

Common Application Form

THE APPLICATION FORM SHOULD BE FILLED IN BLOCK LETTERS WITHIN THE BOXES ONLY

Application No:



SUNDARAM MUTUAL

Please refer to Riskometer details available on cover page of this KIM and Your Guide to fill the Application Form before proceeding.

| | | | | | | |
|------------------|---------------------|----------------------------|--------|----------------|-----------------|-----------------------------------|
| Distributor ARN | Sub Distributor ARN | Internal Sub-Broker/Sol ID | EUIIN* | Employee Code | PMRN / RIA Code | ISC Date Time Stamp Reference No. |
| ARN-92245 | | | | E092536 | | |

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

***Declaration for "Execution only" transaction (only where EUIIN box is left blank)** *I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

| | | | |
|-----------------------------------|------------------|-----------------|--------------------------|
| First / Sole Applicant / Guardian | Second Applicant | Third Applicant | Power of Attorney Holder |
|-----------------------------------|------------------|-----------------|--------------------------|

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY. In case the subscription amount is ₹ 10,000 or more and your MFD has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the MFD. Units will be issued against the balance amount invested.

I confirm that I am a first time investor across Mutual Funds-₹150.
 I confirm that I am an existing investor in Mutual Funds-₹100.

| | | | | |
|--|---------------------------------------|--|--|--|
| 1. MODE OF HOLDING | | | 2. Existing Folio no: <small>(If you have an existing folio with KYC validated, please mention here and skip to Investment & Payment section)</small> | |
| <input type="checkbox"/> Single | <input type="checkbox"/> Joint | <input type="checkbox"/> Anyone or Survivor | | |
| UNIT HOLDING OPTION | | | <input type="checkbox"/> Physical Mode | <input type="checkbox"/> Demat Mode |

Demat Account Details of First / Sole Applicant
(Name of First / Sole Applicant as per demat account)

Investor willing to invest in Demat option, should provide a copy of the DP Statement / Client Master List (CML) enabling us to match the Demat details as stated in the application form.

| | | | | | |
|-------------|----------------|--|-------------|----------------|--|
| NSDL | DPID | | CDSL | DPID | |
| | Beneficiary ID | | | Beneficiary ID | |

| Status | Resident Individual | Non Resident | Company | HUF | Minor | Society | FII | PIO | Partnership Firm | Proprietor | NPO | Trust | Others |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| 1st Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Specify |
| 2nd Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Specify |
| 3rd Holder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Specify |

3. FIRST HOLDER DETAILS

| | | | | | | | | | | | | | | | | | | |
|------------|----------------------|--|--|--|--|--|--|--|---------------------------|--|--|--|--------------------------------|--|--|--|--|--|
| Name | <input type="text"/> | | | | | | | | | | | | | | | | | |
| PAN* | <input type="text"/> | | | | | | | | DOB* <input type="text"/> | | | | | | | | | |
| CKYC KIN | <input type="text"/> | | | | | | | | | | | | | | | | | |
| Mobile No* | <input type="text"/> | | | | | | | | | | | | Email ID* <input type="text"/> | | | | | |

*Please tick the Family Code for the Mobile Number and Email ID provided

***Mandatory**

Mobile: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian **Email:** Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian
 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

| | | | | | | | | | | | | | | | | | | |
|---------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Guardian / PoA Name | <input type="text"/> | | | | | | | | | | | | | | | | | |
|---------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Relationship of Guardian: Father Mother Legal Guardian. **If Legal Guardian is opted, submission of duly notarised court order is mandatory.**

| | | | | | | | | | | | | | | | | | | |
|----------|----------------------|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|
| PAN* | <input type="text"/> | | | | | | | | DOB* <input type="text"/> | | | | | | | | | |
| CKYC KIN | <input type="text"/> | | | | | | | | | | | | | | | | | |

SECOND HOLDER DETAILS

| | | | | | | | | | | | | | | | | | | |
|----------|----------------------|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|
| Name | <input type="text"/> | | | | | | | | | | | | | | | | | |
| PAN* | <input type="text"/> | | | | | | | | DOB* <input type="text"/> | | | | | | | | | |
| CKYC KIN | <input type="text"/> | | | | | | | | | | | | | | | | | |

