

# Sundaram Business Cycle Fund

An open ended equity scheme following business cycle based investing theme

Application No:



Please refer to Riskometer in the cover page and Your Guide to Fill the Application form (pages 16-22) before proceeding

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

New Fund Offer Period:  
Opens on: 05/06/2024  
Closes on: 19/06/2024

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 inappropriateness, 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

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.

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

Status	Resident Individual	Non Resident	Company	HUF	Minor	Society	FIL	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 as per PAN card) (PLEASE FILL IN BLOCK LETTERS WITHIN THE BOXES ONLY)

Name	<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"/>
PAN*	<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"/>	DOB/Date of Incorporation*									
CKYC	<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"/>
KIN	<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"/>
Mobile No.*	<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"/>

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 as per PAN card	<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"/>
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Relationship of Guardian:  Father  Mother  Legal Guardian. If Legal Guardian is opted, submission of duly notarised court order is mandatory.

PAN*	<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"/>
CKYC	<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"/>
KIN	<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"/>

### SECOND HOLDER DETAILS (Name as per PAN card) (PLEASE FILL IN BLOCK LETTERS WITHIN THE BOXES ONLY)

Name	<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"/>
PAN*	<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"/>	DOB									
CKYC	<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"/>
KIN	<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"/>
Mobile No.*	<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"/>

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

### THIRD HOLDER DETAILS (Name as per PAN card) (PLEASE FILL IN BLOCK LETTERS WITHIN THE BOXES ONLY)

Name	<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"/>
PAN*	<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"/>	DOB									
CKYC	<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"/>
KIN	<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"/>
Mobile No.*	<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"/>

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

## 4. INVESTMENT & PAYMENT DETAILS

Scheme Name	Sundaram Business Cycle Fund <span style="float: right;">(Cheque should be in favour of "Sundaram Business Cycle Fund")</span>				
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct				
Option	<input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW)				
	<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 Liquid 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* <span style="float: right;">(*Subject to realisation)</span>				
Cheque / DD / Reference No.					
Payment from Bank Account No.					
Drawn on Bank / Branch					
Amount	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

## 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) Same as per investment cheque

IFSC CODE	<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"/>										
Bank Account No	<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"/>										
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	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: 335800QDGDY5PCN34581 (The LEI expires on March 20, 2029)

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

<b>Address of Sole / First Applicant / Guardian</b>			
Town:	City/District:	State:	PIN Code:

<b>Overseas Address (in case of NRIs/FIIs) (Mandatory)</b>			

## 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 <input type="checkbox"/> OTM/NACH (please submit SIP Registration Form)	Each SIP Amount ₹ <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"/>
SIP Period Month/Year <input type="checkbox"/> SIP Start <sup>#</sup> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SIP End Date <sup>@</sup> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
# SIP Start date should be 45 days from the date of application. @ End date should be less than or equal to 40 years from the application date or equal to end date of NACH period	
<input type="checkbox"/> SIP Date-Any Day	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Refer to Scheme Information Document for more details)
SIP Date: .....	<b>SIP Frequency</b>
(for Monthly / Quarterly Frequency)	• Daily (for Minimum amount of ₹ 100, Minimum period 3 months) • 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).

STP		SWP	
Source Scheme		Scheme	
Target Scheme		Option	
Option	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation option\$	Option	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation option\$
Amount (figures)	For fixed Amount Option	Amount (figures)	For fixed Amount Option
Frequency	Daily / Weekly / Monthly / Quarterly	Frequency	Daily / Weekly / Monthly / Quarterly
STP Date - Any Day (for Monthly / Quarterly frequency)	I D I D I M I M I	SWP Date - Any Day (for Monthly / Quarterly frequency)	I D I D I M I M I
STP Period	From Date    To Date (including Perpetual)	SWP Period	From Date    To Date

\$ Note: Capital Appreciation Option for STP/SWP can be availed only under "Growth" Option of the eligible scheme

## 8. OCCUPATION

	Private Sector Service	Public Sector Government Service	Housewife	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"/>	<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"/>	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"/>	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"/>	D	D	M	M	Y	Y	Y	Y
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y

## 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 Changer Services		Faming / Gambling / Lottery / Casino Services		Money Lending Pawning	
	Yes	No	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"/>	<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"/>
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"/>

## 9. 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
<b>If you have answered YES to any of above, please provide the below details</b>						
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"/> 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.

