

SUNDARAM MUTUAL
NACH/OTM Registration

UMRN CIT100004567890003789 Date 06.05.2021

Sponsor Bank Code CITI000PIGW ☒ Create ☐ Modify ☐ Cancel

Utility Code CITI00002000000037 I/We authorise SUNDARAM MUTUAL FUND

Debit Tick ☒ ☐ SB ☐ CA ☐ SB-NRE ☐ SB-NRO ☒ Other Test Bank A/c No 457860004678

With Bank CITI IFSC CITI0004567 or MICR

An amount of ₹ (in words) Two Lakh Twenty Thousand ₹ 220000/-

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 for the debit of Mandate processing charges by the Bank from 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 authorizing 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 this user entity/corporate or the bank where I have authorized the debit.

PERIOD From 06.05.2021 To 09.10.2022

*As per NPCI circular dated 18th Aug. 2020, 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].

Distributor's ARN & Name 2245 Sub-broker's ARN (Code) ARR - 1280 Sub-broker Code Internal E02456 EUPN E02456 Registered Investment Advisor (RIA) Code For Office use only

☐ I/we confirm that the TUM 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 Distributor based on the investor's assessment of various factors including the service rendered by the distributor.

Self/First Applicant's Signature Mandatory

Name of First/Sole Applicant STIVAKRISHN . K Mobile 9258294290

E-Mail stivakrishn@gmail.com

Please tick the Family Code for the Mobile Number and Email ID provided: ☐ 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 KRISHNA . P Mobile 9349183180

E-Mail krishna@gmail.com

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

First/Sole Applicant/Guardian BACQ124890

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/-)	₹ <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 SIP 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) → → →