

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

Distributor's Sub-broker's ARN Sub-broker Code (internal) (Code) (internal) (	Channel Partner / /	Agent Inf	formatio	on														Ser	ial	No:E	Q						
*Declaration for "Execution only" transaction (only where EUIN box is left blank)   Whe hereby confirm that the EUIN box has been intentionally left blank by make as this transaction is securated without any intentation or advice by the employee/feltionship manager/sales person of the distributor/sub broker.    Field Applicant   Provided by the employee/feltionship manager/sales person of the distributor/sub broker.   Field Applicant   Provided by the employee/feltionship manager/sales person of the distributor/sub broker.   Field Applicant   Provided By Provided				RN S				- 1				mber)											8				
1. Existing Investor Information (Please fill in your Folio No. and then proceed to Section 3) Please note that applicant details and mode of holding will be as per existing Folio Number. CKYC compliant   'sea   No. (if no. please provide to August 14 digit CKYC Number) If yes, please provide 14 digit CKYC Number) Name of First/Sole Applicant Gender*   Male   Female   Others   Name and DoB as per Aadhaar car Namber (PAN)*   Date of Birth*   Dat	EUIN box has been in he employee/relation	tentionally ship mana	/ left blan ager/sale:	nk by me s perso	e/us as on of th	this e ab	trans	action distribut	is exec tor/sub	utec bro	d witho ker or	out ar notv	ıy inter ⁄ithstar	actioi nding	n or acting the acting the the	lvice dvice	by		Trans	saction	n char	ges	For	₹ 10,0	00 and	above	):
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Permanent Account Number (PAN)*   Aadhaar Card No.   Date of Birth*   Date																											
Central KYC Number   CKYC Proof attached (Mandatory)  Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name    Permanent Account Number (PAN)	lame of First/Sole	Applicar	nt Gende	er* 🗌 🏻	Male □	∃ Fe	male	e □ Otl	hers		ı	I	I	l			ı	٨	lam	ne ar	nd D	οВ	as	per	Aad	haar	car
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Name of Guardian (in case of First / Sole Applicant is a Minory/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name Permanent Account Number (PAN)*							 	Mauilaa	Caru Ni	). │						 		'			_	_				andat	tory)
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Central KYC Number																011						0,			1014	,, ,,,	
Father's name (mandatory if PAN/Aadhaar not provided)  Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant  E-Mail	ermanent Account Number	r (PAN)*							Aadhaa	ar Cai	rd No.										Relat	ions	hip				
Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant  E-Mail	Central KYC Numb	er																		CKY	C Pr	oof	att	ache	d (M	andat	tory)
Telephone	ather's name (mar	datory if	PAN/Aa	ıdhaar r	not pro	ovide	ed)											1		1							
Telephone   Mobile*																											
STD Code		Save The	e Future)	): Pleas	se prov	vide	Con	tact De	etails o	of Fi	rst / S	Sole	Applic	ant	1	1		ı		ı	ı				ı	I	ı
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  Mode of Holding [Please (/)]   Single   Joint   Anyone or Survivor  Address of First / Sole Applicant  TOWN   CITY/ DISTRICT   STATE   PIN CODE*  Overseas Address (in case of NRIs/Fils) (Mandatory)  Name of Second Applicant Gender*   Male   Female   Others   Name and DoB as per Aadhaar ca				T-1			<u> </u>								N. A. J. 11							Ļ				ı	<u>                                     </u>
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TOWN CITY/ DISTRICT STATE PIN CODE*  Overseas Address (in case of NRIs/Fils) (Mandatory)  Name of Second Applicant Gender*  Male  Female  Others  Name and DoB as per Aadhaar ca	Mode of Holding [Please (✓)]       □ Single       □ Anyone or Survivor																										
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Central KYC Number		· , _					1	] <b>   </b>			VC Pron	f attach	ed (Mand	atory)	Moh	nile*			<b>-</b>						1		1
Name of Third Applicant Gender*  Male  Female  Others  Name and DoB as per Aadhaar ca		<u> </u>	ender* 🗆	Male	□ Fei	male	-   -   (	Others		_ •		· uttuoi	ou (mana	2001 37		,		^	lan	ıe ar	nd D	_ oB	as	per	Aad	∟ haar	car
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Central KYC Number	Central KYC Numb	er					Ī	_		□ CK	YC Proo	f attach	ed (Manda	atory)	Mok	ile*					_	T	-				
To be submitted along with the application form: 1. Your FATCA-CRS Details (Foreign Account Tax Compliance Act) & KYC Additional Details (if not already submitted), and 2. Ultimate Beneficial Owner(s) (UBO) information(for non-individuals only). Please quote the Central KYC (CKYC) number in the boxes provided above or submit your filled-in CKYC																											

