

Application Form-Systematic Transfer Plan

Chamier rarther / Agent information	mier i artifer / Agent information																			
	Name Sub-broker Code				Sub-broker's ARN				EUIN* (Employee Unique Idendification Number)					Transaction charges For Rs. 10,000 and above: Existing Investor-Rs.100						
* Declaration for "Execution only" transcation (hav is left blank) [I/We hereby confirm that the FI I/N hav be							a haan intentionally left blank					☐ New Investor-Rs.150							
* Declaration for "Execution only" transcation (by me/us as this transaction is executed without a or notwithstanding the advice of inappropriatend First/Sole Applicant/	mployee/re yee/relatio	se/relationship manager/sales person of the above cationship manager/sales person of the distributor/s						istributor/sub broker ub broker. Upfront by the distribu				ont co the in ibutor	t commission shall be paid directly investor to the AMFI-registered itors based on the investors' nent of various factors including							
Guardian	Applicant											assessment of various factors including services rendered by the distributor.					luding			
Existing Investor Information (Please fill in yo Please note that applicant details and mode of	ur Folio No.) f holding will be	e as per existi	ng Folio	Numb	er.				Folio No											
New Investor Information																				
Name of First/Sole Applicant																				
Permanent Account Number					'	'						•		K١	C con	nplete	ed [] Yes [□No	
Name of Guardian (in case of First / So	le Applicant is	s a Minor)	/ Conta	ct Per	son –	- Design	gnation	(in d	case of r	non-i	ndivi	dual '	Inve	estors)	1 1	1	1	1	ı	
Permanent Account Number (PAN)				KV	Con	nnlote	d 🗆 Y		l No. R	elatio	nshin									
Name of Second Applicant				KI	C COII	iipiete	u 🗆 10	es 🗀) NO K	ciatio	Пэшр									
Permanent Account Number Name of Third Applicant														K۱	C con	nplete	ed [] Yes [□No	
Permanent Account Number										-				K۱	C con	nplete	ed [] Yes [□No	
Contact Details of First / Sole Applicant	Receive Acco	unt Stateme	nts, Ann	ual Re	ports a	and ot	her info	rmati	ion by e-	mail	and re	eceiv	e SM	S upda	ates on	mobil	e. 🗆	Yes 🗆	No.	
E-Mail																	\perp			
STD Code	Telephone								Mobile											
Note: Where the investor has not opted for any option or has opter Systematic Transfer Plan	ed for both options the	application will b	e processed a	as per the	default o _l	ption, i.e.	receive the	accour	nt statement,	annual i	report an	d other	corresp	pondence	by email a	and receiv	e SMS u	pdates on	mobile.	
	daram																			
Plan: ☐ Regular ☐ Direct ☐ Others:		Option	: 🗆 D	ividen	d Pay	out [☐ Divid	lend	Re-Inve	stme	nt [] Div	vider	nd Sw	eep 🗆	Grow	vth			
	daram														<u> </u>					
	☐ Dividend	Payout		[□ Div	/idend	Re-Inv	estm	nent		□ D	ivide	end S	Sween	 o □ Gr	owth				
Fach STP Amount Pc																				
STP Frequency Weekly (every Wednesday-Minimum amount Rs 1000Minimum No of installments 5)) Monthly (Minimum amount Rs 250 Minimum No of installments 20) Ouarterly (Minimum amount Rs 750 Minimum No of installments 7)														ts 20)						
STP Date (for monthly and	· · · · · · · · · · · · · · · · · · ·		STP Starting				STP Ending OR ☐ Till further notice*													
quarterly options)	□ 20 □ 2	5	STP Period (*The date may be taken as 3				Y 2031	in case th	M M Y Y Y Y								3 1			
Nominee (available only for individua	ls)								ing pers			3 10 11	триг а	эрсси	ic date i	ii tiicii .	- system	<u>''</u>		
1st Nominee	2nd Nominee									Nomir	nee									
Name: Address:	Name:Address:							Name:												
Proportion (%)* in which units will be shominee%	Proportion (%)* in which units will be shared by seconominee%							second	d Proportion (%)* in which units will be shared by thi nominee%									third		
If nominee is a minor: Date of birth:Relationship:	If nominee is a minor:							If nominee is a minor						Relationship:						
Name of Guardian:Address of Guardian:	Date of birth:Relationship: Name of Guardian:Address of Guardian:								Name of Guardian:											
Address of Guardian		uress of Guardian								Address of Quardian.										
* Proportion (%) in which units will be shared by each nominee should aggregate to 100%																				
☐ I do not wish to choose a nominee.	Signature of inv	estor(s)																		
Declaration: I/We • having read and understood the co	ontents of the Stater	nent of Addition	nal Informa		<mark>gnatu</mark> Jeme Inf		n Documei	nt/add	lenda issued	to the	≥ SID a	nd KIN	Λ till d	late • [
hereby apply for units under the scheme(s) as indicated i	in the application for	orm • agree to	abide by th	e terms, lirectly i	condition condition	ions, rule	s and regu vestment •	lation do no	ns of the sch of have any	eme(s) existir	• agre	e to th	e term investr	s and ments						
which together with the current application will result in category of investors). The ARN holder has disclosed to m	nent of Additional Information/Scheme Information Document/addenda issued to the SID an rm • agree to abide by the terms, conditions, rules and regulations of the scheme(s) • agree ate or gifts, directly or indirectly in making this investment • do not have any existing Micro ts exceeding Rs. 50,000 in a financial year or a rolling period of twelve months (applicable sions (in the form of trail commission or any other mode), payable to him for the different co-										e for F	PAN ex	cempt iemes	First / Sole Applicant / Guardian						
of various mutual runius from amongst which the scheme is being recommended to merus.																				
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.										
I/We hereby declare that all the particulars given herein Management, its sponsor, their employees, authorised as	and complete to the best of my/our knowledge and belief. I/ We further lers, representatives of the distributors liable for any consequences/losse							further agr s/losses/cost	agree not to hold Sundaram Asset costs/damages in case of any of the				Asset of the	Second Applicant						
IWe 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. IWe hereby authorise Sundaram Asset Management to disclose, share, remit in any form, mode or manner, all/any of the information 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. IWe hereby agree to provide any additional information/documentation that may be required in connection with this application. Third Applicant																				
by me/us, to any Indian or foreign governmental or statut without any obligation of advising me/us of the same. I/V	vrities/agencies, the tax/revenue authorities and other investigation agencies provide any additional information/documentation that may be required in c								and SEBI registered intermediaries connection with this application.						Third	Applic	ant			