X

Please refer to Product labelling details available on cover page and Your Guide To Fill The Application Form (pages 23-26) before proceeding

| Channel Partner / A   | Agent Inform  | nation                  |                          |                        |                      |   |                |                                    |                     |  |                           |                                  |                               | S                      | erial  | No:E  | Q  |              |                          |           |                      |   |
|---|---|-------------------------|--------------------------|------------------------|----------------------|---|----------------|------------------------------------|---------------------|--|---------------------------|----------------------------------|-------------------------------|------------------------|--|---|--|--------------|--------------------------|-----------|----------------------|---|
| Distributor's<br>ARN & Name   | Sub-broke   |                         | Sul                      | b-broke                |                      |   |                | UIN*                               | tion Number         |  |                           | d Inve<br>(RIA)                  | stmen                         | t (                    |  |   |  |              |                          |           |                      |   |
| ARN-106907  | (Coc  | ie)                     |                          | (intern                | al)                  | (LINP   | Jyee Onique    |                                    |                     |  | 111301                    | (1 1174)                         | Code                          |                        |  | SC  | 'S   | Si           | gr                       | a         | tur                  | 9   |
|   |   |                         |                          |                        |                      |   | E1/            | 1376                               | 3                   |  |                           |                                  |                               |                        |  |   |  | 8            | <u></u>                  |           |                      |   |
|   |   |                         |                          |                        |                      |   |                | +370                               | 5                   |  |                           |                                  |                               |                        | - T  | ïm  | e  | St           | ar                       | np        | oin                  | g   |
| * Declaration for "Ex<br>EUIN box has been int  |   |                         |                          |                        |                      |   |                |                                    |                     |  |                           |                                  |                               |                        |  |   |  |              |                          |           |                      |   |
| the employee/relations<br>inappropriateness,if ar   | ship manage   | /sales p                | erson                    | of the a               | bove di              | stribut   | or/sub         | brok                               | er or no            | otwithst   | andin                     | g the a                          | advice d                      | of                     |  |   |  |              |                          |           | ind abov<br>vestor-₹ |   |
|   | iy, provided  | Sec                     | . ,                      |                        |                      | lallaye   | 31/34163       | Third                              |                     |  | ibuto                     | /300 0                           | iokei.                        |                        |  |   |  |              |                          |           |                      |   |
| First/Sole Applicant/<br>Guardian   |   |                         | licant                   |                        |                      |   |                |                                    | icant               |  |                           |                                  |                               | di                     | tne<br>stribu  | utors   | bas  | to<br>sed    | the<br>on                | the       | inve                 | irectly<br>stered<br>stors'<br>ludina   |
| 1. Existing Investor  |   |                         |                          |                        |                      |   |                |                                    |                     |  |                           |                                  |                               |                        |  |   |  |              |                          |           | ibutor.              |   |
| Please note that<br>CKYC compliant  | applicant de<br>□ Yes □ No  | tails and<br>(if no. pl | mode<br>ease r           | e of hold<br>provide ( | ding will<br>CKYC fo | l be as<br>orm &  | ; per e        | existin<br>additio                 | ig Folic<br>onal do | Numb   | er.<br>'s.                | Folio                            | No                            |                        |  |   |  |              |                          | 1         |                      |   |
