



To be submitted mandatorily: 1. Your FATCA (Foreign Account Tax Compliance Act) Details (if not already submitted) and 2. Ultimate Beneficial Owner (UBO) information (for non-individuals only) which can be downloaded from our website.

Distributor's ARN & Name	Sub-broker's ARN (Code)	Sub-broker Code (internal)	EUIN* (Employee Unique Identification Number)	Registered Investment Advisor (RIA) Code	Employee Code	For Office use only
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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 Signature Mandatory

Name of First/Sole Applicant (Name as per PAN card) Folio No

FIRST	MIDDLE	LAST	DOB/Date of Incorporation*	D	D	M	M	Y	Y	Y	Y
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E-Mail* Mobile*

*Please tick the Family Code for the Mobile Number and Email ID provided
 Email: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian *Mandatory
 Mobile: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian
 Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓) Annual Report Other Statutory Information

Name of Second Applicant (Name as per PAN card)

FIRST	MIDDLE	LAST	DOB*	D	D	M	M	Y	Y	Y	Y
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Name of Third Applicant (Name as per PAN card)

FIRST	MIDDLE	LAST	DOB*	D	D	M	M	Y	Y	Y	Y
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Permanent Account Number (PAN)*	Central KYC Number
First/Sole Applicant/Guardian	<input type="checkbox"/> CKYC Proof attached (Mandatory)
Second Applicant	
Third Applicant	

Transferring funds from Scheme Sundaram Plan: Regular Direct

Option: Income Distribution cum Capital Withdrawal (IDCW) Payout Reinvestment Transfer Growth

Transferring funds to Scheme Sundaram

Plan: Regular Direct Option: IDCW Payout Reinvestment Growth Fixed Amount ₹ _____ OR Capital Appreciation

STP Frequency Daily Weekly## Any day from Monday to Friday Monthly Quarterly ## Investor has the option to choose any day of the week (Monday to Friday). In case the investor has not selected any day, the default day for processing shall be every Wednesday.

STP Date - Any Day (for Monthly / Quarterly frequency) Request Date

DD	M	M	Y	Y	M	M	Y	Y	Y	Y
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STP Period including Perpetual OR Till further notice# (# The end date - 01/12/2099 as end date. If not specified by the investor.)

Nomination Details

I / We wish to nominate. (Proportion (%) in which units will be shared by each nominee should aggregate to 100%. In case of single nominee default proportion will be 100%.)

Particulars	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee			
Relationship			
Allocation (%)**			
Address			
Mobile Number			
E-mail			
Identity Number*** (Please tick any one and provide details of same)	<input type="checkbox"/> PAN <input type="checkbox"/> Driving License Number <input type="checkbox"/> Last 4 digits of Aadhaar <input type="checkbox"/> Passport Number	<input type="checkbox"/> PAN <input type="checkbox"/> Driving License Number <input type="checkbox"/> Last 4 digits of Aadhaar <input type="checkbox"/> Passport Number	<input type="checkbox"/> PAN <input type="checkbox"/> Driving License Number <input type="checkbox"/> Last 4 digits of Aadhaar <input type="checkbox"/> Passport Number
Additional Details			
Date of Birth#			
Guardian Name (Optional)			

1) ** if % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form.; 2)*** Investor can provide any one of the following as the identity number for the nominee(s), copy of the document is not required. • PAN • Driving License Number • Last 4 digits of Aadhaar • Passport Number; 3) # Mandatory only if the nominee is minor.
 I/We want the details of my/our nominee to be printed in the statement of holding, provided to me/us by the AMC/DP, as follows (Please tick, as appropriate) Name of nominee(s) Nomination: Yes/No
 I hereby authorizeto operate my account on my behalf, in case of my incapacitation. He/She is authorized to encash my assets up to% of assets in the account / folio or Rs.....(Optional).

I / We DO NOT wish to nominate.
Nomination Declaration: I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature		
Signature of First / Sole Applicant / Guardian	Signature of Second Applicant	Signature of Third Applicant

^ Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.
 Turn overleaf for Terms & Conditions/Declaration & Signature (Mandatory) → → →

Acknowledgement	Request Date: <input type="text" value="DDMMYYYY"/>	Time Stamp/Seal
Folio No <input type="text"/>	<input type="checkbox"/> Fixed Amount ₹ _____ OR <input type="checkbox"/> Capital Appreciation	
From: _____	To: _____	
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input type="checkbox"/> Others	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Options: IDCW <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer <input type="checkbox"/> Growth	Options: IDCW <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer <input type="checkbox"/> Growth	