<b>Acknowledgement</b> 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)	Application No.	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: center;">ISC's Signature &amp; Stamp</p>
Received From Mr./Mrs./Ms. .... Communication in connection with the application should be addressed to the Registrar <b>KFin Technologies Limited</b> , 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).		
<b>Please Note:</b> All Purchases are subject to realisation of cheques / demand drafts.		

## 10. 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

**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.

## 11. Non-Profit Organization (NPO) Declaration

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).  Yes  No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

**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

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
Sundaram Business Cycle Fund	<input type="checkbox"/> Lumpsum Purchase <input type="checkbox"/> SIP			

For office use only  
 UMRN  Date   
 Sponsor Bank Code   Create  Modify  Cancel  
 Utility Code  I/We authorise **SUNDARAM MUTUAL FUND**  
 ② To debit Tick (✓)  SB  CA  SB-NRE  SB-NRO  Others..... Bank A/c No

④ With Bank  Name of customers bank  IFSC  or MICR

⑥ An amount of ₹ (in words)  ₹

DEBIT TYPE  Fixed Amount  Maximum Amount FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented  
 ⑦ Reference 1  Reference 2

⑨ Phone No  Email ID

1. I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank. 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

⑪ PERIOD From  To\*   
 Signature of the Primary Holder  Signature of the Joint Account Holder  Signature of the Joint Account Holder   
 Name as in bank records 1  2  3

\*Maximum period of validity of this mandate is 40 years only

Please tick  as applicable:  
 NACH/OTM Form is attached and to be registered in the folio. SIP will start after mandate registration which may take 45 days.  
 NACH/OTM Form is already registered in the folio. [No need to submit again].

ISC's signature & Time Stamping

Distributor's ARN & Name	Sub-broker's ARN (Code)	Sub-broker Code (Internal)	EJIN* (Employee Unique Identification Number)	Registered Investment Adviser (RIA) Code	For Office use only
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I/We confirm that the EJIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole/First Applicants's Signature Mandatory

Name of First/Sole Applicant (As per PAN card)  
 FIRST  MIDDLE  LAST  Mobile\*  DOB/Date of Incorporation\*   
 E-Mail\*   
 Please tick the Family Code for the Mobile Number and Email ID provided  
 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  
 \*Mandatory

Name of Second Applicant (As per PAN card)  
 FIRST  MIDDLE  LAST  Mobile\*  DOB\*   
 E-Mail\*   
 Please tick the Family Code for the Mobile Number and Email ID provided  
 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  
 \*Mandatory

Name of Third Applicant (As per PAN card)  
 FIRST  MIDDLE  LAST  Mobile\*  DOB\*   
 E-Mail\*   
 Please tick the Family Code for the Mobile Number and Email ID provided  
 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  
 \*Mandatory

Existing Investor Folio No.  New Investor Application No.

Permanent Account Number (PAN)*	PEKRN	Central KYC Number	<input type="checkbox"/> CKYC Proof attached (Mandatory)
First/Sole Applicant/Guardian	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

1. Bank Name

Cheque No

Dated

Please tick   SIP Registration  SIP with Top-up Registration (Please provide copy of cancelled cheque and mention relevant SIP details in the form and OTM mandate.)

Scheme	<b>Sundaram Business Cycle Fund</b>
Plan / Option	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (○ Payout ○ Re-Investment ○ Transfer*)
SIP Installment Amount (₹)	<input type="text"/>
SIP Date: (for Monthly and Quarterly frequency)	<input type="text"/>
Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <sup>®</sup> <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly
Start Month/Year	<input type="text"/>
End Month/Year	<input type="text"/>
SIP Top Up amount (Optional): ₹ (in multiples of ₹ 500/-)	₹..... Top-up Frequency <sup>^</sup> <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly

\*Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 40 years from the application date or equal to end date of NACH period.

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



**Following fields need to be filled mandatorily**

1. Date: In format DD/MM/YYYY
2. Bank A/c Type: Tick the relevant box
3. Fill Bank Account Number
4. Fill name of Destination Bank
5. IFSC / MICR code: Fill respective code
6. Mention Maximum Amount
7. Reference 1: Mention Folio Number
8. Reference 2: Mention Application Number
9. Telephone Number (Optional)
10. Email ID
11. Period: Starting date and the ending date of NACH registration (not more than 40 years) in the format (DD/MM/YYYY)
12. Signature as per bank account
13. Name: Mention Holder Name as Per Bank Record