| If yes, please pro  |   |                         |                          |                        |                      |   |                |                                    |                     | cument   |                           | 1 0110                           |                               |                        |  |   |  |              |                          |           |                      |   |
| 2. New Investor Information (refer instruction 2) Name of First/Sole Applicant Gender*  Male  Female  Others Name and DoB as per Aadhaar card             |   |                         |                          |                        |                      |   |                |                                    |                     |  |                           |                                  |                               |                        |  |   |  |              |                          |           |                      |   |
| Name of First/Sole  | Applicant (   | iender*                 |                          | ale 🗆 F                | emale                |   | iers           | I                                  | 1                   | I  | I                         | I                                | 1 1                           | 1                      | Nan  | ne an   | d D  | oB a         | is pe                    | r Aa      | idhaa                | r carc  |
|   | (man):  |                         |                          |                        |                      |   |                |                                    |                     |  |                           |                                  |                               |                        |  |   |  |              |                          |           |                      | <u> </u>  |
| Permanent Account Numb  | · · · ·   |                         |                          |                        |                      | Aadhaar   | Card No        | 0.*                                |                     |  |                           |                                  |                               |                        |  | e of Birt   |  |              | ttaol                    |           | Manda                |   |
| Central KYC Numb<br>Name of Guardian (  |   | irst / So               |                          | <br>plicant i          | s a Mir              |   | ontec          | t Per                              | <br>                | esiana   | tion 4                    | in cae                           | e of no                       | ]<br>n-indi            |  |   |  |              |                          | ``        |                      | ,   |
|   |   | 00                      |                          |                        |                      |   |                |                                    | 3011-D              |  |                           |                                  |                               |                        |  |   | ,3101  | 3) /         |                          |           |                      |   |
| Permanent Account Number  | r (PAN)*  |                         |                          |                        |                      |   | Aadhaa         | ar Card                            | No.*                |  |                           |                                  |                               |                        |  |   | Relati   | onshi        | 5                        |           |                      |   |
| Central KYC Numb  | er  |                         |                          |                        |                      |   |                |                                    |                     |  |                           |                                  |                               |                        |  | СКҮС  | ; Pro  | oof a        | ttacl                    | ned (     | Manda                | atory)  |
| Central KYC Number CKYC Proof attached (Mandatory)  |   |                         |                          |                        |                      |   |                |                                    |                     |  |                           |                                  |                               |                        |  |   |  |              |                          |           |                      |   |
| Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant   |   |                         |                          |                        |                      |   |                |                                    |                     |  |                           |                                  |                               |                        |  |   |  |              |                          |           |                      |   |
|   | Save The Fi   | <u>iture): P</u>        | lease                    | provide                | <u>e Conta</u>       | <u>ict De</u>   | <u>tails o</u> | of Firs                            | st / Sol            | ilaaA e  | <u>cant</u>               |                                  |                               |                        |  |   |  |              |                          |           |                      |   |
