

Channel Partner / Agent Information

Serial No:FI

Distributor's ARN & Name ARN-131351	Sub-broker Code (internal)	Sub-broker's ARN (code)	EUIN* <small>(Employee Unique Identification Number)</small>
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ISC's signature & Time Stamping

* 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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 investors' assessment of various factors including services rendered by the distributor.

First/Sole Applicant/ Guardian	Second Applicant	Third Applicant
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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.
 KYC compliant Yes No (if no, please provide KYC proof/additional documents if not submitted earlier)

Folio No

2. New Investor Information (refer instruction 2)

Name of First/Sole Applicant Gender Male Female Others

Permanent Account Number (PAN) Date of Birth

D	D	M	M	Y	Y	Y	Y
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 KYC Proof attached (Mandatory)

Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name

Permanent Account Number (PAN) Relationship KYC Proof attached (Mandatory)

Father's name (mandatory if PAN not provided)

Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant

E-Mail

STD Code Telephone

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 Mobile

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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

Mode of Holding [Please (✓)] Single Joint Anyone or Survivor

Address of First / Sole Applicant

TOWN CITY/DISTRICT STATE PIN CODE

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

Name of Second Applicant

Permanent Account Number (PAN) Date of Birth

D	D	M	M	Y	Y	Y	Y
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 KYC Proof attached (Mandatory)

Name of Third Applicant

Permanent Account Number (PAN) Date of Birth

D	D	M	M	Y	Y	Y	Y
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 KYC Proof attached (Mandatory)

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

Status of First/Sole Applicant [Please (✓)] <input type="checkbox"/> Listed Company <input type="checkbox"/> Unlisted 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)	Occupation Details [Please (✓)] <i>(To be filled only if the applicant is an individual)</i> First Applicant <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others..... (please specify) Second Applicant <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others..... (please specify) Third Applicant <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others..... (please specify)	Gross Annual Income (in ₹) [Please (✓)] First Applicant <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 IDIDIMIMIIYIYIYIYI (Not older than one year) Second Applicant <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..... Third Applicant <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.....	PEP Status First Applicant For Individuals [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable For Non-Individuals providing any of the below mentioned services [Please (✓)] <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> None of the above Second Applicant <i>(To be filled only if the applicant is an individual)</i> <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable Third Applicant <i>(To be filled only if the applicant is an individual)</i> <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable
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4. FATCA-CRS DETAILS For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA-CRS Annexure

The below information is required for all applicant(s) / guardian / PoA holder

Category	First Applicant/Guardian	Second Applicant	Third Applicant
1. Are you a Tax Resident of Country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your Country of Birth/ citizenship other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is your Residence address / Mailing address / Telephone No. other than in India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any 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	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
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.

FATCA-CRS Instructions

Details under FATCA-CRS/Foreign 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 a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities/appointed agencies. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or greencard holder, please include United States in the Country of Tax Residence field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained 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 documents and attach this to the form.

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		*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/Other Mode (refer instruction 6).

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. Alternatively, you will receive the payment through NEFT mode based on the bank details available. Otherwise, payment will be made by way of a cheque/demand draft/warrant.

7. Payment Details: Please issue a separate Cheque/Demand Draft favouring the scheme you wish to invest/One Time Mandate (OTM) (refer instruction 7)

Scheme Name	Plan	Option	Amount Invested (less DD charges)	Net Amount Paid	Payment Details	
					<input type="checkbox"/> OTM <input type="checkbox"/> Cheque / <input type="checkbox"/> 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					

In case of third party payment (refer instruction 7): Please download (www.sundarammutual.com) and attach the third party declaration form

8. DEMAT Account Details (refer instruction 8)

<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant
<input type="checkbox"/> Central Depository Services (India) Ltd.	DP ID Number <input type="text"/> Beneficiary Account Number <input type="text"/>

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.

9. Please indicate details of your SIP (refer instruction 9) (skip this section if you wish to make a one-time investment)

Mode of SIP OTM/Auto Debit (please submit SIP Registration Form) Post-dated cheques (please provide the details below)

SIP Period (For Post-Dated Cheques)	SIP Date	SIP Frequency				
<table border="1"> <tr> <td>SIP Starting</td> <td>SIP Ending</td> </tr> <tr> <td>M M Y Y Y Y</td> <td>M M Y Y Y Y</td> </tr> </table>	SIP Starting	SIP Ending	M M Y Y Y Y	M M Y Y Y Y	for Monthly/Quarterly frequency only <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25	<input type="checkbox"/> Weekly (Minimum amount Rs 1000 Every Wednesday. Minimum No of installments 5) <input type="checkbox"/> Monthly (Minimum amount Rs 250 Minimum No of installments 20) <input type="checkbox"/> Quarterly (Minimum amount Rs 750 Minimum No of installments 7)
SIP Starting	SIP Ending					
M M Y Y Y Y	M M Y Y Y Y					
No. of PDCs <input type="text"/>	First SIP Cheque No <input type="text"/>	Last SIP Cheque No <input type="text"/>				
Each SIP Amount Rs <input type="text"/>	Refer Guide to investing through SIP					

Turn overleaf for Declaration & Signature (Mandatory) → → →

Acknowledgement

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

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).

