

# Sundaram Flexi Cap Fund

An open ended dynamic equity scheme investing across large cap, mid cap, small cap stocks

Application No:  



SUNDARAM MUTUAL

Please refer to Riskometer in the cover page and Your Guide to Fill the Application form (pages 14-19) before proceeding

Distributor ARN	Sub Distributor ARN	Internal Sub-Broker/Sol ID	EJIN*	Employee Code	PMRN / RIA Code	<b>New Fund Offer Period:</b>	ISC Date Reference No.
						Opens on: 16/08/2022	
						Closes on: 30/08/2022	

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 EJIN box is left blank)  "I/We hereby confirm that the EJIN 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: In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible from the purchase/ subscription amount and payable to the Distributor. Units will be issued for the balance amount invested.

I confirm that I am a first time investor across Mutual Funds: ₹150 to be deducted.

I confirm that I am an existing investor in Mutual Funds: ₹100 to be deducted.

<b>1. MODE OF HOLDING</b>			<b>2. EXISTING FOLIO NO:</b>
<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor	<small>If you have an existing folio with KYC validated, please mention here and skip to Investment &amp; Payment section)</small>
<b>UNIT HOLDING OPTION</b>		<input type="checkbox"/> Physical Mode	<input type="checkbox"/> Demat Mode

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

Investor willing to invest in Demat option, should provide a copy of the DP Statement / Client Master List (CML) enabling us to match the Demat details as stated in the application form.

NSDL	DPID		CDSL	DPID		Others								
	Beneficiary ID			Beneficiary ID										
	Status	Resident Individual	Non Resident	Company	HUF	Minor	Society	FII	PIO	Partnership Firm	Proprietor	NPO	Trust	
	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 as per PAN/Aadhaar) (PLEASE FILL IN BLOCK LETTERS WITHIN THE BOXES ONLY)**

Name

PAN\*  DOB\*

CKYC  KIN

Mobile No\*  Email ID\*

Please tick the Family Code for the Mobile Number and Email ID provided \*Mandatory

**MOBILE:**  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian **EMAIL:**  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 (✓)  Account Statement  Annual Report  Other Statutory Information

Guardian / PoA Name

Relationship of Guardian:  Father  Mother  Legal Guardian. **If Legal Guardian is opted, submission of duly notarised court order is mandatory.**

PAN\*  DOB\*

CKYC  KIN

**SECOND HOLDER DETAILS**

Name

PAN\*  DOB\*

CKYC  KIN

**THIRD HOLDER DETAILS**

Name

PAN\*  DOB\*

CKYC  KIN

**4. INVESTMENT & PAYMENT DETAILS (Stamp Duty Applicable)**

<b>Scheme Name</b>	<b>Sundaram Flexi Cap Fund</b>		(Cheque should be in favour of "Sundaram Flexi Cap Fund")
<b>Plan</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	
<b>Option</b>	<input type="checkbox"/> <b>Growth</b> <input type="checkbox"/> <b>Income Distribution cum Capital Withdrawal (IDCW)</b> <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment <input type="checkbox"/> Transfer*		
	*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 Overnight 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		
<b>Payment Mode</b>	<input type="checkbox"/> OTM* <input type="checkbox"/> Cheque* <input type="checkbox"/> DD* <input type="checkbox"/> RTGS* <input type="checkbox"/> Fund Transfer* (*Subject to realisation)	<b>Cheque / DD / Reference No.</b>	
<b>Amount (₹)</b>	<b>Figures</b>	<b>Payment from Bank Account No.</b>	
	<b>Words</b>	<b>Branch / City</b>	
<b>Account Type</b>	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others.....	Drawn on Bank, Branch	

**5. BANK ACCOUNT DETAILS FOR PAYOUT (Mandatory to attach proof, in case the pay-out bank account below is different from the cheque issued for investment as per section 4)**

<b>IFSC CODE</b>	<input type="text"/>	<b>MICR</b>	<input type="text"/>
<b>Bank Account No</b>	<input type="text"/>		
<b>Bank Name</b>	<b>Bank Branch</b>		
<b>Account Type</b>	<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR   Others→	Please specify	

**6. LEGAL ENTITY IDENTIFIER (Mandatory) - (Only for Non-Individuals including HUF for transactions amounting to Rs. 50 Crores and above) Sundaram Mutual Fund - LEI Number: 33580-0Q-DGDY5PCN345-81 (The LEI expires on March 20, 2023)**

<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"/>
<b>VALIDITY DATE OF LEI</b>				<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 Sole / First Applicant / Guardian**

<b>Town:</b>	<b>City/District:</b>	<b>State:</b>	<b>PIN Code:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="text"/>
<input type="text"/>
<input type="text"/>

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

(Refer Guide to investing through SIP)

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

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

(\*The end date – 01/12/2099 as end date. If not specified by the investor.