| E-Mail<br>STD Code  |   |                         | Telepho                  | 000                    |                      |   |                |                                    | 1                   |  |                           | Mobi                             | lo*                           | 1                      | 1  |   |  | 1            | 1                        |           |                      |   |
| Default Communicat  | ion mode is   |                         |                          |                        | ish to re            | eceive  | follov         | vina c                             | docum               | ent(s) v   | ia ph                     |                                  |                               | Pleas                  | e tick   | ( <b>/</b> )  |  |              |                          |           |                      |   |
| Account Statemer  |   |                         |                          |                        |                      |   |                |                                    |                     | (-)  | 1                         | ,                                |                               |                        |  | - (- )  |  |              |                          |           |                      |   |
| Mode of Holding [F  | Please (✔)]   | Single                  | e                        | [                      | ] Joint              |   |                | □ Ai                               | nyone               | or Surv  | ivor                      |                                  |                               |                        |  |   |  |              |                          |           |                      |   |
| Address of First / S  | ole Applica   | nt                      | 1 1                      | I                      |                      | I   | I              | 1 1                                | I                   | 1 1  | I                         | I                                | I                             |                        | I  | I   | I  | I            | I                        | I         | I                    | I   |
|   |   |                         |                          |                        |                      |   |                |                                    |                     |  |                           |                                  |                               |                        |  |   |  |              |                          |           |                      |   |
|   |   |                         |                          |                        |                      |   |                |                                    |                     |  |                           |                                  |                               |                        |  |   |  |              |                          |           |                      |   |
|   |   |                         |                          |                        |                      |   |                |                                    |                     |  |                           | İ                                |                               |                        | 1  |   |  | 1            |                          |           |                      |   |
|   |   |                         |                          | TRIOT                  |                      |   |                |                                    |                     |  |                           |                                  |                               |                        |  |   | -+   |              |                          |           |                      |   |
| TOWN  | (   |                         |                          | TRICT                  |                      |   |                |                                    | ę                   | STATE  |                           |                                  |                               |                        | PIN  |   | <b>=</b> *                                     |              |                          |           |                      |   |
| Overseas Address  | (in case of N   |                         |                          |                        | r)                   |   |                |                                    |                     | STATE  |                           |                                  |                               |                        | PIN  |   | ≡*   |              |                          |           |                      |   |
| -   | (in case of N   |                         |                          |                        | <u>1)</u>            |   |                |                                    |                     | STATE  |                           |                                  |                               |                        | PIN  |   | =*   |              |                          |           |                      |   |
