

Sundaram Select Micro Cap-Series XVI (Tenure 5 years) Application Form Please refer to product label in the cover page and Your Guide to Fill the Application form (pages 8-10) before proceeding

Nov. Fund Offer		equity scheme : 09/08/2017 Closes on: 2	00/00/0047	Serial No: SSMC-S XVI
		: 09/06/2017 Closes on: 2	23/06/2017	GSIVIO-S AVI
Channel Partner / Agent Inform Distributor's ARN & Name Sub-		Sub-broker Code (internal)	EUIN*	ISC's signature
Distributor 574 liv d realine Sub	broker o 7 km (code)	Cub broker code (internal)	(Employee Unique Idendification Number)	&
ARN-3086				Time Stamping
				Time Stamping
* Declaration for "Execution only"	transaction (only wh	ere EUIN box is left blank) □	I/We hereby confirm that the	Transaction charges For ₹ 10,000 and above:
EUIN box has been intentionally left the employee/relationship manager/	sales person of the ab	ove distributor/sub broker or r	notwithstanding the advice of	,
inappropriateness,if any, provided b	y the employee/relation	nship manager/sales person of	the distributor/sub broker.	Upfront commission shall be paid directly
First/Sole Applicant/	Second	Third		by the investor to the AMFI-registered distributors based on the investors
Guardian	Applicant	Applicant		assessment of various factors including services rendered by the distributor.
Existing Investor Information (Please Please note that applicant details are			Folio No	
Please note that applicant details and CKYC compliant ☐ Yes ☐ No (if no, ple				
2. New Investor Information (r	refer instruction 2)			
Name of First/Sole Applicant G	ender 🗆 Male 🗆 Fer	male Others		
Permanent Account Number (PAN)		Aadhar Card No.		Date of Birth D D M M Y Y Y Y
Central KYC Number				☐ CKYC Proof attached (Mandatory)
				,
Name of Guardian (in case of File	rst / Sole Applicant Is	a Minor)/Contact Person-L	Designation (in case of non-	-individual Investors) / POA Holder Name
Permanent Account Number (PAN)		Aadhar Card No.		Relationship
Central KYC Number				☐ CKYC Proof attached (Mandatory)
Father's name (mandatory if PAN	N not provided)			
Go Green Services (Save The Fu	ture): Please provide	Contact Details of First / So	ole Applicant	
E-Mail				
STD Code	Telephone		Mobile	
Default Communication mode is I	E-mail only, if you wis	sh to receive following docum	nent(s) via physical mode: P	lease tick (✓)
☐ Account Statement ☐ Annual F			(-)	
Mode of Holding [Please (✓)]	☐ Single ☐	Joint ☐ Anyone	or Survivor	
Address of First / Sole Applicar	nt			
TOWN	CITY/ DISTRICT		STATE	PIN CODE
Overseas Address (in case of NI	RIs/FIIs) (Mandatory)			
Name of Second Applicant				
D				
Permanent Account Number (PAN)		Aadhar Card No.		Date of Birth D D M M Y Y Y Y
Central KYC Number				☐ CKYC Proof attached (Mandatory)
Name of Third Applicant				
Permanent Account Number (PAN)		Aadhar Card No.		Date of Birth D D M M Y Y Y Y
Central KYC Number				☐ CKYC Proof attached (Mandatory)
	information(for non-indivi	iduals only). Please quote the Cent	ral KYC (CKYC) number in the bo	Additional Details (if not already submitted), and oxes provided above or submit your filled-in CKYC orms are available on our website.

