SUNDARAM MUTUAL

NACH/OTM Registration

For office use only

UMRN | Date D D M M Y Y Y Y ①

Sponsor Bank Code: CITI000PIGW | ✓ Create ○ Modify ○ Cancel

Utility Code: CITI00002000000037 | I/We authorise: **SUNDARAM MUTUAL FUND**

②To debit Tick (✓) ☐ SB ☐ CA ☐ SB-NRE ☐ SB-NRO ☐ Others..... Bank A/c No 338485365311025 7 ③

④ With Bank: Name of customers bank | IFSC SBIN7728768 | or MICR ⑤

⑥ An amount of ₹ (in words): Twenty-Five Thousand Rupees only | ₹ 25000

DEBIT TYPE ☒ ~~Fixed Amount~~ ✓ **Maximum Amount** FREQUENCY ☒ ~~Monthly~~ ☒ ~~Quarterly~~ ☒ ~~Half-Yearly~~ ☒ ~~Yearly~~ ✓ **As & when presented**

⑦ Reference 1: URN | Reference 2: Folio No ⑧

⑨ Phone No | Email ID ⑩

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.

⑪ PERIOD
From D D M M Y Y Y Y
To* D D M M Y Y Y Y

Signature of the Primary Holder ⑫ | 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 ⑬

**As per NPCI circular dated 18th Aug. 2023, mandate can be for maximum duration of 30 years from the date of application.*

SUNDARAM MUTUAL

SIP Registration / Renewal Form / Modification - NACH / One Time Mandate (OTM)

(First time investors should use this form along with the application form)

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)	EUIN* (Employee Unique Idendification Number)	Registered Investment Advisor (RIA) Code	For Office use only
ARN - 3280					

☐ I/We confirm that the EUIN 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: Stephanie Romero | Mobile* 001-349-991-9903x1516

E-Mail: amanda22@example.org

Please tick the Family Code for the Mobile Number and Email ID provided* ***Mandatory
Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian **Mobile:** ☐ 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 (✓) ☐ Annual Report ☐ Other Statutory Information

Name of Second Applicant | Mobile*

E-Mail

Please tick the Family Code for the Mobile Number and Email ID provided* ***Mandatory
Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian **Mobile:** ☐ 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 (✓) ☐ Annual Report ☐ Other Statutory Information

Name of Third Applicant | Mobile*

E-Mail

Please tick the Family Code for the Mobile Number and Email ID provided* ***Mandatory
Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian **Mobile:** ☐ 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 (✓) ☐ Annual Report ☐ Other Statutory Information

*Mandatory

Existing Investor Folio No. | New Investor Application No.

Permanent Account Number (PAN)* ABCDE6678F **PEKRN** **Central KYC Number** ☐ **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

Scheme Name	1	2
Plan / Option		
SIP Installment Amount (₹)		
SIP Date: (for Monthly and Quarterly frequency).	11/09/2024 D A T E	D A T E
Frequency:	☐ Daily ☐ Weekly@ ☐ Monthly* ☐ Quarterly	☐ Daily ☐ Weekly@ ☐ Monthly* ☐ Quarterly
Start Month/Year:	M M Y Y Y Y	M M Y Y Y Y
End Month/Year (Default 30 years):	M M Y Y Y Y#	M M Y Y Y Y#
SIP Top Up amount (Optional): ₹ (in multiples of ₹ 500/-)	₹..... *Top-up Frequency^* ☐ Half-yearly ☐ Yearly	₹..... *Top-up Frequency^* ☐ Half-yearly ☐ Yearly

**Default frequency; ^Top-up is applicable for SIPs under Monthly & Quarterly Frequencies. @ Only on Wednesday; # End date should be less than or equal to 30 years from the application date or equal to end date of NACH period.*

Turn overleaf for Declaration & ✍Signature (Mandatory)➔➔➔