| -   | (in case of N   |                         |                          |                        | n)                   |   |                |                                    |                     | STATE  |                           |                                  |                               |                        | PIN  | I CODI  | =*   |              |                          |           |                      |   |
| -   |   | RIs/FIIs                | ) ( <b>M</b> ai          | ndatorv                |                      | ] Othe  | I'rs           |                                    |                     | STATE  |                           |                                  |                               |                        |  |   |  | •B a         | is pe                    | <br>>r Aa | dhaa                 | r carc  |
| Overseas Address  |   | RIs/FIIs                | ) ( <b>M</b> ai          | ndatorv                |                      | ] Othe  |                |                                    |                     | STATE  |                           |                                  |                               |                        | Nan  |   | d D  | • <b>B</b> a | <br> <br> <br> <br> <br> | >r Aa     | Idhaa                | r carc  |
| Overseas Address  | oplicant Ge   | RIs/FIIs                | ) ( <b>M</b> ai          | ndatorv                | male                 | ] Othe<br>     <br>Aadhaar                                      |                | <br>  <br>p.*                      |                     | STATE  |                           |                                  |                               |                        | Nan  | ne an   | d D<br>≣*                                      | • <b>B</b> a |                          | >r Aa     |                      | r carc  |
| Overseas Address (  | oplicant Ge   | RIs/FIIs                | ) ( <b>M</b> ai          | ndatorv                | male                 |   | Card No        |                                    |                     | STATE  |                           |                                  |                               |                        | Nan  | ne an   | d D<br>≣*                                      | 0B a         | <br> <br> <br> <br>      | >r Aa     |                      | r carc  |
| Overseas Address ( Name of Second Ag Permanent Account Numb   | oplicant Ge<br>er (PAN)*  | nder* [                 | ) (Mai<br>] Mal<br> <br> | ndatorv                | male                 | Aadhaar   | Card No        |                                    |                     |  |                           |                                  |                               |                        | Nan<br>PIN<br>Date   | ne an<br>I CODI<br>e of Birt  | d D<br>=*<br>h*<br>d D                         |              |                          |           |                      |   |
| Overseas Address ( Name of Second Ag Permanent Account Numb Central KYC Numb Name of Third Appl   | oplicant Ge   | nder* [                 | ) (Mai<br>] Mal<br> <br> | ndatorv                | male []              | Aadhaar   | • Card No      |                                    |                     |  |                           |                                  |                               |                        | Nan<br>  PIN<br>  Date<br> <br>Nan                             | ne an<br>I CODI<br>e of Birt<br>he an   | d D<br>=*<br>h*<br>d D<br>=                    |              |                          |           |                      |   |
| Overseas Address ( Name of Second Ag Permanent Account Numb Name of Third Appl Permanent Account Numb   | oplicant Ge           er (PAN)*           er ()           licant Gend           er (PAN)*                         | nder* [                 | ) (Mai<br>] Mal<br> <br> | ndatorv                | male []              | Aadhaar   | Card No        | □ CKYC                             | Proof att           | <br>ached (Mai   |                           |                                  |                               |                        | Nan<br>  PIN<br>  Date<br> <br>Nan                             | ne an<br>I CODI<br>e of Birt  | d D<br>=*<br>h*<br>d D<br>=                    |              |                          |           |                      |   |
| Overseas Address ( Name of Second Ag Permanent Account Numb Central KYC Numb Name of Third Appl   | oplicant Ge           er (PAN)*           er ()           licant Gend           er (PAN)*                         | nder* [                 | ) (Mai<br>] Mal<br> <br> | ndatorv                | male []              | Aadhaar   | Card No        | □ CKYC                             | Proof att           |  |                           |                                  | bile*                         |                        | Nan<br>  PIN<br>  Date<br> <br>Nan                             | ne an<br>I CODI<br>e of Birt<br>he an   | d D<br>=*<br>h*<br>d D<br>=                    |              |                          |           |                      |   |