THIRD HOLDER DETAILS

| | | | | | | | | | | | | | | | | | | |
|----------|----------------------|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|
| Name | <input type="text"/> | | | | | | | | | | | | | | | | | |
| PAN* | <input type="text"/> | | | | | | | | DOB* <input type="text"/> | | | | | | | | | |
| CKYC KIN | <input type="text"/> | | | | | | | | | | | | | | | | | |

4. INVESTMENT & PAYMENT DETAILS

| Scheme Name | Scheme-1 | Scheme-2 | Scheme-3 |
|--|--|--|--|
| Plan | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Direct | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Direct | <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Direct |
| Option | <input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth | <input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth | <input type="checkbox"/> Growth <input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Transfer* IDCW Frequency (For Fixed Income Funds only): (applicable as per SID & KIM of respective Funds) *Transfer (IDCW) Target Scheme <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth |
| (*If target scheme is not mentioned for Transfer (IDCW), default scheme is "Sundaram Liquid Fund and sub-option Growth") 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 | | | |
| Payment Mode | <input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer | <input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer | <input type="checkbox"/> OTM <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> Fund Transfer |
| Reference No. | | | |
| Amount | Figures: Words: | | |
| Account Type | <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR <input type="checkbox"/> Others Drawn on Bank, Branch | | |

5. BANK ACCOUNT DETAILS FOR PAYOUT

| | | | |
|-----------------|--|------|----------------------|
| IFSC CODE | <input type="text"/> | MICR | <input type="text"/> |
| Bank Account No | <input type="text"/> | | |
| Bank Name | <input type="text"/> | | |
| Bank Branch | <input type="text"/> | | |
| Account Type | <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> FCNR Others → | | Please specify |

6. LEGAL ENTITY IDENTIFIER (Mandatory) - (Only for Non-Individuals including HUF)

| | | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| VALIDITY DATE OF LEI | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address of First / Sole Applicant

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Town: | City/District: | State: | PIN Code: |

Overseas Address (in case of NRIs/FIIs) (Mandatory)

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

7. Systematic Transaction Registration Details – Please indicate details of your SIP (skip this section if you wish to make a one-time investment)

Mode of SIP OTM/NACH (please submit SIP Registration Form) Each SIP Amount ₹

SIP Period Month/Year SIP Start SIP End (Default Dec 2099): Till Further Notice*

(*The end date – 01/12/2099 as end date. If not specified by the investor. This will be considered in both Online and Physical modes) (refer Guide to investing through SIP)

SIP Date-Any Day SIP Date:(for Monthly / Quarterly Frequency)

SIP Frequency Weekly Monthly Quarterly (Refer to respective Scheme Information Document for minimum criteria)

For Equity: • Weekly every Wednesday (For Minimum amount of ₹ 1000, Minimum No. of installments is 6) • Monthly (For Minimum amount of ₹ 100, minimum No. of installments is 6) • Quarterly (For Minimum amount of ₹ 750, minimum No. of installments is 6)

| Normal STP | | SWP | |
|------------------|---|--|---|
| Source Scheme | | Scheme | |
| Target Scheme | | Amount (figures) | |
| Amount (figures) | | Frequency | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly |
| Frequency | Daily / Weekly / Monthly / Quarterly | STP Date - Any Day (for Monthly / Quarterly frequency) | |
| STP Period | From Date <input type="text"/> To Date (including Perpetual) <input type="text"/> | SWP Period | From Date <input type="text"/> To Date <input type="text"/> |

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 documents and attach this to the form.

10. 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 OTM/NACH • have not received nor been induced 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 ₹ 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 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 declare that I/We am/are not a citizen of USA/Canada.

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 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 SEBI registered intermediaries 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.

Certification: I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions) and hereby certify that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same.

I/We agree to indemnify Sundaram Asset Management Company Limited in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes. or in respect of any other information as may be required under applicable tax laws.

Stamp Duty: Pursuant to Notification No. S.O. 1226(E) and G.S.R. 226(E) dated March 30, 2020 issued by Department of Revenue, Ministry of Finance, Government of India, read with Part I of Chapter IV of The Finance Act, 2019, notified on February 21, 2019 issued by Legislative Department, Ministry of Law and Justice, Government of India, a stamp duty @0.005% of the transaction value of units would be levied on applicable mutual fund inflow transactions, with effect from July 1, 2020. Accordingly, pursuant to levy of stamp duty, the number of units allotted on purchase transactions (including reinvestment IDCW and switch-in) to the Unit holders would be reduced to that extent.

