

**SUNDARAM MUTUAL** For office use only  
**NACH/OTM Registration** UMRN \_\_\_\_\_ Date **04.05.2023**  
 Sponsor Bank Code **CITI000PIGW** ☒ Create ☐ Modify ☐ Cancel  
 Utility Code **CITI00002000030037** I/we authorize **SUNDARAM MUTUAL FUND**  
 ② To debit Tick (✓) ☐ SB ☐ CA ☐ SB-NRE ☒ NRO ☐ Others \_\_\_\_\_ Bank A/c No **5084002763500**  
 ③ With Bank **IDBI** IFSC **IDBI0400270** or MICR \_\_\_\_\_  
 ④ An amount of ₹ (in words) **Thousand only** ₹ **1000/-**  
 DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount FREQUENCY ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly ☒ As & when presented  
 ⑤ Reference 1 \_\_\_\_\_ Reference 2 \_\_\_\_\_  
 ⑥ 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 authorizing 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 authorized 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.  
 ⑦ PERIOD From **04.05.2023** To **05.06.2024**  
 \*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).

Depositor's APN/Name **9876** Sub-broker's APN/Code \_\_\_\_\_ Sub-broker Code (Internal) \_\_\_\_\_ EUB\* Employee Unique Identification Number \_\_\_\_\_ Registered Investment Advisor (RIA) Code **E67890** For Office use only \_\_\_\_\_  
 I/we confirm that the EUB box is intentionally left blank as this is an "association-only" transaction without any interaction or advice by the distributor personnel concerned. Latest Commissioner shall be paid directly by the investor to the RIA/Registered Distributors based on the Investor's assessment of various factors including the services rendered by the distributor. **Sole First Applicant's Signature Mandatory**

Name of First/Sole Applicant **CHANDRA** Mobile **9486403717**  
 E-Mail **chandraa@gmail.com**  
 \*Please tick the Family Code by the Mobile Number and Email ID provided  
 Email ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ Other Statutory Information ☐ Annual Report ☐ Other Statutory Information ☐ Other Statutory Information  
 Name of Second Applicant **PRAKASH** Mobile **9575102829**  
 E-Mail **prakash@gmail.com**  
 \*Please tick the Family Code by the Mobile Number and Email ID provided  
 Email ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ Other Statutory Information ☐ Annual Report ☐ Other Statutory Information ☐ Other Statutory Information  
 Name of Third Applicant \_\_\_\_\_ Mobile \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 \*Please tick the Family Code by the Mobile Number and Email ID provided  
 Email ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ Other Statutory Information ☐ Annual Report ☐ Other Statutory Information ☐ Other Statutory Information

Existing Investor Folio No. \_\_\_\_\_ New Investor Application No. \_\_\_\_\_  
 Permanent Account Number (PAN)\* **ACEP4516A** PEKRN Central KYC Number \_\_\_\_\_ KYC Proof attached Mandatory ☐  
 First/Sole Applicant/Guardian \_\_\_\_\_  
 Second Applicant \_\_\_\_\_  
 Third Applicant \_\_\_\_\_

Please tick (✓) ☐ SIP Registration ☐ SIP with Top-up Registration

Scheme Name	1	2
Plan / Option		
SIP Installment Amount (₹)		
SIP Start Date: for Monthly and Quarterly frequency		
Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly* <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly* <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Start Month/Year:		
End Month/Year (Default 30 years):		
SIP Top Up amount (Optional): ₹ (in multiples of ₹ 500)		
Top-up Frequency:	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly

Default Frequency: \*SIP is applicable for SIP under Monthly & Quarterly Frequencies. \* Only for Recurring. \* 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) → → →