

SUNDARAM MUTUAL NACH/OTM Registration

For office use only: LAMIN: _____ Date: **09/10/2024**

Sponsor Bank Code: CIT000PGW ☒ Create ☐ Modify ☐ Cancel

Utility Code: CIT00002000000037 I/we authorize: **SUNDARAM MUTUAL FUND**

OTM/OTM Tick (s): ☐ SA ☐ CA ☒ NRE ☐ NRI ☐ OTHER Bank A/c No: **609401312489**

With Bank: **HDFC** BIC: **HDFC0001314** or MICR: _____

Debit amount of ₹ in words: **Two Lakhs only** ₹ **2,00,000/-**

DEBIT TYPE: ☐ Standard Amount ☒ Maximum Amount FREQUENCY: ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☒ As & when presented

Reference 1: _____ Reference 2: _____

Phone No: _____ Email ID: _____

I, 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 verified, read, understood and made by me. 3. I have understood that I am authorized to cancel/modify the mandate by appropriately communicating the cancellation/modification request to the user entity/corporate or the Bank, where I have authorized the debit.

Signature: **Raj** Date: **09/10/2024**

For per NACH/OTM valid till 15th 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 B5 as applicable:
☐ NACH/OTM Form is attached and to be registered in this form. SIP will start after mandate registration which may take 30 days.
☒ NACH/OTM Form is already registered in the form. (NAs need to submit again).

Category: APN & Name ASH 2380	Sub-trader APN Code	Sub-trader Code Internal	ELIN Enrollment Identification Number E01234	Registered investor A/c No. PAN Code	For Office use only
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I/We confirm that the ELIN box is intentionally left blank by me as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. (wherever transaction shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the advice rendered by the distributor).

Name of First/sole Applicant: **U. RAJ** Mobile: **8062762594**

E-Mail: **Rajtest@gmail.com** *Mandatory

Please tick the Family Code for the Mobile Number and Email ID provided:
 Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian
 Default Communication mode is E-mail only. If you wish to receive following documents via physical mode: Please tick (v) ☐ Annual Report ☐ Other Statutory Information

Name of Second Applicant: **KAMAL-P** Mobile: **8072665490**

E-Mail: **kamal@gmail.com** *Mandatory

Please tick the Family Code for the Mobile Number and Email ID provided:
 Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian
 Default Communication mode is E-mail only. If you wish to receive following documents via physical mode: Please tick (v) ☐ Annual Report ☐ Other Statutory Information

Name of Third Applicant: _____ Mobile: _____

E-Mail: _____ *Mandatory

Please tick the Family Code for the Mobile Number and Email ID provided:
 Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian
 Default Communication mode is E-mail only. If you wish to receive following documents via physical mode: Please tick (v) ☐ Annual Report ☐ Other Statutory Information

Existing Investor Folio No.: _____ New Investor Application No.: _____

Permanent Account Number (PAN)*: **ABDPE3466C** PEKRN Central KYC Number: _____ ☐ KYC Proof attached (Mandatory)

First/Sole Applicant/Guardian: _____
 Second Applicant: _____
 Third Applicant: _____

Please tick B5: ☐ SIP Registration ☐ SIP with Top-up Registration

Scheme Name	1	2
Plan / Option		
SIP Installment 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) → → →