(Applicable only for investments through RIA) RIA/PMRN 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/Portfolio Manager:

| | |
|--------------------------------|-----------------------|
| AMFI Registration Number ARN - | SEBI Registration No. |
| Name: | |
| Address | |
| | |
| City | PIN |
| E-Mail ID | |
| Tel.No | |

| 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 |

| Particulars | | | | |
|--|---|--|----------------------------------|---|
| Scheme Name / Plan / Option / Sub-option | Goal | Cheque / DD / Payment Instrument Number / Date | Drawn on (Name of Bank & Branch) | Amount in figures (₹) & Amount in words |
| | <input type="checkbox"/> Lumpsum Purchase <input type="checkbox"/> SIP | | | |

For office use only
UMRN Date

Sponsor Bank Code CITI000PIGW Create Modify Cancel

Utility Code CITI00002000000037 I/We authorise SUNDARAM MUTUAL FUND

To debit Tick SB CA SB-NRE SB-NRO Others..... Bank A/c No

With Bank Name of customers bank IFSC or MICR

An amount of ₹ (in words) ₹

DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented

Reference 1 URN Reference 2 Folio No

Phone No Email ID

1. I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank. 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

PERIOD From To or Until Cancelled

Signature of the Primary Holder Signature of the Joint Account Holder Signature of the Joint Account Holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Please tick as applicable:
 NACH/OTM Form is attached and to be registered in the folio. SIP will start after mandate registration which may take 30 days.
 NACH/OTM Form is already registered in the folio. [No need to submit again].

ISC's signature & Time Stamping

| | | | | | |
|--------------------------|-------------------------|----------------------------|--|--|---------------------|
| Distributor's ARN & Name | Sub-broker's ARN (Code) | Sub-broker Code (internal) | EUIIN* (Employee Unique Identification Number) | Registered Investment Adviser (RIA) Code | For Office use only |
| ARN-92245 | | | E092536 | | |

I/We confirm that the EUIIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole/First Applicant's Signature Mandatory

Name of First/Sole Applicant Gender* Male Female Others Mobile* PIN Code*

Name of Second Applicant Gender* Male Female Others

Name of Third Applicant Gender* Male Female Others

E-Mail*

Please tick the Family Code for the Mobile Number and Email ID provided ***Mandatory**
Mobile: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian **Email:** Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian
 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

Existing Investor Folio No. New Investor Application No.

| | | | |
|--|--------------|---------------------------|--|
| Permanent Account Number (PAN)* | PEKRN | Central KYC Number | <input type="checkbox"/> CKYC Proof attached (Mandatory) |
| First/Sole Applicant/Guardian | | | |
| Second Applicant | | | |
| Third Applicant | | | |

1. Bank Name Cheque No Dated

2. Bank Name Cheque No Dated

Please tick SIP Registration SIP with Top-up Registration SIP-Change in Bank Details (Please provide copy of cancelled cheque and mention relevant SIP details in the form and OTM mandate.)

CKYC compliant Yes No (if no, please provide CKYC proof/additional documents if not submitted earlier)

1. Scheme Name Plan: **REGULAR** Option:.....

SIP Installment Amount (₹)..... Frequency: Weekly* Monthly* Quarterly Weekly*: Only on Wednesday

SIP Top Up amount (Optional): ₹ (in multiples of ₹ 500/-) Top-up Frequency Half-yearly Yearly

Start Month/Year: End Month/Year (Default Dec 2099): Till Further Notice

SIP Date:..... (for Monthly and Quarterly frequency).

This will be considered in both Online and Physical modes (refer Guide to investing through SIP); *Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies.

DEMAT Account Details (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)

National Securities Depository Ltd. Central Depository Services (India)

Depository Participant DP ID Number Beneficiary Account Number

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 NACH/OTM • have not received nor been induced 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 ₹ 50,00,000 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 competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

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 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 and other investigation agencies and SEBI registered intermediaries 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.

| | | | |
|---|--|--------------------------------|-------------------------------|
| Signatures [as per Mutual Fund Records / Application] | First Unit Holder's / Guardian Signature | Second Unit Holder's Signature | Third Unit Holder's Signature |
|---|--|--------------------------------|-------------------------------|