**Other Instructions**

- NACH/OTM Bank Mandate can be used for both SIP and Lump Sum Purchase.
- Investors are allowed to perform Lump sum purchase and SIP on a same day provided the NACH/OTM bank account has the adequate funds to honor multiple debits
- NACH/OTM is applicable for both Individual and Non-Individual
- Registration of Multiple NACH/OTM forms is acceptable with different Bank and Accounts.
- Per transaction limit should be less than or equal to the amount as mentioned in NACH/OTM Form already registered or submitted, if not registered

- Investors are required to submit "NACH/OTM" registration first and only after successful registration an existing "NACH" associated with a SIP can be cancelled.
- NACH/OTM request will be accepted only if the "Bank" mentioned in the request form is listed in the NACH banks list. Please contact offices of Sundaram Asset Management Company/ visit www.sundarammutual.com for updated list of banks eligible for NACH/OTM Facility.
- Submitting NACH/OTM form does not confirm your investments in SMF unless supported by SIP Investment Form or Common Transaction forms
- Sundaram Mutual will initiate debit instructions to the investor bank account only on receipt of valid investment instruction from the investor.
- For other Terms and Conditions governing NACH/OTM payments please refer KIM or www.sundarammutual.com
- NACH/OTM is applicable only for investments via debit instructions
- By submitting the NACH/OTM the investor authorizes Sundaram Mutual to utilize the information provided herein for the purpose of his/her investments in Sundaram Mutual Fund, including creation of a folio
- Investors are deemed to have read and understood the requirements and contents of Statement of Additional Information (SAI), Scheme Information Document (SID) and all other scheme related documents



DEMAT Account Details (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)			
<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant		
<input type="checkbox"/> Central Depository Services (India)	DP ID Number	Beneficiary Account Number	
<p><b>Declaration:</b> 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 NACH/OTM • 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 APN 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.</p> <p>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 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 additional information/documentation that may be required in connection with this application.</p>			
<b>Signatures</b> [as per Mutual Fund Records / Application]	First Unit Holder's / Guardian Signature	Second Unit Holder's Signature	Third Unit Holder's Signature

**General Instructions**

1. This facility is offered to investors having Bank accounts in select banks (269) mentioned in our application form. The Banks in the list may be modified/updated/ changed/removed at any time in future entirely at the discretion of Sundaram Asset Management Ltd ("SAMC"), Sundaram Trustee Company Ltd. ("Trustee") or Sundaram Mutual Fund ("SMF") without assigning any reasons or prior notice. SIP instructions for investors in such Banks via NACH route will be discontinued.
2. The AMC/ Trustee/ SMF will not be liable for any transaction failures due to rejection by the investors bank/branch.
3. SIP through NACH/OTM Facility is available on all dates of the month. In case these days are nonbusiness days for the scheme, then SIP will be processed on the next business day.
4. The end date of SIP registration for unitholders (other than Minor holders) will be considered as the end date of NACH mandate or the end date mentioned by the investor whichever is earlier
5. The investor agrees to abide by the terms and conditions of NACH facility of NPCI.
6. Investor will not hold AMC / Trustee / SMF and its service providers responsible if the transaction is delayed or not effected by the Investor's Bank or if debited in advance or after the specific SIP date due to various reasons or for any bank charges debited by his banker in his account towards NACH Registration / Cancellation / Rejections.
7. The AMC/ Trustee/ SMF reserves the right to reverse allotments in case the NACH/OTM is rejected by the bank for any reason whatsoever.
8. The AMC/ Trustee/ SMF shall not be responsible and liable for any damages/compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using the facility of NACH/OTM and takes full responsibility for the same.
9. The AMC/Trustee reserves the right to discontinue or modify the SIP facility at any time in future on a prospective basis.
10. The AMC/ Trustee reserves the right to discontinue the SIP in case of Direct Debit through NACH routes are rejected by the investor bank for any reasons.
11. For scheme related details, please refer to the Scheme Information Document (SID) / Key Information Memorandum (KIM) and the addendum issued from time to time.
12. The AMC/ Trustee reserves the right to reject any application without assigning any reason thereof.
13. SIP cancellation can be done separately by submitting the request at least 10 Calendar days in advance; however the associated NACH mandate can be retained for future investments.
14. Requests for any changes / cancellation in the NACH Bank Mandate request should be submitted at least 30 Business days in advance.
15. Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
16. In case of Micro SIPs, please refer to KIM under "your guide to fill the application form" for more details.
17. **SIP Frequency**
  - Daily (for Minimum amount of ₹100, Minimum period 3 months)
  - 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)
18. SIP default date is 7th of every month, if no date is mentioned
19. **Any Day SIP:** Investors can choose any preferred date of the month as SIP debit date. In case the chosen date falls on a non-business day, the SIP will be processed on the immediate next business day. In case chosen date is not available in a particular month, the SIP will be processed on the last business day of the month.

