|             | SE   | RVICE REQUEST FORM  | sf s                   | UNDARAM MUTUAL                 |
|-------------|--|---|------------------------|--------------------------------|
| Foli        | o Number                                       | Name of the First Unit Holder*  |                        |                                |
|             |  |   |                        |                                |
| us t<br>Red | o avail this facility. I<br>emption request su | ectronic payment through NEFT and enjoy hassle free receipt of<br>Please contact 1860 425 7237 for more details.<br>Ibmitted along with change of bank mandate would result in p<br>k Mandate (Refer Instruction 1) |                        | -                              |
|             | Old Bank Deta                                  | ils   |                        |                                |
|             | Bank Name                                      |   | Bank Branch & City     |                                |
|             | Account No.                                    |   | Account Type           |                                |
|             | MICR Code*                                     |   | IFSC/RTGS Code#        |                                |
|             | New Bank Deta                                  | ails  |                        |                                |
|             | Bank Name                                      |   | Bank Branch & City     |                                |
|             | Account No.                                    |   | Account Type           |                                |
|             | MICR Code*                                     |   | IFSC/RTGS Code#        |                                |
|             |  | r next to your cheque number)   | (# 11 character code p | rinted on a cheque / passbook) |
| 2.          | Change of Add                                  | ress (Refer Instruction 2)  |                        |                                |

| Address 1     |          |     |      |     |        |       |      |      |       |      |       |       |       |      | Add | dres | s 2 |     |      |  |  |  |  |  |
|---------------|----------|-----|------|-----|--------|-------|------|------|-------|------|-------|-------|-------|------|-----|------|-----|-----|------|--|--|--|--|--|
| Address 3     | ddress 3 |     |      |     |        |       |      |      |       |      |       | City  | / & F | PIN* |     |      |     |     |      |  |  |  |  |  |
| 3. Go Green S | ervic    | es: | To U | pda | ate Co | onta  | ct D | etai | ls (l | Refe | r Ins | struc | ctio  | n 3) | )   |      |     |     |      |  |  |  |  |  |
| E-Mail        |          |     |      |     |        |       |      |      |       |      |       |       |       |      |     |      |     |     |      |  |  |  |  |  |
| STD           |          |     |      |     | Te     | eleph | one  |      |       |      |       |       |       |      |     |      |     | Mob | ile* |  |  |  |  |  |

By providing the details above, I confirm that I wish to receive the account statement, annual report and other correspondence by email and receive SMS updates on mobile. Nomination (Refer Instruction 4) 4.

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%. □ I wish to nominate the following person(s)

| 1st Nominee  | 2nd Nominee   | <b>3rd Nominee</b>  |
|--|---|---|
| Name:  | Name:   | Name:   |
| Relationship:  | Relationship:   | Relationship:   |
| Address:   | Address:  | Address:  |
| Proportion (%)* in which units will be shared by first<br>nominee%<br>If nominee is a minor:<br>Date of birth: | Proportion (%)* in which units will be shared by first<br>nominee%<br>If nominee is a minor:<br>Date of birth:<br>Name of Guardian: | Proportion (%)* in which units will be shared by first<br>nominee%<br>If nominee is a minor:<br>Date of birth:<br>Name of Guardian: |

| <ol><li>To Register P.</li></ol> | . To Register PAN, KYC & Aadhaar card linking ( <i>Refer instruction 5</i> ) |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |       |           |   |                                 |  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|-------|-----------|---|---------------------------------|--|--|--|--|--|--|--|--|
| Permanent Account Number (PAN)*  |  |  |  |  |  |  |  | Aadhaar Card Number |  |  |  |  |  |  |  |  |  |       | Central I | r | CKYC Proof attached (Mandatory) |  |  |  |  |  |  |  |  |
| First/Sole Applicant/Guardian    |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  | atory |           |   |                                 |  |  |  |  |  |  |  |  |
| Second Applicant                 |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  | landa |           |   |                                 |  |  |  |  |  |  |  |  |
| Third Applicant                  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  | *     |           |   |                                 |  |  |  |  |  |  |  |  |

#### KYC updated (Please tick ✓): 1st Holder / Guardian: □ Yes □ No 2nd Holder □ Yes □ No 3rd Holder □ Yes □ No

Declaration: 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 agree to notify Sundaram Mutual Fund / Sundaram Asset Management Company Limited immediately in the event the information in the self-certification changes. I/ We further agree not to hold Sundaram Asset Management, its sponsor, their employees, authorised agrees, 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 SEIP registered intermediaries without any obligation of advising me/us of the same.

