



SUNDARAM MUTUAL

For office use only

UMRN

Date

10/12/2024

NACH/OTM Registration

Sponsor Bank Code

CITI000PIGW

Create

Modify

Cancel

Utility Code

CITI0002000000037

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

ICIL6009512

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 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 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 10/12/2024

R-EBIN

To 10/12/2024

R-EBIN

*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

1245

ARN - 3280

Sub-broker's ARN

(Code)

Sub-broker Code

(Internal)

EJIN*

(Employee Unique Identification Number)

Registered Investment Advisor

(RIA) Code

For Office use only

E45678

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.

Uplift 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

R-EBIN

Mobile*

8148294280

E-Mail

ebin90ee@gmail.com

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

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

E. U. EIHIL

Mobile*

8072862594

E-Mail

Te8t@gmail.com

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

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

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

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 Installment Amount (₹)		
SIP Date: (for Monthly and Quarterly frequency)	DATE	DATE
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:	M M Y Y Y Y Y Y	M M Y Y Y Y Y Y
End Month/Year (Default 30 years):	M M Y Y Y Y Y Y #	M M Y Y 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) → → →