Application No: Common Application Form THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS WITHIN THE BOXES ONLY 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 ISC Date Time Stamp Reference No. Internal Sub-Broker/Sol ID Employee Code PMRN / RIA Code E-344021 ARN-171669 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 Third Applicant Power of Attorney Holder TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. In case the subscription amount is ₹ I confirm that I am a first time investor across Mutual Funds-₹150. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from I confirm that I am an existing investor in Mutual Funds-₹100. the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. 1. MODE OF HOLDING 2. Existing □ Single □ Joint ☐ Anyone or Survivor Folio no: **UNIT HOLDING OPTION** Depository Participant Name **↓** Demat Mode **Physical Mode** 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. DPID **NSDL CDSL** Beneficiary ID Beneficiary ID Note: Please attach copy of Client Master List. Resident Individual Non Resident PIO Partnership Firm Company Minor Society Proprietor NPO Trust Others 1st Holder 2nd Holder 3rd Holder 3. FIRST HOLDER DETAILS Name PAN DOB CKYC KIN Email ID Mobile No 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 fradulent transactions. Father / Guardian / PoA Name DOB PAN CKYC KIN Relationship of guardian **SECOND HOLDER DETAILS** Name PAN DOB CKYC KIN THIRD HOLDER DETAILS Name PAN DOR CKYC KIN

Application Form 4. INVESTMENT & PAYMENT DETAILS Third Party Payment (Please attach 'Third Party Payment Declaration Form') L Non Third Party Payment Scheme Name Plan Direct Regular ___ Regular Regular Direct Direct Income Distribution cum Capital Withdrawal (IDCW) Income Distribution cum Capital Withdrawal (IDCW) Income Distribution cum Capital Withdrawal (IDCW) Growth Growth Growth □ Payout Payout □ Payout Reinvestment Reinvestment Reinvestment ____ Transfer* ___ Transfer* Option IDCW Frequency (For Fixed Income Funds only): IDCW Frequency (For Fixed Income Funds only): IDCW Frequency (For Fixed Income Funds only): (applicable as per SID & KIM of respective Funds) (applicable as per SID & KIM of respective Funds) (applicable as per SID & KIM of respective Funds) Transfer (IDCW) Target Scheme *Transfer (IDCW) Target Scheme Transfer (IDCW) Target Scheme ☐ Regular Growth ☐ Direct Growth ☐ Regular Growth ☐ Direct Growth ☐ Regular Growth ☐ 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 OTM Cheque DD RTGS Fund Transfer OTM Cheque DD RTGS Fund Transfer OTM Cheque DD RTGS Fund Transfer Reference No. Amount Words: Others Drawn on Bank, Branch Account Type Savings NRO Current 5. BANK ACCOUNT DETAILS FOR PAYOUT IFSC CODE MICR Bank Account No Bank Name Bank Branch Account Type Savings NRO NRE Current FCNR Others→ 6. LEGAL ENTITY IDENTIFIER (Mandatory) - (Only for Non-Individuals including HUF) VALIDITY DATE OF LEI Address of First / Sole Applicant PIN Code: City/District: State Overseas Address (in case of NRIs/FIIs) (Mandatory) 7. Systematic Transaction Registration Details - Please indicate details of your SIP (skip this section if you wish to make a one-time investment) Each SIP Amount ₹ **Mode of SIP** ☐ OTM/NACH (please submit SIP Registration Form) SIP Starting M M Y Y Y Find Month/Year (Default Dec 2099): M M Y Y Y Y D Till Further Notice* SIP Period (*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). For Fixed Income For Equity 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) SIP Frequency 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) 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 Frequency Monthly Quarterly Preferred STP date Preferred SWP date 1st working day of the month/quarter 14 20