Serial No: FI

ISC's Signature & Stamp

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

10. Nominee (available only for individuals) (refer instruction 10)

I wish to nominate the following person(s)

<p>1st Nominee Name:..... Address:..... Proportion (%)* in which units will be shared by first nominee.....%</p> <p>If nominee is a minor: Date of birth:.....Relationship:..... Name of Guardian:..... Address of Guardian:.....</p>	<p>2nd Nominee Name:..... Address:..... Proportion (%)* in which units will be shared by second nominee.....%</p> <p>If nominee is a minor: Date of birth:.....Relationship:..... Name of Guardian:..... Address of Guardian:.....</p>	<p>3rd Nominee Name:..... Address:..... Proportion (%)* in which units will be shared by third nominee.....%</p> <p>If nominee is a minor: Date of birth:.....Relationship:..... Name of Guardian:..... Address of Guardian:.....</p>
<p><small>* Proportion (%) in which units will be shared by each nominee should aggregate to 100%</small></p> <p><input type="checkbox"/> I do not wish to choose a nominee. Signature of investor(s)</p>		
1st / Sole Applicant / Guardian	2nd Applicant	3rd Applicant

11. Declaration, Certification & Signature (refer instruction 11)

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 further declare that I/We am/are not a citizen of Canada.

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, 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.

Certification: I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions), stated in pages 1-30 and hereby certify that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same.

I/We 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.

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

Date:/...../.....

Place:.....

Particulars				
Scheme Name / Plan / Option / Sub-option	Goal	Cheque / DD / Payment Instrument Number / Date	Drawn on (Name of Bank & Branch)	Amount in figures (₹) & Amount in words
	<input type="checkbox"/> Lumpsum Purchase <input type="checkbox"/> SIP			

Details of Ultimate Beneficial Owner (UBO) including additional FATCA & CRS information
(please include other references for completeness sake)

Name of the entity:

Type of address given at KRA Residential or Business Residential Business Registered Office

"Address of tax residence would be taken as available in KRS database. In case of any change, please approach KRA and notify the changes"

Customer ID / Foio Number:

PAN:.....

Date of incorporation/...../.....

City of

incorporation:.....

Country of incorporation:.....

Entity Constitution Type: **A** Partnership Firm **B** HUF **C** Private Limited Company **D** Public Limited Company **E** Society **F** AOP/BOI **G** Trust

H Liquidator **I** Limited Liability Partnership **J** Artificial Juridical Person **K** Others specify.....)

Please tick the applicable tax resident declaration:

Is "Entity" a tax resident of any country other than India Yes No

(if yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below)

Country	Tax Identification Number%	Identification Type (TIN or Other%, please specify)

%In case Tax Identification Number is not available, kindly provide its functional equivalent⁸

In case TIN or its functional equivalent is not available, please provide Company Identification Number or Global Entity Identification Number or GIIN etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here:

FATCA & CRS declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

Part A (to be filled by Financial Institutions or Direct Reporting NFEs)

1	We are a <input type="checkbox"/> Financial institution ¹ or <input type="checkbox"/> Direct reporting NFE ² (please tick as appropriate)	GIIN:..... Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below: Name of sponsoring entity:	GIIN not available (please tick as applicable): <input type="checkbox"/> Applied for If the entity is a Financial Institutions: <input type="checkbox"/> Not required to apply for (Please specify 2 digits sub-category ³) <input type="checkbox"/> Not obtained – Non-participating FI
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Part B (please fill any one as appropriate 'to be filled by NFEs other than Direct Reporting NFEs')

1	Is the Entity a <i>publicly traded company</i> ⁴ (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of the stock exchange
2	Is the Entity a <i>related entity of a publicly traded company</i> ⁵ (a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of the listed company..... Nature of relation: <input type="checkbox"/> Subsidiary of the listed company or <input type="checkbox"/> Controlled by a listed company Name of the stock exchange
3	Is the Entity an active NFE ⁶	<input type="checkbox"/> Yes (If yes, please, fill UBO declaration in the next section) Nature of business Please specify the sub-category of Active NFE:..... (Mention code – refer 2c of Part D)
4	Is the Entity a passive NFE ⁷	<input type="checkbox"/> Yes (If yes, please, fill UBO declaration in the next section) Nature of business

¹ Refer 1 of Part D

² Refer 3(vii) of Part D

³ Refer 1A. of Part D

⁴ Refer 2a of Part D

⁵ Refer 2b of Part D

⁶ Refer 2c of Part D

⁷ Refer 3(ii) of Part D

FATCA-CRS Annexure for Entities including UBO

UBO Declaration

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify.....)

Please list below the details of controlling person(s), confirming ALL Countries of Tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's⁸ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Forms W8 BEN E

Name - Beneficial Owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country*	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ⁹ - of controlling person	Address - Include State Country, PIN / ZIP Code & Contact Details Address Type -
1. Name Country Tax ID No. [%]	Tax ID Type..... Beneficial Interest Type Code Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address..... ZIP [] State:.....Country:.....
2. Name Country Tax ID No. [%]	Tax ID Type..... Beneficial Interest Type Code Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address..... ZIP [] State:.....Country:.....
3. Name Country Tax ID No. [%]	Tax ID Type..... Beneficial Interest Type Code Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address..... ZIP [] State:.....Country:.....

If Passive NFE, please provide below additional details. (Please attach additional sheets if necessary)

PAN / Any other identification number PAN, Aadhar, Election ID, Govt ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D / M M / Y Y Y Y Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
2. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D / M M / Y Y Y Y Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
3. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D / M M / Y Y Y Y Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>

Additional details to be filled by controlling persons with Tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling persons is a US citizen or green card holder

% In case Tax identification is not available, kindly provide functional equivalent

⁸ Refer 3(vi) of Part D ⁹ Refer 3(iv) (A) of Part D

FATCA - CRS Terms and Conditions

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 documentations from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly i.e. within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Sundaram Asset Management Company/Sundaram Mutual Fund or its group entities. Therefore, it is important that you respond to our request even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the country of Tax Residence field along with the US Tax Identification Number.

[%]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 and attach this to the form.

Certification: I/We have understood the information requirements of this Form (read along with the FATCA & CRS instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name	
Designation	

Signature	Signature	Signature	Place
			Date/...../.....