Consent & Signature for Aadhaar I/We hereby provide my / our consent to Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited (RTA) for the following: 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.  |
| 1001- | / Notice in the international policy of the set of the set of the set of the set of the international policy of the set o |

We authorize Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited to authenticate data in accordance with UIDAI (Authentication) Regulations. // 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. // 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.

| First Holder  | Second Holder                   | Third Holder                               |
|---|---------------------------------|--|
| Request Date  |                                 |  |
| Acknowledgement Folio Number  | Request Date                    | Time Stamp/Seal                            |
| Received From Mr./Mrs./Ms<br>□ Change of Bank Mandate □ Change of Address - Fr<br>□ Go Green Services: To Update Contact Details □ No |                                 | ing  |
| Contact No. (India) 1860 425 7237 +91 44 4083   | 3 1500 (NRI) SMS SFUND to 56767 | E-mail customerservices@sundarammutual.com |



# Please refer the instructions given below

## Instruction 1

# For Change of Bank Mandate the investor should submit:

| Existing Bank details# (any one of the below)                             | New Bank Details (any one of the below)                              |
|---|--|
| (1) Cancelled original cheque (bearing account number and name or         | (1) Cancelled original cheque of the new bank account with name      |
| the face of the cheque);  | and account number printed thereon;                                  |
| (2) Original Bank statement; or   | (2) Self-attested copy of bank statement;                            |
| (3) Old Bank passbook with entries for 3 months prior to closure date     | (3) Bank passbook with current entries not older than 3 months;      |
| or  | (4) Original letter by the Bank on their letter head duly signed and |
| (4) Original letter by the existing Bank on their letter head duly signed | stamped by branch manager/authorised officials.                      |
| and stamped by branch manager/authorised officials; or                    |  |
| (5) In case such bank account is already closed, a duly signed and        |  |
| stamped original letter from the bank confirming the closure of           |  |
| bank account. (copy enclosed)   |  |

# In case of non-availability of any of these documents, a self-attested copy of the bank pass book or a statement of bank account with entries for latest 3 months prior to the closure and having the name and address and account number will be required; In addition, the investor should provide a self attested copy of any one of the ID proof with address viz.PAN, Passport, driving license, Aadhaar etc.

# In case of non-availability of above documents and self-attested copy of pass book or statement of bank account, investor should give declaration. Please download the Declaration form from our website https://www.sundarammutual.com/pdf2/2018/App\_form/COB\_Declaration.pdf

#### Remarks:

- a. Separate forms needs to be filled for separate folios of the investor.
- b. In the event of a request for change in bank account information being invalid/incomplete/ not satisfactory in respect of signature mismatch/document insufficient/not meeting any requirement more specifically as indicated in clauses, the request will be liable for rejection.

#### **Cooling Period**

Cooling period of 10 days shall be applicable whenever any change of bank mandate and/or change of address is received/processed prior to submission of redemption request or on the same day as a standalone change request.

# **Instruction 2**

#### KYC/CKYC Complied Folios / Clients

In case of change of address for KYC complied Folios, Mutual Fund Intermediaries shall collect the following supporting documents:

- Submit duly filled in CKYC form
- KYC Change details form for Individuals/Non-Individuals.
- Self attested copies of proof of new address\* (POA) and PAN accompanied by the originals for verification. In case the original of any
  document is not produced for verification, then the copies should be properly attested by entities authorised for attesting the documents
  as under: <a href="http://www.sundarammutual.com/kycdwn/kycdwn.htm">http://www.sundarammutual.com/kycdwn/kyc
- Any Other document / form that the KRA may specify from time to time.

# \*Not more than 3 months old

# **Instruction 3**

**Go Green E-Update Services:** By providing details of your personal email address, you will receive your account statement by paperless mode via email, in an efficient and timely manner. You would also be contributing to the environment. The investor is deemed to be aware of security risks including interception of documents and availability of content to third parties. Sundaram Asset Management provides interesting information on the economy, markets and funds. If you wish to receive your account statement, annual report and other such updates by email, please fill in your email address overleaf. Further, by providing your mobile number, you can avail of instant SMS alerts for your transactions.

#### **Instruction 4**

Please indicate a nominee who should be entitled to the benefits of your investment in the event of an untoward development. Where a folio has joint holders, all holders should sign the request for nomination even if the mode of holding is not "joint." Every new nomination for a folio/account will overwrite the existing nomination. Nomination is not applicable in case of non-individuals or when the account/folio is held on behalf of a minor. Nomination forms cannot be signed by Power of Attorney Holders.

# Instruction 5

In case of Registration of PAN / KYC, Mutual funds shall collect the following supporting documents:

- Self attested PAN Copy in case of registration of PAN along with a written and duly signed request for registration of PAN/Aadhaar
- Self attested KYC acknowledgement copy in case of registration of KYC.