



SUNDARAM MUTUAL

NACH/OTM Registration

For office use only

UMRN

Date 10/11/2024

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

609501515389

With Bank

ICICI BANK

IFSC

ICICI6009512

or MICR

609501515

An amount of ₹ (in words)

One Lakh Forty Five Thousand

₹ 145000

DEBIT TYPE

☒

Fixed Amount

☒

Maximum Amount

FREQUENCY

☒

Monthly

☐

Quarterly

☐

Half-Yearly

☐

Yearly

☒

As & when presented

Reference 1

Reference 2

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

10/11/2024

To

10/12/2024

R-EBIN

R-EBIN

2

3

*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).

Distributor's ARN & Name	Sub-broker's ARN (Code)	Sub-broker Code (Internal)	EURN* (Employee Identification Number)	Registered Investment Advisor (RIA) Code	For Office use only
1245 ARN - 3280			E45678		

I/We confirm that the EURN 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 AMF registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

Sole/First Applicant's Signature Mandatory

Name of First/Sole Applicant

R-EBIN

Mobile*

81148294280

E-Mail

ebi.n.golee@gmail.com

*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 documents via physical mode: Please tick ☐ Annual Report ☐ Other Statutory Information

Name of Second Applicant

E. U. EIH 4

Mobile*

8012862574

E-Mail

Te.8t@gmail.com

*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 documents via physical mode: Please tick ☐ Annual Report ☐ Other Statutory Information

Name of Third Applicant

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 documents via physical mode: Please tick ☐ Annual Report ☐ Other Statutory Information

Existing Investor Folio No.

New Investor Application No.

Permanent Account Number (PAN)*

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 Instalment Amount (₹)		
SIP 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	₹ 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) → → →