20. **The following applications will be considered as 'Not In Good Order' (NIGO) and are liable to be rejected:**
  - If folio number mentioned in the Fresh / Additional Purchase, SIP NACH/OTM form, Switch, STP, SWP & NCT request does not match Folio Number mentioned in NACH/OTM registration mandate Form.
  - If the folio number mentioned in the NACH/OTM mandate registration form does not match with our record, the NACH/OTM mandate will not be registered.
  - If the SIP period mentioned in SIP via NACH/OTM form is beyond the NACH/OTM validity period or NACH/OTM validity period expired.
21. In case of minor application, AMC will register standing instructions till the date of minor attaining majority, though the instructions may be for a period beyond that date. Prior to minor attaining majority, AMC shall send advance notice to the registered correspondence address advising the guardian and the minor to submit an application form along with prescribed documents to change the status of the account to "major". The account shall be frozen for operation by the guardian on the day of minor attains the age of majority and no fresh transactions will be permitted till the documents for changing the status are received.
22. **Frequency for Top-up SIP**
  - i. Investors subscribing for this facility are required to submit the request at least 25 days prior to the SIP top up date.
  - ii. SIP Top-Up facility can be availed at half yearly and yearly intervals. In case the frequency is not specified, the top up will be processed with the default yearly frequency.
  - iii. For Monthly SIP
    - a. Half yearly Top-up SIP under this option, the amount of investment through SIP installment shall be increased by the amount chosen /designated by investor post every 6th (sixth) SIP instalment.
    - b. Yearly Top-up SIP under this option, the amount of investment through SIP installment shall be increased by the amount chosen /designated by investor post every 12th (twelfth) SIP instalment.
  - iv. Quarterly SIP
    - a. Yearly Top-up SIP under this option, the amount of investment through SIP installment shall be increased by the amount chosen /designated by investor post every 4th (fourth) SIP instalment. In case the investor who has registered under Quarterly SIP opts for Half yearly Top-up SIP the same shall be registered and processed as Yearly Top-up SIP.
  - v. The top up cap amount should not exceed the maximum amount as mentioned in the NACH mandate. In case the top up cap amount exceeds the maximum amount as mentioned in the NACH mandate, then the lesser amount shall be considered as the default cap amount.
  - vi. The Top-up details cannot be modified once enrolled. In order to make any changes, the investor must cancel the existing SIP and for a fresh SIP with Top-up option.
  - vii. In case the SIP top up is cancelled the SIP will continue to be processed with the last topped up amount till the SIP end date.
23. **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.



## I: Investor details:

Investor Name											
PAN*											

\* If PAN is not available, specify Folio No. (s)

**II: Category**

Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed#. \_\_\_\_\_

Security ISIN# \_\_\_\_\_

Name of the Listed Company (applicable if the investor is subsidiary/associate):  
\_\_\_\_\_

#mandatory in case of Listed company or subsidiary of the Listed Company

 Unlisted Company  Partnership Firm / LLP  Unincorporated association / body of individuals Public Charitable Trust  Private Trust  Religious Trust  Trust created by a Will. Others [please specify] \_\_\_\_\_**UBO / Controlling Person(s) details.**

**Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit?**  Yes  No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
% of beneficial	>10% controlling interest. <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/>	>10% controlling interest. <input type="checkbox"/>



interest#.	>15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>15% controlling interest. <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm- yyyy] #			
UBO / SMO PEP#	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>		
UBO / SMO Address [include City, Pincode, State, Country]	Address:  City: Pincode: State: Country:	Address:  City: Pincode: State: Country:	Address:  City: Pincode: State: Country:
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office. <input type="checkbox"/>		
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>		





UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>		
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If No, complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If No, complete the KYC and confirm the status.

# Mandatory column.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

\* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

#### Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same.

I/We hereby authorize you [AMC/Fund/RTA/Other Participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Authorized Signatory
Name:
Designation:

Authorized Signatory
Name:
Designation:

Authorized Signatory
Name:
Designation:

Place: \_\_\_\_\_

Date: \_\_ / \_\_ / \_\_\_\_