



SUNDARAM MUTUAL

NACH/OTM Registration

For office use only

UMRN

Date

DDMMYYYY

Sponsor Bank Code

CITI000PIGW

☒ Create☐ Modify☐ Cancel

Utility Code

CITI00002000000037

I/We authorise

SUNDARAM MUTUAL FUND

② To debit Tick (✓)

☐ SB ☐ CA ☐ SB-NRE ☐ SB-NRO ☐ Others.....

Bank A/c No

9703298075767996

④ With Bank

Name of customers bank

IFSC

SBIN0467989

or MICR

⑥ An amount of ₹ (in words)

Five Thousand Rupees only

₹ 5000

DEBIT TYPE

☒ Fixed Amount☒ Maximum Amount

FREQUENCY

☒ Monthly☒ Quarterly☒ Half Yearly☒ Yearly☒ As & when presented

⑦ Reference 1

URN

Reference 2

Folio No

⑨ 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.

⑩ PERIOD

From DDMMYYYY

To* DDMMYYYY

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

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

☐ I/We confirm that the EJIN 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

Soniya Fields DVM

Mobile*

(526)502-3258x89125

E-Mail lowensjonathan@example.org

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

Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ GuardianMobile: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ GuardianDefault 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

Name of Second Applicant

Mobile*

E-Mail

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

Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ GuardianMobile: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ GuardianDefault 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

Name of Third Applicant

Mobile*

E-Mail

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

Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ GuardianMobile: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ GuardianDefault 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)* ABCDE4294F 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).	24/07/2024 E	D A T E
Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly* <input checked="" 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:	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^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	₹..... Top-up Frequency^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> 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) → → →