| Overseas Address ( Name of Second Ag Permanent Account Numb Name of Third Appl Permanent Account Numb   | oplicant Ge           er (PAN)*           er (PAN)*           licant Gend           er (PAN)*           er (PAN)* | RIs/FIIs       nder*    | ) (Mar<br>] Mal<br>      | ndatorv                | male [               | Aadhaar Aadhaar Aadhaar Aadhaar Aadhaar                         | Card No        | CKY(<br>CKY(<br>.*<br>CKY(<br>issu | Proof att           | ached (Mai   | ndatory)                  |                                  | bile*                         |                        | Nan<br>PIN<br>Date   | ne an<br>I CODI<br>e of Birt<br> <br>ne an<br>I CODI<br>e of Birt               | d D<br>=*  <br>h*  <br>d D<br>=*  <br>h*  <br> |              | <br> <br> <br> <br> <br> | er Aa     | adhaa                | <br> <br> <br> <br> <br>  |
| Overseas Address ( Name of Second Ag Permanent Account Numb Central KYC Numb Name of Third Appl Permanent Account Numb Central KYC Numb In case of not ha | oplicant Ge   | RIS/FIIS                | ) (Mar                   | ndatorv                | male []              | Aadhaar Aadhaar thers Aadhaar Aadhaar Granter CRS De only). Ple | Card No        | CKYC                               | Proof att           | ached (Mar<br>ached (Mar<br>ached (Mar<br>UIDAI<br>Aadha<br>mt Tax C<br>al KYC ( | idatory) Cont Cont Compli | Mc<br>aining<br>mber.<br>ance Ac | bile* proof t) & KY er in the | <b>C Addi</b><br>boxes | Nan<br>  PIN<br>  Date<br>  Date<br>  Date<br>  Date<br>  Date | ne an<br>CODI<br>e of Birt<br>ne an<br>1 CODI<br>o of Birt<br>Cation<br>I Detai | d     D       =*                               | oB a         | dhaa<br>miryo            | er Aa     | adhaa                | <br> |

# **Application Form**

| 3. KYC details (Mandatory) (refer in       | nstruction 3) 🗆 Ind          | ividual                         | Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBC |                          |  |  |  |  |  |  |  |
|--|------------------------------|---------------------------------|---|--------------------------|--|--|--|--|--|--|--|
| Status of First/Sole Applicant [Please ()] | Occupation Details [Ple      | ( )2                            | Gross Annual Income (in ₹   | ) [Please (✓)]           | PEP Status   |  |  |  |  |  |  |
| Listed Company                             | (To be filled only if the ap | , ,                             | First App   | olicant                  | First Applicant  |  |  |  |  |  |  |
| Unlisted Company                           |                              | Applicant                       | Below 1 Lac   | □ 1-5 Lacs               | For Individuals [Please ()] Politically Exposed<br>Person (PEP) Status (Also applicable for authorised |  |  |  |  |  |  |
| Individual                                 | Government Service           |                                 | □ 5-10 Lacs   | □ 10-25 Lacs             | signatories/Promoters/Karta/Trustee/Whole time Directors)  |  |  |  |  |  |  |
| Minor through guardian                     | Professional                 | Agriculturist                   | □ > 25 Lacs - 1 Crore   | $\square > 1$ Crore (or) | □ I am PEP   |  |  |  |  |  |  |
| □ HUF                                      | Retired                      | □ Housewife                     | Net-worth (Mandatory for no   | on-individuals) ₹        | □ I am related to PEP □ Not Applicable   |  |  |  |  |  |  |
| Partnership                                |                              | □ Forex Dealer                  |   | as on                    | For Non-Individuals providing any of the below   |  |  |  |  |  |  |
| □ Society/Club                             | Others                       | (please specify)<br>A Applicant | -   | (Not older than one      | mentioned services [Please (✓)]  |  |  |  |  |  |  |
| Company                                    |                              | Public Sector Service           | year)   |                          | Gaming/Gambling/Lottery/Casino Services  |  |  |  |  |  |  |
| Body Corporate                             | Government Service           | Business                        | Second Ap   | oplicant                 | Money Lending/Pawning  |  |  |  |  |  |  |
| Trust                                      | Professional                 | Agriculturist                   | □ Below 1 Lac   | □ 1-5 Lacs               | □ None of the above  |  |  |  |  |  |  |
| Mutual Fund                                |                              | □ Housewife                     | □ 5-10 Lacs   | □ 10-25 Lacs             | Second Applicant   |  |  |  |  |  |  |
| 🗆 FPI                                      | Student     Others           | Forex Dealer (please specify)   | □ > 25 Lacs - 1 Crore   |                          | (To be filled only if the applicant is an individual)<br>□ I am PEP                                    |  |  |  |  |  |  |
| □ NRI-Repatriable                          |                              | Applicant                       | □ > 1 Crore (or) Net-worth.   |                          | □ I am related to PEP  |  |  |  |  |  |  |
| □ NRI-Non-Repatriable                      | Derivate Sector Service      | Public Sector Service           | Third App   | plicant                  | □ Not Applicable   |  |  |  |  |  |  |