STP Period

SWP Period

| | | | | | | | | | | | | | Application Form | | | | | | | | | | | | | | | | | | | | | | | |
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| 8. NOMINATION DETAILS | | | | | | | | | | | | | | | | | | | | | | lf : | you d | o no | t wis | h to n | omina | te Tick | her | e | | | | | | |
| 1st Nomin | ee Na | me: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship: | | | | | | | | | | | | If nominee is a minor: Date of birth: | | | | | | | D | | D | | M | | VI | | Y | Y | | / | Υ | | | | | |
| Proportion (| [%)* i | n whic | h uni | ts wil | Il be s | hare | ed by | first no | mine | e | | .% | | | | | Name of Guardian: | | | | | | | | | | | | | | | | | | | |
| 2nd Nomin | minee Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ' | | | | | | | | | | | | omin te of b | | a mii | nor: | | _ | D | | D | | VI | | VI | | | Y | Υ | / | Y | | | | | | |
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| Proportion (| | | | | | | | ··········· | | | | | | | | | Name of Guardian: Address of Guardian: | | | | | | | | | | | | | | | | | | | |
| Signature of 1st / Sole Applicant / Guardian Signature of 2r | | | | | | | | | | | | | nd A | Appli | | | | | S | ign | nature of 3rd Applicant | | | | | | | | | | | | | | | |
| 1st Holder | | Private Sector Service | | Service | | ector | or Govern Serv | | nment vice Bu | | Business Pro | | ofessional | | Agricultu | | rist Retired | | ed S | Student Fo | | Fore | ex Dealer O | | Ot | thers | | | | | | Others Specify | | | | |
| 2nd Holde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Specify | | | | | |
| 3rd Holder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Speci | fy | | | |
| GROSS A | OSS ANNUAL INCOME Net worth (Mandatory for | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1st Holde | , | | | | | | | | | | | | | | | | | | M | M | | | | YY | | | YY | | | | | | | | | |
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| 3rd Holde | r | |] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Y | | | |
| PEP & UB | PEP & UBO Details | | | | | | | | | | | | | Foreign Evehange For | | | | | | | ng / Gambling / Money Le | | | | | به ما ام م | | | | | | | | | | |
| | | m poli | | | Is the company a Listed Company or Subsidiary of Listed Company or (If no, Please attach mandatory UBO declara | | | | | | | | | | arati | tion) | | | | | | | / Money Charger Services | | | | | | | | | ervices Pawr | | | | |
| 4-111-14 | | es | No | | Yes | | | | | | | | | No | | | | | | | Yes No | | | | | | Yes No | | | | Yes No | | | | | |
| 1st Holder 2nd Holder | | | Н | | | | | | | | | | | | | | | | | | | | | | | | | Н | | | | | | Н | | |
| 3rd Holder | - | | Н | | | | | | | | | | | | | + | | | | | | | | | | H | | | | | | | | | H | |
| 10. FATCA-CRS DETAILS For Individuals (Mandatory) Non Individual investors & HUF should mandatorily fill separate FATCA-CRS Annext | | | | | | | | | | | | | | | nexure | | | | | | | | | | | | | | | | | | | | | |
| The below information is required for all applicant(s) / guardian / PoA holder Category First Applicant/Guardian Second Applicant Third Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Category 1. Are you a Tax Resident of Country other than India? | | | | | | | | | | | | | | F | | pplica] Yes | | | an | - | | | | S . | | | | | Third Applicant ☐ Yes ☐ No | | | | | | | |
| 2. Is your Co | 2. Is your Country of Birth/ citizenship other than India? | | | | | | | | | | | | | | ☐ Yes ☐ No | | | | | | | | |] Ye | s \square |] No | 10 E | | | | | □Yes □No | | | | |
| Is your Residence address / Mailing address / Telephone No. other than in India? Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above? | | | | | | | | | | | | | | | |] Yes] Yes | | | | + | | | | s 🗆 | | | | | | | | | | | | |
| If you have a | nswer | ed YES | to any | | | | | | | | i diliy oi | ino outo | gorioo | 1, 2 01 | O abov | 0. | | | 100 | | 10 | | | | | | <u> </u> | 1110 | | | | | | · 🗀 · · | 0 | |
| Country of T Nationality | ax Res | idence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Identific | ation N | lumber | or Rea | ason f | or not p | orovid | ing TIN | | | | | | | | | + | | | | | | | + | | | | | | | | | | | | | |
| Identification | | | | | | | Nata C | ·aala. 0 | D: | - 4 - \ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residence a | luures | ioi lax | purpo | ses (II | iciude | Ully, d | siale, C | ouritry o | I PIII C | oue) | | | | | | - | Residential or Business | | | | | | + | ٦,, | a!ala. | -11-1 | D. | | | | | D = = ! =l | | - D!- | | |
| Address Type [| | | | | | | | | | | | | Residential of Business Residential Business Registered Office | | | | | | Residential or Business Residential Business Registered Office | | | | | | | Residential or Business Residential Business Registered Office | | | | | | | | | | |
| City of birth | City of birth Country of birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ In case any | | plican | t being | g resid | dent/ t | ах ра | ayer in | more ti | nan o | ne cou | ntry, pr | ovide ta | ax ide | ntifica | tion nu | ımbe | r for e | each s | uch co | ountry | sep | aratel | y. | | | | | | | | | | | | | |
| ട് su | NDA | RAM A | IUTU, | 41 | Ack Sund | nov aran | vledo n Ass | geme et Mar | ent nage | ment | Compa nnai - (| any Lii | mited | d, CIN | I: U93 | 0907 | ΓN19 | 96PL | C0346 | 615, | 1.40 | 23/15 | 221 | 5 (N | RI) | Ap | opli | cati | ion I | No. | | | | | | |
| Received | | | | /Ms. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Communication Mutual Fund, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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