3. KYC details (Mandatory) (re	efer instruction 3)   Individual	☐ Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO							
Status of First/Sole Applicant [Please (/)]	Occupation Details [Please (/)]	Gross Annual Income (in ₹) [Please (✓)]	PEP Status						
☐ Listed Company	(To be filled only if the applicant is an individual)	First Applicant	First Applicant						
☐ Unlisted Company	First Applicant  ☐ Private Sector Service ☐ Public Sector Service	☐ Below 1 Lac ☐ 1-5 Lacs	For Individuals [Please (/)] Politically Exposed Person (PEP) Status (Also applicable for authorised						
□ Individual	☐ Government Service ☐ Business	☐ 5-10 Lacs ☐ 10-25 Lacs	signatories/Promoters/Karta/Trustee/Whole time Directors)						
☐ Minor through guardian	☐ Professional ☐ Agriculturist	□ > 25 Lacs - 1 Crore □ > 1 Crore (or)	☐ I am PEP						
□HUF	☐ Retired ☐ Housewife	Net-worth (Mandatory for non-individuals) ₹	☐ I am related to PEP ☐ Not Applicable						
☐ Partnership	☐ Student ☐ Forex Dealer	as on	For Non-Individuals providing any of the below						
☐ Society/Club	Others(please specify)	— IDIDIMIMIYIYIYI (Not older than one	mentioned services [Please (/)]						
☐ Company	Second Applicant	,	☐ Foreign Exchange/Money Changer Services						
☐ Body Corporate	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business	Second Applicant	☐ Gaming/Gambling/Lottery/Casino Services ☐ Money Lending/Pawning						
☐ Trust	☐ Professional ☐ Agriculturist	☐ Below 1 Lac ☐ 1-5 Lacs	□ None of the above						
☐ Mutual Fund	☐ Retired ☐ Housewife		Second Applicant						
	☐ Student ☐ Forex Dealer	□ 5-10 Lacs □ 10-25 Lacs	(To be filled only if the applicant is an individual)						
□ FPI	☐ Others (please specify)	□ > 25 Lacs - 1 Crore	☐ I am PEP						
☐ NRI-Repatriable	Third Applicant	□ > 1 Crore (or) Net-worth	☐ I am related to PEP						
☐ NRI-Non-Repatriable	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business	······································	Not Applicable  Third Applicant						
☐ FII/Sub account of FII	☐ Professional ☐ Agriculturist	☐ Below 1 Lac ☐ 1-5 Lacs	(To be filled only if the applicant is an individual)						
☐ Fund of Funds in India	Retired Housewife	☐ 5-10 Lacs ☐ 10-25 Lacs	□ I am PEP						
□QFI	☐ Student ☐ Forex Dealer	□ > 25 Lacs - 1 Crore	☐ I am related to PEP						
☐ Others (please specify	Others (please specify)	☐ > 1 Crore (or) Net-worth	☐ Not Applicable						
4. FATCA-CRS DETAILS Fo	or Individuals & HUF (Mandatory) N	on Individual investors should mandat	orily fill separate FATCA-CRS Annexure						
	red for all applicant(s) / guardian / PoA		only and coparate that con one a minoral co						
Category	First Applicant/Guardian	Second Applicant	Third Applicant						
Are you a Tax Resident of Country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No						
2. Is your Country of Birth/ citizenship other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No						
3. Is your Residence address / Mailing address / Telephone No. other than in India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No						
4. Is the PoA holder / person to whom signatory authority is given, covered under any of 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	details							
Country of Tax Residence									
Nationality									
Tax Identification Number\$ 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	☐ Residential ☐ Business [	☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office	☐ Residential or Business ☐ Residential ☐ Business ☐ 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 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 Branch **Branch Address** Bank City (redemption will be payable at this location) Account Type [Please (✓)] ☐ Savings ☐ Current ☐ NRE\* ☐ NRO\* ☐ FCNR\* ☐ Others..... Cheque MICR No \*If the payment is by DD or source of fund is not clear on the Cheque RTGS / NEFT / IFSC Code leaf, please provide a copy of FIRC. 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. 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 Dividend ☐ Payout ☐ Re-Investment ☐ Sweep Dividend ☐ Payout ☐ Re-Investment ☐ Sweep Dividend ☐ Payout ☐ Re-Investment ☐ Sweep ☐ Growth ☐ Others .. ☐ Growth ☐ Others ☐ Growth ☐ Others .. Dividend Frequency: (For Fixed Income Funds only) Dividend Frequency: (For Fixed Income Funds only) Dividend Frequency: (For Fixed Income Funds only) ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly □ Daily □ Weekly □ Fortnightly □ Monthly □ Daily □ Weekly □ Fortnightly □ Monthly Option □ Quarterly □ Half-Yearly □ Annual ☐ Quarterly ☐ Half-Yearly ☐ Annual 🗌 Quarterly 🗌 Half-Yearly 🗎 Annual **Dividend Sweep Target Scheme (Fund) Dividend Sweep Target Scheme (Fund) Dividend Sweep Target Scheme (Fund)** (If an investor fails to specify the option, he will be allotted units under the default option/suboption of the Target scheme.) 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 Amount Invested (₹) DD Charges (₹) Net Amount Paid **Payment Details** OTM Cheque DD Number RTGS Fund Transfer Bank/Branch In case of third party payment (refer instruction 7): Please download (www.sundarammutual.com) and attach the third party declaration form 8. DEMAT Account Details (refer instruction 8) ☐ National Securities Depository Ltd. Depository Participant DP ID Number Beneficiary Account Number ☐ Central Depository Services (India) Ltd. 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. 9. Please indicate details of your SIP (refer instruction 9) (skip this section if you wish to make a one-time investment) Mode of SIP ☐ Post-dated cheques (please provide the details below) ☐ OTM/NACH (please submit SIP Registration Form) SIP Period (For Post-Dated Cheques) **SIP Frequency**  Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5)
 Monthly (Minimum amount ₹ 250 Minimum No of installments 20) SIP Starting SIP Ending for Monthly/Quarterly frequency only □ 1 □ 7 □ 14 □ 20 □ 25 M M Υ ☐ Quarterly (Minimum amount ₹ 750 Minimum No of installments 7) No. of First SIP Cheque No **Last SIP Cheque No PDCs Each SIP Amount** Refer Guide to investing through SIP Turn overleaf for Declaration & 
∠Signature (Mandatory) → → → Serial No: EQ Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, Acknowledgement I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI) Received From Mr./Mrs./Ms. . Communication in connection with the application should be addressed to the Registrar Sundaram BNP Paribas Fund