| IFII/Sub account of FII                    | Government Service           | Business                        | Below 1 Lac   | □ 1-5 Lacs               | Third Applicant  |  |  |  |  |  |  |
| Fund of Funds in India                     | Professional     Retired     | ☐ Agriculturist ☐ Housewife     | □ 5-10 Lacs   | □ 10-25 Lacs             | (To be filled only if the applicant is an individual)<br>□ I am PEP                                    |  |  |  |  |  |  |
| □ QFI                                      | □ Student                    | □ Forex Dealer                  | □ > 25 Lacs - 1 Crore   |                          | □ I am related to PEP  |  |  |  |  |  |  |
| □ Others (please specify)                  | Chers                        | (please specify)                | □ > 1 Crore (or) Net-worth.   |                          | □ Not Applicable   |  |  |  |  |  |  |

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<br>Country other than India?   | Yes No  | 🗌 Yes 🔲 No  | 🗌 Yes 🔲 No  |
| 2. Is your Country of Birth/<br>citizenship other than India?   | Yes No  | 🗌 Yes 🔲 No  | 🗌 Yes 🔲 No  |
| 3. Is your Residence address /<br>Mailing address / Telephone<br>No. other than in India?   | 🗌 Yes 🗌 No  | 🗌 Yes 🔲 No  | 🗌 Yes 🔲 No  |
| 4. Is the PoA holder / person to<br>whom signatory authority is<br>given, covered under any of<br>the categories 1, 2 or 3 above? | 🗌 Yes 🗌 No  | 🗌 Yes 🔲 No  | 🗌 Yes 📋 No  |
| If you have answered YES to   | any of above, please provide the below  | w details   |   |
| Country of Tax Residence  |   |   |   |
| Nationality   |   |   |   |
| Tax Identification Number <sup>\$</sup> or Reason for not providing TIN   |   |   |   |
| Identification Type (TIN or<br>Other, please specify)   |   |   |   |
| Residence address for tax<br>purposes (include City, State,<br>Country & Pin code)  |   |   |   |
| Address Type  | <ul> <li>□ Residential or Business</li> <li>□ Residential</li> <li>□ Business</li> <li>□ Registered Office</li> </ul> | <ul> <li>□ Residential or Business</li> <li>□ Residential</li> <li>□ Business</li> <li>□ Registered Office</li> </ul> | <ul> <li>□ Residential or Business</li> <li>□ Residential</li> <li>□ Business</li> <li>□ Registered Office</li> </ul> |
| 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. As may be required to withhold and pay out any sums from your account of 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 doucments 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  |       |  |  |  |  |  |  |  |  |   |  |              | В               | rancl        | h           |               |               |                |             |              |     |      |        |       |       |     |      |
| Branch Address    |       | L  |  |  |  |  |  |  |  | Bank City (redemption will be payable at this location) |  |              |                 |              |             |               |               |                |             |              |     |      |        |       |       |     |      |
| Cheque MICR No    |       | Account Type [Please ( )]  Savings  Current  NRE*  NRO*  FCNR*  Others |  |  |  |  |  |  |  |   |  |              |                 |              |             |               |               |                |             |              |     |      |        |       |       |     |      |
| RTGS / NEFT / IFS | SC Co | ode  |  |  |  |  |  |  |  |   |  | *lf<br>  lea | the p<br>f, ple | baym<br>ease | ent<br>prov | is by<br>⁄ide | ' DD<br>a cop | or so<br>by of | urce<br>FIR | e of f<br>C. | und | is n | ot cle | ar oi | n the | Che | eque |

# 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, Kotak Mahindra Bank, 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  | 🗌 Regular 🗌 Direct  |  | 🗆 Regular 🛛   | Direct   |   | Regular       | Direct          |            |              |                 |  |  |  |  |
| Option  | Dividend  Payout  Re Growth  Others Dividend Frequency: (For Daily  Weekly  Fort Quarterly  Half-Yearly Dividend Sweep Target | r <b>Fixed Income Funds only)</b><br>nightly | Growth Cividend Free Dividend Free Daily We Quarterly | ayout  | only) Divi                                    | Growth Others |                 |            |              |                 |  |  |  |  |
| (If an investor fails to specify the optior                                   | n, he will be allotted units under the default  | option/suboption of the Target sch           | neme.) Any / each co                                  | rrection carried out in selecting the target sci   | heme has to                                   | be counter-s  | signed by the i | nvestor(s) | to make it a | valid selection |  |  |  |  |
| Amount Invested (₹)   |   |  |   |  |   |               |                 |            |              |                 |  |  |  |  |
| DD Charges (₹)  |   |  |   |  |   |               |                 |            |              |                 |  |  |  |  |
| Net Amount Paid   |   |  |   |  |   |               |                 |            |              |                 |  |  |  |  |
| Payment Details   |   |  |   |  |   |               |                 |            |              |                 |  |  |  |  |
| OTM Cheque DD Number RTC Fund Transfer  | 3S  |  |   |  |   |               |                 |            |              |                 |  |  |  |  |
