



SUNDARAM MUTUAL
NACH/OTM Registration

For office use only
UMRN ICIC000629501687 Date 10/12/2024
Sponsor Bank Code CITI000PIGW ☒ Create ☐ Modify ☐ Cancel
Utility Code CITI00002000000037 I/We authorise SUNDARAM MUTUAL FUND
Bank A/c No 609501096201
IFSC ICIC000609 or MICR

④ To debit Tick (✓) ☐ SB ☐ CA ☐ SB-NRE ☒ SB-NRO ☐ Others.....
④ With Bank ICICI ₹
④ An amount of ₹ (in words) FREQUENCY ☒ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly ☒ As & when presented
DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount
⑦ Reference 1 Reference 2
⑧ 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.

⑩ PERIOD
From 05/06/2024
To 01/12/24
⑪ As per NPCI circular dated 18th Aug 2023, mandate can be for maximum duration of 30 years from the date of application.

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 1578 ARN - 3280 Sub-broker's ARN (Code) Sub-broker Code (Internal) EUIN (Employee Unique Identification Number) A8546 Registered Investment Advisor (RIA) Code For Office use only

☐ I/We confirm that the EUIN 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. Uplifted 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.

Name of First/Sole Applicant VIJAY R Mobile* 9566506532
E-Mail Vijayr160@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
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
Mobile: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian *Mandatory

Name of Second Applicant ARADHYA V Mobile* 7010293594
E-Mail aradhyav@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
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
Mobile: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian *Mandatory

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
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
Mobile: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian *Mandatory

Existing Investor Folio No. New Investor Application No.
Permanent Account Number (PAN)* PEKRN Central KYC Number ☐ CKYC Proof attached (Mandatory)
First/Sole Applicant/Guardian ABC012345
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)	<u>04/04/1990</u>	
Frequency:	<input checked="" 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:	<u>141291</u>	
End Month/Year (Default 30 years):		
SIP Top Up amount (Optional): ₹	₹ <u></u> Top-up Frequency* <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	₹ <u></u> 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) → → →