

# Common Application Form

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS WITHIN THE BOXES ONLY

Application No:  



**SUNDARAM MUTUAL**

Please refer to Riskometer details available on cover page of this KIM and Your Guide to fill the Application Form before proceeding.

Distributor ARN	Sub Distributor ARN	Internal Sub-Broker/Sol ID	EUIN*	Employee Code	PMRN / RIA Code	ISC Date Time Stamp Reference No.
ARN-171669			E-344021			

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

\*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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant	Power of Attorney Holder
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

I confirm that I am a first time investor across Mutual Funds-₹150.  
 I confirm that I am an existing investor in Mutual Funds-₹100.

1. MODE OF HOLDING			2. Existing Folio no:	(If you have an existing folio with KYC validated, please mention here and skip to Investment & Payment section)
<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor		
UNIT HOLDING OPTION	<input type="checkbox"/> Physical Mode	<input type="checkbox"/> Demat Mode	Depository Participant Name ↓	

Demat Account Details of First / Sole Applicant (Name of First / Sole Applicant as per demat account)

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.

NSDL	DPID	CDSL	DPID
	Beneficiary ID		Beneficiary ID

Note: Please attach copy of Client Master List.

Status	Resident Individual	Non Resident	Company	HUF	Minor	Society	FII	PIO	Partnership Firm	Proprietor	NPO	Trust	Others
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify

### 3. FIRST HOLDER DETAILS

Name

PAN  DOB

CKYC KIN

Mobile No\*  Incase of minor, provide guardian mobile no

Email ID\*  Incase of minor, provide guardian email ID

E-mail ID:  Self OR  Family Member (Relationship).....

\*Mandatory

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

Note Primary holder(s) / guardian own email address and mobile number should be provided for speed and ease of communication in a convenient and cost effective manner, and to help prevent fraudulent transactions.

Father / Guardian / PoA Name

PAN  DOB

CKYC KIN

Relationship of guardian

### SECOND HOLDER DETAILS

Name

PAN  DOB

CKYC KIN

### THIRD HOLDER DETAILS

Name

PAN  DOB

CKYC KIN

## 4. INVESTMENT & PAYMENT DETAILS Payment Type Third Party Payment (Please attach Third Party Payment Declaration Form) Non Third Party Payment

Scheme Name	Scheme-1	Scheme-2	Scheme-3
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"/> <b>Growth</b> <input type="checkbox"/> <b>Income Distribution cum Capital Withdrawal (IDCW)</b> <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): ..... (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> <b>Growth</b> <input type="checkbox"/> <b>Income Distribution cum Capital Withdrawal (IDCW)</b> <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): ..... (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth	<input type="checkbox"/> <b>Growth</b> <input type="checkbox"/> <b>Income Distribution cum Capital Withdrawal (IDCW)</b> <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): ..... (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth
(*If target scheme is not mentioned for Transfer (IDCW), default scheme is "Sundaram Money Fund and sub-option Growth") 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			
Payment Mode	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer
Reference No.			
Amount	Figures: _____ Words: _____	Figures: _____ Words: _____	Figures: _____ Words: _____
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others

## 5. BANK ACCOUNT DETAILS FOR PAYOUT

IFSC CODE	<input style="width: 100%;" type="text"/> MICR
Bank Account No	<input style="width: 100%;" type="text"/>
Bank Name	Bank Branch
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others → <span style="float: right; font-size: small;">Please specify</span>

## 6. LEGAL ENTITY IDENTIFIER (Mandatory) - (Only for Non-Individuals including HUF)

<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"/>	<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"/>
VALIDITY DATE OF LEI																			
<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"/>	<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"/>

## Address of First / Sole Applicant

Town:	City/District:	State:	PIN Code:
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## Overseas Address (in case of NRIs/Flis) (Mandatory)


## 7. Systematic Transaction Registration Details – Please indicate details of your SIP (skip this section if you wish to make a one-time investment)

Mode of SIP  OTM/NACH (please submit SIP Registration Form) Each SIP Amount ₹

SIP Period  SIP Starting  M  M  Y  Y  Y  Y **End Month/Year (Default Dec 2099):**  M  M  Y  Y  Y  Y  **Till Further Notice\***

(\*The end date – 01/12/2099 as end date. If not specified by the investor. This will be considered in both Online and Physical modes) (refer Guide to investing through SIP)

SIP Date **SIP Date:** .....(for **Monthly:** Any Day of the Month; for **Quarterly:** Any Day of the month for each quarter).

SIP Frequency	For Fixed Income	For Equity
<input type="checkbox"/> Weekly	• Weekly every Wednesday (For Minimum amount of ₹ 1000, Minimum No. of installments is 5)	• Weekly every Wednesday (For Minimum amount of ₹ 1000, Minimum No. of installments is 6)
<input type="checkbox"/> Monthly	• Monthly (For Minimum amount of ₹ 250, minimum No. of installments is 20)	• Monthly (For Minimum amount of ₹ 100, minimum No. of installments is 6)
<input type="checkbox"/> Quarterly	• Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 7)	• Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 6)

Normal STP		SWP	
Source Scheme		Scheme	
Target Scheme		Amount (figures)	
Amount (figures)		Amount (words)	
Amount (words)		Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Frequency	Daily / Weekly / Monthly / Quarterly	Preferred SWP date	1st working day of the month/quarter
Preferred STP date	Please tick <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25	SWP Period	From Date To Date
STP Period	From Date To Date		

