

SUNDARAM MUTUAL
NACH/OTM Registration

For offer use only
UNSW Date **04.05.2023**

Sponsor Bank Code **CIT1000P4GW** ☒ Create ☐ Modify ☐ Cancel

Utility Code **CIT100002000000037** I/we authorize **SUNDARAM MUTUAL FUND**

To debit Tick ☐ SB ☐ CA ☐ SB/AF ☒ NRO ☐ Others Bank A/c No **5084002763500**

With Bank **IDBI** IFSC **IDBI0400210** or MICR

An amount of ₹ (in words) **Thousand only** ₹ **1000/-**

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

Reference 1 Reference 2

Phone No Email ID

I agree for the debit of Mandate processing charges to the bank when I am authorizing to debit my account as per latest Schedule of charges of the Bank. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the use and undertake to debit my account based on the instructions as agreed and signed by me. & I have understood that I am authorized to cancel/extend this mandate by appropriately communicating the cancellation/extension request to the user entity/corporate or the Bank where I have authorized the debit.

PERIOD
From **04.05.2023**
To **05.06.2024**

We per NFO circular dated 18th Aug. 2022, 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 ☒ 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)

Debitors' PAN/Name **9876** Sub investor's PAN Code Sub investor's Name SUB* Registered Investment Advisor **667890** For Offer use only

Name of First-Sole Applicant **CHANDHRA** Mobile **9486603717**
E-Mail **chandrah@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 documents as physical mode, Please tick ☐ Annual Report ☐ Other Statutory Information ☐ Other Statutory Information

Name of Second Applicant **PRAKASH** Mobile **9575102829**
E-Mail **prakash@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 documents as physical mode, Please tick ☐ Annual Report ☐ Other Statutory Information ☐ Other Statutory Information

Name of Third Applicant Mobile

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 as physical mode, Please tick ☐ Annual Report ☐ Other Statutory Information ☐ Other Statutory Information

Existing Investor Folio No.

Permanent Account Number (PAN)* **ACEP4516A** PEKRN

First Sole Applicant/Guardian Central KYC Number ☐ KYC Proof attached (Mandatory)

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 Frequency. * Only on Wednesday. * End date should be less than or equal to 30 years from the application date or equal to end date of PAN/OTM period.

Turn overleaf for Declaration & Signature (Mandatory) → → →