SUNDARAM MUTUAL

NACH/OTM Registration

For office use only

UMRN | Date D D M M Y Y Y Y ①

Sponsor Bank Code: CITI000PIGW | ✓ Create ○ Modify ○ Cancel

Utility Code: CITI00002000000037 | I/We authorise: SUNDARAM MUTUAL FUND

②To debit Tick (✓) ☐ SB ☐ CA ☐ SB-NRE ☐ SB-NRO ☐ Others..... Bank A/c No 820629370258784 0 ③

④ With Bank: Name of customers bank | IFSC SBIN1620268 | or MICR ⑤

⑥ An amount of ₹ (in words): Twenty-Five Thousand Rupees only | ₹ 25000

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

⑦ Reference 1: URN | Reference 2: Folio No ⑧

⑨ Phone No | Email ID ⑩

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.

⑪ PERIOD
From D D M M Y Y Y Y
To* D D M M Y Y Y Y

Signature of the Primary Holder ..... Signature of the Joint Account Holder ..... Signature of the Joint Account Holder ..... ⑫

1 Name as in bank records 2 Name as in bank records 3 Name as in bank records ⑬

**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].

ISC's signature & Time Stamping

Distributor's ARN & Name	Sub-broker's ARN (Code)	Sub-broker Code (internal)	EUIN* (Employee Unique Identification Number)	Registered Investment Advisor (RIA) Code	For Office use only
ARN - 3280					

☐ 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.** Upfront 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

*Mandatory

Name of First/Sole Applicant: Amanda Gutierrez | Mobile* (701)961-2877

E-Mail: goodmandebbie@example.com

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

E-Mail

Please tick the Family Code for the Mobile Number and Email ID provided* ***Mandatory
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* ***Mandatory
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)* ABCDE6965F **PEKRN** **Central KYC Number** ☐ **CKYC Proof attached** (Mandatory)

First/Sole Applicant/Guardian
Second Applicant
Third Applicant

1.Bank Name Cheque No Dated

2.Bank Name Cheque No Dated

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).	20/09/2024 E	D A T E
Frequency:	☐ Daily ☐ Weekly@ ☐ Monthly* ☐ Quarterly	☐ Daily ☐ Weekly@ ☐ Monthly* ☐ Quarterly
Start Month/Year:	M M Y Y Y Y	M M Y Y Y Y
End Month/Year (Default 30 years):	M M Y Y Y Y#	M M Y Y Y Y#
SIP Top Up amount (Optional): ₹ (in multiples of ₹ 500/-)	₹..... *Top-up Frequency^* ☐ Half-yearly ☐ Yearly	₹..... *Top-up Frequency^* ☐ Half-yearly ☐ 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)➔➔➔