

A Simple Way to Invest-Common Transaction Slip (for Existing Investors Only) (Lumpsum Purchase & Switch)

| 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) using the attached forms. | | | | | | | | | | | | | | |
|--|---------------|---|----------------|-------------------|------------|-----------------------------|----------------------------|----------------------------|-----------|----------------------------------|---------------|-----------------------|--|---------------------------------|
| KYC acknowledgement is mandatory for all investors w.e.f. 01/01/2011. KYC compliant □ Yes □ No (if no, please provide KYC proof/additional documents if not submitted earlier) | | | | | | | | | | | | | | |
| Distributor's ARN & Name | | broker's ARN (code) Sub-broker Code (internal) EUIN* (Employee Unique Idendification Number) | | | | | | | | ISC's signature | | | | |
| | | | | | | | | | | | | | OX | |
| * Declaration for "Execution only" transaction (only where EUIN box is left blank) If the 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. | | | | | | | | | | Time Sta | mping | | | |
| Signature of First/Sole Applicant/ | | Signature of Second | | | | | gnature (| of | | | | | | |
| Guardian | | Applicant | | | | | plicant | | | | | | | |
| Transaction charges For Rs. 10,000 and above: □ Existing Investor-Rs.100 □ New Investor-Rs.150 Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investor-Rs.150 Folio No | | | | | | | | | | | | | | |
| ☐ Additional Purchase | | | | | | | | | | | | | | |
| Name of First/Sole Applica | nt (capital) | Letters) | | | П | | П | П | П | П | | | | |
| Name of Guardian in case First / Sole | ` ' | , [| | | | | | | | | | | | |
| | пррпоант в а | viiiloi (capital Ecticio) | | | | | | Mobile | No | | | $\frac{\perp}{\perp}$ | | |
| E-Mail Mobile No | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| Fund Name Ontions: □ Dividend Payout □ Dividend Re-Investment □ Dividend Sween □ Growth □ Others | | | | | | | | | | | | | | |
| Plans: ☐ Regular ☐ Dividend Frequency: ☐ Direct ☐ Direct ☐ Dividend Frequency ☐ Half-Yearly ☐ Annual ☐ Regular ☐ Dividend Frequency: | | | | | | | | | | | | | | |
| Mode of payment: ☐ Che | eque 🗆 | RTGS/NEFT | ☐ Fund | d Transfe | r 🗆 C | ne Time | Man | date (O | TM) | | | | | |
| Bank (on which Cheque is | drawn d | or by which D | emand [| Oraft is is | sued) | | | | E | Branch | 1 | | | |
| Amount (figures) Amo | unt (in v | vordo) | | | | | hogu | /DD N | lo (attac | h a cana | elled cheque | n loof | Chagua/DD Da | |
| | unt (in v | voras) | | | | | neque | א טט/פּ | io (allac | n a cance | elled cheque | e leal) | Cheque/DD Da | ite |
| Rs | | | | | | | | | | | | | | YIYIYIY |
| ☐ Switch ☐ Amount | | | | Unite | | | | | | | | | | |
| - Owiter - Amount | | | | Omits | | | | | | | | | | |
| Source Scheme: Plan: ☐ Regular ☐ Direct | | | | (Fund | d) | | | heme: . egular [| | | | | | (Fund) |
| Options: | | | | | то | Opti | ons: <i>L</i> | Dividen | d 🗆 F | ayout | | nvesti | ment Sweep Grov | vth |
| Dividend ☐ Payout ☐ Re- | nvestme | nt ∐ Sweep l | ☐ Grow | th | | | | Freque | | | | | | |
| Dividend Frequency: ☐ D | | | nightly 🗌 | Monthly | | (For | Fixed | Incon | ne Fur | | | | \square Weekly \square Fortnightly | ⁻ ☐ Monthly |
| ☐ Quarterly ☐ Half-Yearly | | | | | *-1 | | | | | | Annual | | | |
| DEMAT Account Details (Inv ☐ National Securities Depository | | g to invest in De Depository F | • | | ride a co | ppy of the | DP Stat | ement e | nabling | us to m | atch the L | Demat | details as stated in the appli | cation form.) |
| | | , , | | . Ivairie | | | Reneficiary Account Number | | | | | | | |
| Central Depository Services (India) Ltd. DP ID Number Beneficiary Account N | | | | | | | | | | om this restriction: 1. Gifts to | | | | |
| | | | | | | | | - | | | | | • | |
| Signature | | | | | | | | | | | | | ddenda issued to the SID and KIM till on Igree to the terms and conditions for Au | |
| | n | or been induced by a | ny rebate or g | ifts, directly or | indirectly | in making this | s investme | nt • do not | have any | existing M | icro SIPs/inv | estments | s which together with the current appli | cation will result in the total |
| First / Sole Applicant / Guardia | | | | | | | | | | | | | The ARN holder has disclosed to me/us hich the Scheme is being recommende | |
| | | | | | | | | | | | | | the funds for subscription have been re | mitted from abroad through |
| Second Applicant | | | | , | | | , | | | | | | lon-Repatriation Basis. Irther agree not to hold Sundaram Asse | at Management its energy |
| Оссона Аррисан | | | | | | | | | | | | | es in case of any of the above particul | |
| | | | | | | | | | | | | | Asset Management to disclose, share, | |
| Third Applicant 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 | | | | | | | | | | | | | | |
| Request Date additional information/documentation that may be required in connection with this application. | | | | | | | | | | | | | | |
| Acknowledgement | | | | | | _○ - - | Regi | est Da | ite: | Time | Stamp | /Seal | I | |
| _ | e /DD Ni | ımber | | | D | DM | ИΥ | YY | γ | | | | | |
| Folio No | | | | Fund | | | | - - | | | | | | |
| Plans: □ Regular □ Direct Options: Dividend □ Payout □ Re-Investment □ Sweep or □ Growth | | | | | | | | | | | | | | |
| Dividend □ Daily □ Weekly □ Fortnightly □ Monthly Frequency: □ Quarterly □ Half-Yearly □ Annual | | | | | | | | | | | | | | |
| Toll Free: 1800 103 723 | 7 (Indi: | a) | | | | | | | F-n | nail· <i>(</i> | custon | nere | services@sundaran | mutual com |

