/DD Number | Bank/Branch |
|             | <input type="checkbox"/> Regular <input type="checkbox"/> Direct |        |                                      |                    |                  |             |
|             | <input type="checkbox"/> Regular <input type="checkbox"/> Direct |        |                                      |                    |                  |             |
|             | <input type="checkbox"/> Regular <input type="checkbox"/> Direct |        |                                      |                    |                  |             |

**Incase of third party payment (refer instruction 5):** Please download ([www.sundarammutual.com](http://www.sundarammutual.com)) and attach the third party declaration form

|                                                    |  |
|----------------------------------------------------|--|
| <b>DEMAT Account Details (refer instruction 7)</b> |  |
|----------------------------------------------------|--|

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

8. Please indicate details of your SIP (skip this section if you wish to make a one-time investment)

**Mode of SIP** ☐ Auto Debit (also submit SIP Auto Debit form) ☐ Post-dated cheques

**Mode of SIP** ☐ Auto Debit (also submit SIP Auto Debit form) ☐ Post-dated cheques

|                                                                |  |                           |
|----------------------------------------------------------------|--|---------------------------|
| If you opt for SIP through post dated cheques, please indicate |  |                           |
| <b>First SIP Cheque No</b>                                     |  | <b>Last SIP Cheque No</b> |

| Each SIP Amount | Rs | SIP Period |
|-----------------|----|------------|
|-----------------|----|------------|

|               |                                                                                                        |              |             |    |                                               |
|---------------|--------------------------------------------------------------------------------------------------------|--------------|-------------|----|-----------------------------------------------|
| SIP Frequency | <input type="checkbox"/> Weekly (Minimum amount Rs 1000 Every Wednesday. Minimum No of installments 5) | SIP Starting | SIP Ending  | OR | <input type="checkbox"/> Till further notice* |
|               | <input type="checkbox"/> Monthly (Minimum amount Rs 250 Minimum No of installments 20)                 | D D M M Y Y  | D D M M Y Y |    | 3 1 1 2 2 0 3                                 |

(\*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

9. Nominee (available only for individuals) (refer instruction 9) ☐ I wish to nominate the following person(s)

|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1st Nominee</b><br>Name:.....<br>Address:.....<br>.....<br>Proportion (%)* in which units will be shared by first nominee.....%<br><b>If nominee is a minor:</b><br>Date of birth:.....Relationship:.....<br>Name of Guardian:.....<br>Address of Guardian:.....<br>..... | <b>2nd Nominee</b><br>Name:.....<br>Address:.....<br>.....<br>Proportion (%)* in which units will be shared by second nominee.....%<br><b>If nominee is a minor:</b><br>Date of birth:.....Relationship:.....<br>Name of Guardian:.....<br>Address of Guardian:.....<br>..... | <b>3rd Nominee</b><br>Name:.....<br>Address:.....<br>.....<br>Proportion (%)* in which units will be shared by third nominee.....%<br><b>If nominee is a minor:</b><br>Date of birth:.....Relationship:.....<br>Name of Guardian:.....<br>Address of Guardian:.....<br>..... |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\* 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) .....

10. Signature (refer instruction 10)

**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 ☒ ☐ 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.

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.

|                                   |
|-----------------------------------|
| First / Sole Applicant / Guardian |
| Second Applicant                  |
| Third Applicant                   |

| Particulars                              |                                          |                                  |                                         |
|------------------------------------------|------------------------------------------|----------------------------------|-----------------------------------------|
| Scheme Name / Plan / Option / Sub-option | Cheque/DD/Payment Instrument Number/Date | Drawn on (Name of Bank & Branch) | Amount in figures (₹) & Amount in words |
|                                          |                                          |                                  |                                         |