

SF SUNDARAM MUTUAL
NACH/OTM Registration

For office use only
 UPI/OTM Code CITI00002000000037
 Sponsor Bank Code CITI000PGW
 Date 10/11/2024
☒ Create ☐ Modify ☐ Cancel
 I/we authorize SUNDARAM MUTUAL FUND
 To debit Tick (✓) ☒ SB ☐ CA ☐ SB-NRE ☐ SB-NRO ☐ Others
 Bank A/c No. 609501515389
 IFSC: ICIL6009512 or MICR 609501515
 An amount of ₹ (in words) One Lakh Forty Five Thousand ₹ 145000
 DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount FREQUENCY ☒ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually ☒ As & when presented
 Reference 1
 Phone No. Email ID
 I agree to the debit of Mandate processing charges to the bank when I am authorizing to debit my account as per below Schedule of charges of the Bank. I have understood that the declaration has been carefully read, understood and made by me/us. I am authorizing the use and/or corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/modify this mandate by communicating the cancellation/modification request to the user entity/corporate or the Bank where I have authorized the debit.
 PERIOD From 10/11/2024 R-22 To 10/12/2024 R-EBIN
 As per MNCI circular dated 15th Aug. 2023, mandate can be for maximum duration of 30 years from the date of application.

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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)
 Distributor's ID/Name 1245 KAN ALEC Sub-broker's ID/Name E45678 Registered Investment Advisor (RIA) Code No. Other user only
 I/we confirm that the EMI line is internally set to be paid as per the "standard-only" schedule without any variation or advice by the distributor personnel concerned.
 Name of First/ Sole Applicant R-EBIN
 E-Mail ebin90eccc@gmail.com Mobile 8148294280
 Please tick the Family Code for the Main Number and Email ID provided
 Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ 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 E-V-EMIL
 E-Mail Teet@gmail.com Mobile 8052862574
 Please tick the Family Code for the Main Number and Email ID provided
 Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ 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 Mobile
 Please tick the Family Code for the Main Number and Email ID provided
 Email: ☐ Self ☐ Spouse ☐ Dependent Children ☐ 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. Permanent Account Number (PAN)* PEKRN
 New Investor Application No. Central KYC Number ☐ KYC Proof attached (Mandatory)
 First Applicant's 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 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 fund period.
 Turn overleaf for Declaration & Signature (Mandatory) → → →