| Bank/Branch   |   |  |   |  |   |               |                 |            |              |                 |  |  |  |  |
|   | Dividend Sweep Option (Target Fund) 🗌 Regular Growth 🗌 Direct Growth  |  |   |  |   |               |                 |            |              |                 |  |  |  |  |
|   |   | n 7): Please downloa                         | ad (www.sur   | darammutual.com) and att   | ach the                                       | third p       | arty dec        | aratio     | n form       |                 |  |  |  |  |
| 8. DEMAT Account De   | etails (refer instruction 8)  |  |   |  |   |               |                 |            |              |                 |  |  |  |  |
| National Securities Depo  | , , ,   | / Participant                                |   | 1  | 1.1   |               |                 |            |              |                 |  |  |  |  |
| Central Depository Serv   | · · · ·   |  |   | Beneficiary Account Number   |   |               |                 |            |              |                 |  |  |  |  |
| Ŭ   | 1 / / / 1   | 1.5  |   | abling us to match the Dem   |   | ls as sta     | ted in the      | e appli    | cation f     | orm.            |  |  |  |  |
| 9. Please indicate de   | tails of your SIP (refer ir   | struction 9) (skip this                      | s section if you                                      | u wish to make a one-time inve   | estment)                                      |               |                 |            |              |                 |  |  |  |  |
| Mode of SIP   | dated cheques (please   | provide the details                          | s below) 🗆  | OTM/NACH (please submit  | SIP Reg                                       | pistration    | Form)           |            |              |                 |  |  |  |  |
| SIP Period (For Po  | ost-Dated Cheques)  | SIP Date                                     | e   |  | SIP F   | requen        | су              |            |              |                 |  |  |  |  |
| SIP Starting  | SIP Ending  | for Monthly/Quarter<br>only                  |   | <ul> <li>Weekly (Minimum amount ₹</li> <li>Monthly (Minimum amount ₹</li> <li>Quarterly (Minimum amount</li> </ul> | 250 Mini                                      | imum No       | of installm     | ents 20    | )            | Ilments 5)      |  |  |  |  |
| No. of<br>PDCs  | First SIP Cheque No   |  |   | Last SIP Cheque  | ٥V  |               |                 |            |              |                 |  |  |  |  |
|   | Ţ   |  | Refer Gu  | de to investing through SIP  | ۱ <u>ــــــــــــــــــــــــــــــــــــ</u> | I             |                 |            |              |                 |  |  |  |  |
|   |   | Turn overl                                   |   | Declaration & 🖉  | Sians   | turo          | (Man            | dat        | ory).        |                 |  |  |  |  |
|   |   | rum oven                                     |   |  | Jigila  |               | (iviaii         | uan        | <i></i>      |                 |  |  |  |  |
| Acknowledgement   | Sundaram Asset Managemeni<br>I & II Floor, 46 Whites Road, Ch   |  |   | SPLC034615,<br>237 (India) +91 44 4083 1500 (NRI   |   | al No: E      | =               |            |              |                 |  |  |  |  |
| Communication in connec<br>Services Limited, Registr<br>Garden Road, Nungamba | eceived From Mr./Mrs./Ms  |  |   |  |   |               |                 |            |              |                 |  |  |  |  |
| www.sunuaramm   |   |  | 21  |  |   | Sunual        | an AS           | Seria      | anaye        |                 |  |  |  |  |

|   |   | Application Form  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|
| 10. Nominee (available only for individuals) (refe  | r instruction 10)   | lowing person(s)  |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |
| 1st Nominee   | 2nd Nominee   | 3rd Nominee   |  |  |  |  |  |  |  |
| Name:   | Name:   | Name:   |  |  |  |  |  |  |  |
| Relationship:   | Relationshin:   | Relationship.   |  |  |  |  |  |  |  |
| Address:  | Address:  | Address:  |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |
| Properties (0/)* is which units will be observed by first   | portion (%)* in which units will be shared by first Proportion (%)* in which units will be shared by first Proportion (%)* in which units will be shared by   |   |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |
| minee% nominee% nominee%  |   |   |  |  |  |  |  |  |  |
| If nominee is a minor:  | If nominee is a minor:  | If nominee is a minor:  |  |  |  |  |  |  |  |
| Date of birth:  | Date of birth:  | Date of birth:  |  |  |  |  |  |  |  |
|   | Name of Guardian:   | Name of Guardian:   |  |  |  |  |  |  |  |
| Address of Guardian:  | Address of Guardian:  | Address of Guardian:.   |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |
| * Proportion (%) in which units will be shared by each nominee should aggre   | egate to 100%   |   |  |  |  |  |  |  |  |
| , i i i i i i i i i i i i i i i i i i i   |   |   |  |  |  |  |  |  |  |
| 1st / Sole Applicant / Guardian   | 2nd Applicant   | 3rd Applicant   |  |  |  |  |  |  |  |
| 11. Declaration, Certification & Signature (r   | efer instruction 11)  |   |  |  |  |  |  |  |  |