**SIP Date-Any Day**   **SIP Date:** .....(for Monthly / Quarterly Frequency)

**SIP Frequency**  
 Weekly    Monthly    Quarterly [ • Weekly every Wednesday (For Minimum amount of ₹ 1000, Minimum No. of installments is 6) • Monthly (For Minimum amount of ₹ 100, minimum No. of installments is 6) • Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 6). For Weekly/Monthly/Quarterly frequency, the first SIP installment will start from October 2022 on the chosen date/frequency ]

Normal STP			SWP		
Source Scheme			Scheme		
Target Scheme			Amount (figures)		
Amount (figures)			Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Frequency	Daily / Weekly / Monthly / Quarterly		STP Date - Any Day (for Monthly / Quarterly frequency)	IDIDIMIM	
STP Period	From Date	To Date (including Perpetual)	SWP Period	From Date	To Date

## 8. NOMINATION DETAILS

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

Nominee Name	Nominee PAN	Relationship with applicant	If nominee is minor*		Allocation (%)	Nominee Signature
			Guardian Name	Date of Birth		
1						
2						
3						
Address			*In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother / Father / Legal Guardian & Attach proof like Birth Certificate / School Leaving Certificate / Passport / Others.			Total 100%

I / We DO NOT wish to nominate and sign here ..... **First Applicant Signature (Mandatory)**

**Nomination Declaration:** I / We hereby confirm that 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 nonappointment 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 is mandatory

Signature is mandatory

Signature is mandatory

Signature of Sole / First Applicant / Guardian

Signature of Second Applicant

Signature of Third Applicant

## 9. OCCUPATION

	Private Sector Service	Public Sector Government Service	Business	Professional	Agriculturist	Retired	Student	Forex Dealer	Others	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"/>	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"/>	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"/>	Specify

## GROSS ANNUAL INCOME

	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	> 25 Lacs - 1 Crore	> 1 Crore	Net worth (Mandatory for Non-Individuals) - ₹	As on date											
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PEP & UBO Details

	I am politically exposed person		Related to PEP		Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If no, Please attach mandatory UBO declaration)	Foreign Exchange / Money Charger Services		Farming / Gambling / Lottery / Casino Services		Money Lending Pawning	
	Yes	No	Yes	No		Yes	No	Yes	No	Yes	No
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"/>
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"/>
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"/>

## 10. FATCA-CRS DETAILS For Individuals (Mandatory)

Non Individual investors & HUF 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 <sup>§</sup> 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"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
City of birth			
Country of birth			

<sup>§</sup> In case any of applicant being resident/ tax payer in more than one country, provide tax identification number for each such country separately.



### Acknowledgement

Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615,  
I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI)

Received From Mr./Mrs./Ms. ....

Communication in connection with the application should be addressed to the Registrar **KFin Technologies Limited**, Registrar and Transfer Agents, 9th Floor, Capital Towers, 180, Kodambakkam High Road, Nungambakkam, Chennai-600034. Contact No: 1860 425 7237 (India) +91 40 2345 2215 (NRI).

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

Application No.

ISC's Signature & Stamp

## 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.

**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 OTM/NACH • 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 ₹ 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 USA/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) 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.

**Stamp Duty:** Pursuant to Notification No. S.O. 1226(E) and G.S.R. 226(E) dated March 30, 2020 issued by Department of Revenue, Ministry of Finance, Government of India, read with Part I of Chapter IV of The Finance Act, 2019, notified on February 21, 2019 issued by Legislative Department, Ministry of Law and Justice, Government of India, a stamp duty @0.005% of the transaction value of units would be levied on applicable mutual fund inflow transactions, with effect from July 1, 2020. Accordingly, pursuant to levy of stamp duty, the number of units allotted on purchase transactions (including IDCW reinvestment and switch-in) to the Unit holders would be reduced to that extent

**(Applicable only for investments through RIA) RIA/PMRN Consent Declaration:** I/We, the above-named person/s have invested in the Scheme(s) of Sundaram Mutual Fund under Direct Plan under the above mentioned Account No(s)/Folio No(s).  
I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the below mentioned Mutual Fund Distributor/SEBI-Registered Investment Advisor/Portfolio Manager:

AMFI Registration Number ARN -	SEBI Registration No.
Name:	
Address	
City	PIN
E-Mail ID	
Tel.No	

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

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