

**SUNDARAM MUTUAL** For office use only Date **09/10/2024**

**NACH/OTM Registration** LMIN **CIT000PIGW** ☒ Create ☐ Modify ☐ Cancel

Sponsor Bank Code **CIT00002000000037** I/we authorize **SUNDARAM MUTUAL FUND**

Utility Code **CIT00002000000037**

Bank A/C No **609401312489**

IFSC **HDFC0001314** or MICR

With Bank **HDFC**

An amount of ₹ (in words) **Two Lakhs only** **₹ 2,00,000/-**

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

Reference 1 Reference 2

Phone No Email ID

I, I agree to the debit of Mandate processing charges by the Bank when 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 correctly read, understood and made by me. 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.

PERIOD From **09/10/2024** To **10/10/2024** **Raj**

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].

|   |  |   |  |   |                                    |
|---|--|---|--|---|------------------------------------|
| <small>Distributor's ARN &amp; Name</small><br><b>4568</b><br><small>ARN 1180</small> | <small>Sub-broker's ARN (Code)</small> | <small>Sub-broker Code (Internal)</small> | <small>EIN</small><br><small>Employee Identification Number</small><br><b>E01234</b> | <small>Registered Investment Adviser (RIA) Code</small> | <small>For Office use only</small> |
|---|--|---|--|---|------------------------------------|

I/we confirm that the EIN box is intentionally left blank by me 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 investor's assessment of various factors including the service rendered by the distributor.

Sole First Applicant's Signature Mandatory

Name of First/Sole Applicant **U. RAJ** Mobile\* **8062762594**

E-Mail **raj.raj@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

Mobile: ☐ 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 (✓) Annual Report ☐ Other Statutory Information ☐

Name of Second Applicant **KAMALI-P** Mobile\* **8072665490**

E-Mail **kamali@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

Mobile: ☐ 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 (✓) Annual Report ☐ Other Statutory Information ☐

Name of Third Applicant

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

Mobile: ☐ 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 (✓) Annual Report ☐ Other Statutory Information ☐

Existing Investor Folio No. New Investor Application No.

Permanent Account Number (PAN)\* **ABDP E 3466C** PEKRN Central KYC Number ☐ CKYC 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)            |  |  |
| 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) → → →**