

Channel Partner / Agent Information

Serial No:EQ

Distributor's ARN & Name ARN-102495 (Meri Punji IMF Pvt Ltd)	Sub-broker Code (internal)	Sub-broker's ARN (code)	EUIN* <small>(Employee Unique Identification Number)</small> E-145320
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ISC's signature
&
Time Stamping

* Declaration for "Execution only" transaction (only where EUIN box is left blank) I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Transaction charges For Rs. 10,000 and above:
 Existing Investor-Rs.100 New Investor-Rs.150
 Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including services rendered by the distributor.

First/Sole Applicant/ Guardian	Second Applicant	Third Applicant
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1. Existing Investor Information (Please fill in your Folio No. and then proceed to Section 3)
 Please note that applicant details and mode of holding will be as per existing Folio Number.
 KYC compliant Yes No (if no, please provide KYC proof/additional documents if not submitted earlier)

Folio No

2. New Investor Information (refer instruction 2)

Name of First/Sole Applicant Gender Male Female Others

Permanent Account Number (PAN) Date of Birth

D	D	M	M	Y	Y	Y	Y
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 KYC Proof attached (Mandatory)

Name of Guardian (in case of First / Sole Applicant is a **Minor**)/**Contact Person-Designation** (in case of non-individual Investors) / **POA Holder Name**

Permanent Account Number (PAN) Relationship KYC Proof attached (Mandatory)

Father's name (mandatory if PAN not provided)

Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant

E-Mail

STD Code Telephone Mobile

Default Communication mode is E-mail only, if you wish to receive following document(s) via physical mode: Please tick (✓)

Account Statement Annual Report Other Statutory Information

Mode of Holding [Please (✓)] Single Joint Anyone or Survivor

Address of First / Sole Applicant

TOWN CITY/DISTRICT STATE PIN CODE

Overseas Address (in case of NRIs/FIIs) (Mandatory)

Name of Second Applicant

Permanent Account Number (PAN) Date of Birth

D	D	M	M	Y	Y	Y	Y
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 KYC Proof attached (Mandatory)

Name of Third Applicant

Permanent Account Number (PAN) Date of Birth

D	D	M	M	Y	Y	Y	Y
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 KYC Proof attached (Mandatory)

3. KYC details (Mandatory) (refer instruction 3) Individual Non-Individual (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)

3a. Status of First/Sole Applicant [Please (✓)] Listed Company Unlisted Company Individual Minor through guardian HUF
 Partnership Society/Club Company Body Corporate Trust Mutual Fund FPI
 NRI-Repatriable NRI-Non-Repatriable FII/Sub account of FII Fund of Funds in India QFI Others..... (please specify)

3b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual)

First Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others..... (please specify)	
Second Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others..... (please specify)	
Third Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others..... (please specify)	

3c. Gross Annual Income (in ₹) [Please (✓)]

First Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore (or)
	Net-worth (Mandatory for non-individuals) ₹					as on <u>DD/MM/YYYY</u> (Not older than one year)
Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore (or) Net-worth.....
Third Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore (or) Net-worth.....

3d. First Applicant:

For Individuals [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am related to PEP Not Applicable

For Non-Individuals providing any of the below mentioned services [Please (✓)]

Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above

Second Applicant: (To be filled only if the applicant is an individual)	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am related to PEP	<input type="checkbox"/> Not Applicable
Third Applicant: (To be filled only if the applicant is an individual)	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am related to PEP	<input type="checkbox"/> Not Applicable

4. FATCA-CRS DETAILS For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA-CRS Annexure

The below information is required for all applicant(s) / guardian / PoA holder

Category	First Applicant/Guardian	Second Applicant	Third Applicant
1. Are you a Tax Resident of Country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your Country of Birth/ citizenship other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is your Residence address / Mailing address / Telephone No. other than in India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered YES to any of above, please provide the below details

Country of Tax Residence			
Nationality			
Tax Identification Number ^{\$}			
Identification Type (TIN or Other, please specify)			
Residence address for tax purposes (include City, State, Country & Pin code)			
Address Type	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
City of birth			
Country of birth			

^{\$} In case any of applicant being resident/ tax payer in more than one country, provide tax identification number for each such country separately.

11. Declaration, Certification & Signature (refer instruction 11)

Declaration: I/We • having read and understood the contents of the Statement of Additional Information/Scheme Information Document/addenda issued to the SID and KIM till date • hereby apply for units under the scheme(s) as indicated in the application form • agree to abide by the terms, conditions, rules and regulations of the scheme(s) • agree to the terms and conditions for Auto Debit • have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment • do not have any existing Micro SIPs/investments which together with the current application will result in the total investments exceeding Rs. 50,000 in a financial year or a rolling period of twelve months (applicable for PAN exempt category of investors). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Applicable to NRIs only: Please (✓) I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account on a Repatriation Basis Non-Repatriation Basis. I/We further declare that I/We am/are not a citizen of Canada.

I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/ We further agree not to hold Sundaram Asset Management, its sponsor, their employees, authorised agents, service providers, representatives of the distributors liable for any consequences/losses/costs/damages in case of any of the above particulars being false, incorrect or incomplete or in case of my/our not intimating/delay in intimating any changes to the above particulars. I/We hereby authorise Sundaram Asset Management to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/us, to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authorities, other investigation agencies and SEBI registered intermediaries without any obligation of advising me/us of the same. I/We hereby agree to provide any additional information/documentation that may be required in connection with this application.

Certification: I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions), stated in pages 1-30 and hereby certify that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same.

I/We agree to indemnify Sundaram Asset Management Company Limited in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes. or in respect of any other information as may be required under applicable tax laws.

Name of First / Sole Applicant / Guardian	Name of Second Applicant	Name of Third Applicant
(X)	(X)	(X)
Signature of First / Sole Applicant / Guardian	Signature of Second Applicant	Signature of Third Applicant

Date:/...../.....

Place:.....

FATCA-CRS Instructions

Details under FATCA-CRS/Foreign Tax Laws: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities/appointed agencies. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or greencard holder, please include United States in the Country of Tax Residence field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

\$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation with supporting documents and attach this to the form.

Particulars				
Scheme Name / Plan / Option / Sub-option	Goal	Cheque / DD / Payment Instrument Number / Date	Drawn on (Name of Bank & Branch)	Amount in figures (₹) & Amount in words
	<input type="checkbox"/> Lumpsum Purchase <input type="checkbox"/> SIP			