| Schemes of various Mutual Funds from amorgst which the Scheme is being<br>Applicable to NRIs only: Please (// ] I/We confirm that I am/We are Non-Res<br>or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account<br>I/We hereby declare that all the particulars given herein are true, correct and c<br>agents, service providers, representatives of the distributors liable for any con<br>intimating any changes to the above particulars. I/We hereby authorise Sunda<br>to such information as and when provided by me/us, to any Indian or foreig<br>without any obligation of advising me/us of the same. I/We hereby agree to pr<br>Certification: I/We have understood the information requirements of this For<br>correct, and complete. I/We also confirm that I/We have read and understood. | recommended to me/us.<br>sident of Indian Nationality/Origin and I/We hereby confirm that the funds for so<br>ount on a □ Repatriation Basis □ Non-Repatriation Basis. I/We further decla<br>omplete to the best of my/our knowledge and belief. I/ We further agree not t<br>nsequences/losses/costs/damages in case of any of the above particulars b<br>ram Asset Management to disclose, share, remit in any form, mode or manne<br>in governmental or statutory or judicial authorities/agencies, the tax/revenu-<br>provide any additional information/documentation that may be required in co<br>orm (read along with the FATCA-CRS Instructions), stated in pages 1-30 and<br>d the FATCA-CRS Terms and Conditions and hereby accept the same. | d to the SID and KIM till date • hereby apply for units under the scheme(s) as<br>for OTM/NACH • have not received nor been induced by any rebate or gifts,<br>the total investments exceeding ₹ 50,000 in a financial year or a rolling period<br>rail commission or any other mode), payable to him for the different competing<br>subscription have been remitted from abroad through normal banking channels<br>are that I/We am/are not a citizen of USA/Canada.<br>o hold Sundaram Asset Management, its sponsor, their employees, authorised<br>eing false, incorrect or incomplete or in case of my/our not intimating/delay in<br>r, all/any of the information provided by me/us, including all changes, updates<br>e authorities, other investigation agencies and SEBI registered intermediaries<br>innection with this application.<br>d hereby certify that the information provided by me/us on this Form is true,<br>irding my/our "U.S. person" status for U.S. federal income tax purposes. or in |  |  |  |  |  |  |  |
|   |   | med person/s have invested in the Scheme(s) of  |  |  |  |  |  |  |  |
| Plan of all Schemes managed by you, to the below  | ide the transactions data feed/portfolio holdings/NA<br>v mentioned Mutual Fund Distributor/SEBI-Register   | V etc. in respect of my/our investments under Direct<br>red Investment Advisor (Correction – Advisor):  |  |  |  |  |  |  |  |
| AMFI Registration Number ARN -  | <b>SEBI</b> Registration No.  |   |  |  |  |  |  |  |  |
| Name:   | ····•   |   |  |  |  |  |  |  |  |
| Address   |   |   |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |
| City  | г   | PIN   |  |  |  |  |  |  |  |
| E-Mail ID   | F   | 11 N  |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |
| Tel.No  |   |   |  |  |  |  |  |  |  |
| Consent & Signature for Aadhaar<br>I/We hereby provide my / our consent to Sundaram Mutual Fund / Sundaram BNF<br>a) For validating my Aadhaar Number with UIDAI through an authorized entity.  |   |   |  |  |  |  |  |  |  |

| b) | For updating/seeding my Aadhaar number based on the PANs in all my accounts maintained with your Fund for KYC & or related due diligence purpose in line with PMLA requirements, UIDAI guidelines and Account enrichment purpose. |
|----|---|
|    | I/We authorize Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited to authenticate data in accordance with UIDAI (Authentication) Regulations.  |
|    | 1/We haraby provide my / our consent for sharing the Aadhaar data / information with other Mutual Funds / RTAs for undating the same in my / our folios held with them, now or to be created in future                            |

C) d)

I / We hereby provide my / our consent for sharing the Aadhaar data / information with other Mutual Funds / RTAs for updating the same in my / our folios held with them, now or to be created in future.
I / we further declare that this consent will remain valid for Updation in all my / our existing & new folios serviced by Sundaram BNP Paribas Fund Services Limited.
The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations. Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.
I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 we shall receive your demographic information and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.
I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

| 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 /<br>Option / Sub-option | Goal             | Cheque / DD /<br>Payment Instrument<br>Number / Date | Drawn on (Name of<br>Bank & Branch) | Amount in figures (₹) & Amount in words |  |  |  |  |  |  |  |  |
|   | Lumpsum Purchase |  |                                     |   |  |  |  |  |  |  |  |  |
|   |                  |  |                                     |   |  |  |  |  |  |  |  |  |