Services Limited, Registrar and Transfer Agents, Unit: Sundaram Mutual Fund, Central Processing Center, 23, Cathedral Garden Road, Nungambakkam, Chennal-600034. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI).

www.sundarammutual.com

Please Note: All Purchases are subject to realisation of cheques / demand drafts.

ISC's Signature & Stamp

10. Nominee (available only for individuals) (refer instruction 10)										
1st Nominee		2nd Nominee		3rd Nominee						
Name:				Name:						
Relationship:		, , , , , , , , , , , , , , , , , , ,		Relationship:						
Address:			Address:							
Proportion (%)* in which u nominee%		rst Proportion (%)* ir nominee	n which units will be shared by first%							
If nominee is a minor:		If nominee is a m		If nominee is a minor:						
Date of birth:										
Name of Guardian:		Name of Guardian	ı:ian:	Name of Guardian:						
			iai I							
* Proportion (%) in which units will be shared by each nominee should aggregate to 100%  ☐ I do not wish to choose a nominee. Signature of investor(s)										
1st / Sole Appli			2nd Applicant	3rd Applicant						
11. Declaration, Certification & Signature (refer instruction 11)										
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) and 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 lirectly 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/Aadhaar 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 agree not to hold Sundaram Asset Management, its sponsor, their employees, authorises gents, 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 this payable to the above particulars. I/We hereby agree to provide any additional information/documentation 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 a										
respect of any other information as ma	y be required under applicable ta	x laws.								
□ (Applicable only for investments through RIA) RIA 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 (Correction – Advisor):  AMFI Registration Number ARN - SEBI Registration No.										
Name:	70171111		OLDI Hogisti ation 140.							
Address										
City PIN										
E-Mail ID										
Tel.No										
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:  For validating my Aadhaar Number with UIDAI through an authorized entity.  b) For validating 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.  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.  c) 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.  I/We hereby provide my /our consent in accordance with hadhaar 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 hadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing 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.  Where the client is a non-individual, apart from										
holding an authority to transact on behalf of such entity is not eligible to be enrolled for Aadhaar and does not submit the PAN, certified copy of an officially valid document shall be submitted.										
Name of First / Sole	Applicant / Guardian	Name	of Second Applicant	Name of Third Applicant						
	ole Applicant / Guard	ian ≪Signa	ture of Second Applicant	∠ Signature of Third Applicant						
			tare or occord Applicant							
Date://				Place:						
			Particulars							
Scheme Name / Plan / Option / Sub-option	Goal	Cheque / DD / Payment Instrument	Drawn on (Name of	Amount in figures (₹) & Amount in words						
, , , , , ,	☐ Lumpsum Purchase	Number / Date	- ,							
İ	☐ SIP									