

## investments through ECS (Debit Clearing)/Standing Instruction (First time investors should use this form

Channel Partner / Agent Information Serial No: EQ			erial No: EQ
Agent's Name and ARN Sub Broker ARN c	ode Sub Agent Code	EUIN	Only July
		I/We hereby confirm that the EUIN box has been	For Office Use Only
		ithout any interaction or advice by the employee/relationship	First Applicant
Transaction charges For Rs. 10,000 and above:  Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment		anager/sales person of the above distributor/sub broker or otwithstanding the advice of inappropriateness, if any,	Second Applicant  Second Applicant
☐ Existing Investor-Rs.100 ☐ New Investor-Rs.150 of various factors including services rendered by the distributor.		the distributor/sub broker.	Third Applicant
Existing Investor Information (Please fill in your Folio No.) Please note that applicant details and mode of holding will be as per existing Folio Number. If you want to change your bank details for your ongoing SIP, all you have to do is (1) tick the box (2) fill in the folio number (3) fill the SIP Auto Debit details and (4) sign; highlighted by the symbol			
Name of First/Sole Applicant			
Permanent Account Number (PAN)	KYC con	npleted  Yes  No Date of Birth	D M M Y Y Y Y
Name of Guardian (in case of First / Sole Applicant is a		in case of non-individual Investors)	AT Account Details (Investor willing to invest in
		Demat of	otion, may provide a copy of the DP Statement enabling us
Permanent Account Number (PAN)  Name of Second Applicant	KYC com		the Demat details as stated in the application form) ional Securities Depository Ltd.
		Cer	ntral Depository Services (India) Ltd. itory Participant Name:
Permanent Account Number (PAN)	KYC com	pleted □ Yes □ No	nory ranticipant Name.
Name of Third Applicant		DP ID	Number
Permanent Account Number (PAN)			ciary Account Number
		eclaration: I/Wo & having road and undo	estand the contents of the Statement of
▲ SIP Auto Debit details  Fund Name	A	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	
Plan ☐ Regular ☐ Direct Option ☐ Dividend Payout ☐ Dividend Re-Investment		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 included 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	
☐ Dividend Sweep ☐ Growth			
Each SIP Amount Rs		urrent application will result in the total i nancial year or a rolling period of twelv	nvestments exceeding Rs. 50,000 in a emonths (applicable for PAN exempt
☐ Quarterly (Minimum amount Rs 750 Minimum No of installments 7)		competing Schemes of various Mutual Funds from amongst which the Scheme is	
		being recommended to me/us.  Applicable to NRIs only: Please ( )	
(*The date may be taken as 31/12/2031 in case the bank needs to input a specific date in their system) (refer Guide to investing through SIP)		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 confirm that I am/we are not United States	
SIP Date for Monthly/Quarterly frequency only □ 1 □ 7 □ 14 □ 20 □ 25		Basis \(\sime\) Non-Repatriation Basis. I/We confirm that I am/we are not United States Pages within the meaning of Regulation (S) under the United States Securities Act	
SIP □ SIP Top-up (Optional) (please ✓ to avail this facility)		persons within the meaning of Regulation (S) under the United States Securities Act of 1933, as amended from time to time or a resident of Canada	
Top-up       Top-up amount Rs.       (The amount should be in multiples of Rs. 500 only).         Feature       SIP Top-up Frequency: ☐ Half-yearly ☐ Yearly (Quarterly SIP offers top-up frequency at yearly intervals only)		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	
If Micro SIP please tick Vos (Micro SIP less than Re 50 000 per person in any celling 12 month period)			y consequences/losses/costs/damages in see incorrect or incomplete or in case of
If Micro SIP, please tick Yes (Micro SIP: Less than Rs 50,000 per person in any rolling 12-month period)  If Micro SIP, supporting document/identification number:    Case of any of the above particulars being false, incomplete my/our not intimating/delay in intimating any chan hereby authorise Sundaram Asset Management to the supporting document of the above particulars being false, incomplete my/our not intimating any chan hereby authorise Sundaram Asset Management to the support of the above particulars being false, incomplete my/our not intimating any chan hereby authorise Sundaram Asset Management to the support of the above particulars being false, incomplete my/our not intimating any chan hereby authorise Sundaram Asset Management to the support of the above particulars being false, incomplete my/our not intimating any chan hereby authorise Sundaram Asset Management to the support of the support of the support of the above particulars being false, incomplete my/our not intimating any chan hereby authorise Sundaram Asset Management to the support of			changes to the above particulars. I/We ent to disclose, share, remit in any form.
Bank Account Details  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 foreig			
Account Number	gc	governmental or statutory or judicial authorities/agencies, the tax/révenue authorities and other investigation agencies without any obligation of advising me/us of the same.	
Name of Account Holder (as in bank account)		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 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.	
Name of the Bank		▲ Signature	
Branch & City		First / Sole Applicant / Guardian	
Branch Address		Second Applicant	
Cheque MICR No			
Account Type		Third Applicant	
Authorisation & Signature of the Bank Account Holder			
To, The Branch Manager,(Name of Bank)			
This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Credit / Standing Instruction and that my payment towards my investment in Sundaram Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed.			
We hereby declare that the particulars given above are correct and			
express my willingness to make payments referred above thorugh participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction.			
If the transaction is delayed or not effected at all of reasons of incomplete or incorrect information, I/We would not hold the user institution			
responsible. I/We will also inform Sundaram Mutual Fund / Sundaram Asset Management Company Limited, about any changes in my back			
account. I/We have read and agreed to the terms and conditions mentioned overleaf.	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

... For change of bank to ongoing SIP plese fill in the SIP Auto Debit details .