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A Simple Way to Invest-Common Transaction Slip (for Existing Investors Only)

| KYC details (Mandatory) Indivi | dual | ☐ Non-Individual (Please attach mandatory Ultim | ate Beneficial Ow | nership (UBO) declaration form) | | | | | |
|---|---|---|---|--|--|--|--|--|--|
| 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 | 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 | 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) ₹ | PEP Status For Individuals [Person (PEP) Sta signatories/Promote I am PEP I am related to For Non-Individual Gaming/Gamb Money Lendin None of the at (To be filled o I am PEP I am related to Not Applicable Not Applicable Not Applicable | First Applicant Please (/)] Politically Exposed tus (Also applicable for authorised rs/Karta/Trustee/Whole time Directors) PEP Not Applicable uals providing any of the below ces [Please (/)] nge/Money Changer Services gl/Pawning pove Second Applicant nly if the applicant is an individual) PEP Third Applicant nly if the applicant is an individual) | | | | | |
| | ed for all applicant(s) / guardian / PoA | | orny nii separa | ate I AT OA-ONG AIIIIEXUTE | | | | | |
| Category | First Applicant/Guardian | Second Applicant | Th | ird Applicant | | | | | |
| Are you a Tax Resident of Country other than India? | ☐ Yes ☐ No | ☐ Yes ☐ No | | Yes No | | | | | |
| 2. Is your Country of Birth/ citizenship other than India? | ☐ Yes ☐ No | ☐ Yes ☐ No | | Yes No | | | | | |
| 3. Is your Residence address / Mailing address / Telephone No. other than in India? | ☐ Yes ☐ No | ☐ Yes ☐ No | | Yes No | | | | | |
| 4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above? | ☐ Yes ☐ No | ☐ Yes ☐ No | | Yes No | | | | | |
| If you have answered YES to a | ny 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 | □ Residential or Business □ Residential □ Business □ Registered Office | ☐ Residential ☐ Business [| ☐ Residential o☐ Residential ☐ Registered (| ☐ Business | | | | | |
| 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. Signature: Whe hereby declare that all the particulars given herein are true, correct and complete to the best of mylour holders, representatives for the distributors, representatives for the distributors in tributant place in the same. If the hereby declare that all the particulars given herein are true, correct and complete to the above particulars being representatives for the distributors in tributant place in the same. If the hereby authorises 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, other investigation agencies and SEBI registered intermediaries without any obligation of advising melus of the same. If the hereby agree to provide any additional information connection with ithis application. Certification: Whe have understood the FATCA-CRS Terms and Conditions and hereby accept the same. Whe 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. FATCA-CRS Instructions Details under FATCA-CRS/Proreign 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 we any also be constrained to without any payes access and provided by y | | | | | | | | | |
| in the US Hire Act 2010. \$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation with supporting doucments and attach this to the form. Third Applicant | | | | | | | | | |

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Sundaram Mutual Fund