

SUNDARAM MUTUAL
NACH/OTM Registration

Utility Code: CITI00002000000037
Sponsor Bank Code: CITI0000PIGW
Date: 09/10/2024
Create ☒ Modify ☐ Cancel ☐
VFA authorize: SUNDARAM MUTUAL FUND
If to debit Tick (✓) ☐ SB ☐ CA ☒ NRE ☐ SB NRO ☐ Others: Bank A/c No: 609601312489
With Bank: HDFC PSC: HDFC0001314 or MICR
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 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. I agree to confirm that the declaration has been carefully 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. I have understood that I am authorized to cancel/extend the mandate by 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
As per RBI circular dated 14th 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).
Investor's PAN: 4568
Sub Investor's PAN: 3281
Sub Investor's Code: E01234
SIP: SIP (Investment) Code: E01234
Registered Investment Adviser (RIA) Code: For Other category:
Name of First-Sole Applicant: U. RAJ
E-Mail: raj.raj@gmail.com Mobile: 8062762594
Please tick the Family Code for the Mode Mandate and/or (Consent):
Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian
Mandatory: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian
Name of Second Applicant: KAMAL P
E-Mail: kamal@gmail.com Mobile: 8072665490
Please tick the Family Code for the Mode Mandate and/or (Consent):
Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian
Mandatory: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian
Name of Third Applicant:
E-Mail: Mobile:
Please tick the Family Code for the Mode Mandate and/or (Consent):
Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian
Mandatory: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian
Existing Investor Folio No.: Permanent Account Number (PAN): PEKRN
New Investor Application No.: Central KYC Number: KYC Proof attached (Mandatory)
First-Sole Applicant: ABDPE3466C
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 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:		
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	<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) → → →