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3. KYC details (Mandatory) (re	efer instruction 3) Individual	☐ Non-Individual (Please attach mandatory	FATCA-CRS Annexure for Entities including UBO)
Status of First/Sole Applicant [Please (/)]	Occupation Details [Please (/)]	Gross Annual Income (in ₹) [Please (✓)]	PEP Status
☐ Listed Company	(To be filled only if the applicant is an individual)	First Applicant	First Applicant
☐ Unlisted Company	First Applicant	☐ Below 1 Lac ☐ 1-5 Lacs	For Individuals [Please (/)] Politically Exposed
☐ Individual	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business	e	Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)
☐ Minor through guardian	☐ Professional ☐ Agriculturist	□ > 25 Lacs - 1 Crore □ > 1 Crore (or)	□ I am PEP
□HUF	☐ Retired ☐ Housewife	Net-worth (Mandatory for non-individuals) ₹	☐ I am related to PEP ☐ Not Applicable
☐ Partnership	☐ Student ☐ Forex Dealer	as on	For Non-Individuals providing any of the below
☐ Society/Club	Others(please specify)	— DIDIMIMIYIYIYIY (Not older than one	mentioned services [Please (/)]
☐ Company	Second Applicant ☐ Private Sector Service ☐ Public Sector Service	,	☐ Foreign Exchange/Money Changer Services ☐ Gaming/Gambling/Lottery/Casino Services
☐ Body Corporate	☐ Government Service ☐ Business	Second Applicant	☐ Money Lending/Pawning
☐ Trust	☐ Professional ☐ Agriculturist	☐ Below 1 Lac ☐ 1-5 Lacs	□ None of the above
☐ Mutual Fund	☐ Retired ☐ Housewife	□ 5-10 Lacs □ 10-25 Lacs	Second Applicant
	☐ Student ☐ Forex Dealer	□ > 25 Lacs - 1 Crore	(To be filled only if the applicant is an individual)
_	Others(please specify)		☐ I am PEP
□ NRI-Repatriable	Third Applicant ☐ Private Sector Service ☐ Public Sector Service	□ > 1 Crore (or) Net-worth	☐ I am related to PEP ☐ Not Applicable
□ NRI-Non-Repatriable	☐ Government Service ☐ Business		Third Applicant
☐ FII/Sub account of FII	☐ Professional ☐ Agriculturist	☐ Below 1 Lac ☐ 1-5 Lacs	(To be filled only if the applicant is an individual)
☐ Fund of Funds in India	☐ Retired ☐ Housewife	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ I am PEP
□QFI	☐ Student ☐ Forex Dealer	□ > 25 Lacs - 1 Crore	☐ I am related to PEP
☐ Others (please specify) Others (please specify)	☐ > 1 Crore (or) Net-worth	☐ Not Applicable
4. FATCA-CRS DETAILS Fo	or Individuals & HUF (Mandatory)	Ion Individual investors should mandat	orily fill separate FATCA-CRS Annexure
The below information is requi	red for all applicant(s) / guardian / PoA	holder	
Category	First Applicant/Guardian	Second Applicant	Third Applicant
Are you a Tax Resident of Country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Is your Country of Birth/ citizenship other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Is your Residence address / Mailing address / Telephone No. other than in India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If you have answered YES to	any of above, please provide the below	details	
Country of Tax Residence			
Nationality			
Tax Identification Number\$ or Reason for not providing TIN			
Identification Type (TIN or Other, please specify)			
Residence address for tax purposes (include City, State, Country & Pin code)			
Address Type	☐ Residential ☐ Business	☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office	☐ Residential or Business ☐ Residential ☐ Business ☐ 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.

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5. Bank Account Details of First/Sole Applicant (as per SEBI Regulations it is mandatory) (refer instruction 5)								
Account No								
Name of the Bank				Branch				
Branch Address				Bank City (rede	emption will be paya	ble at this location)		
Cheque MICR No		Account Tv	pe [Please (🗸)]	☐ Savings ☐ Curr			CNR* □ Others	<u> </u>
RTGS / NEFT / IFSC Code			1 1 1					e provide a copy of FIRC.
6. Mode of payment of red	demption/dividend	proceeds via Direct					Orieque lear, piease	s provide a copy or rino.
Direct Credit is now available				•		•	ank, IDBI Ban	k, IndusInd Bank,
Kotak Mahindra Bank, SBI, S		,		,	•			,
to your account. Alternatively way of a cheque/demand dra		payment through Ni	EFI mode bas	sed on the bank (details avail	able. Other	wise, paymen	t will be made by
7. Payment Details: Please		neque/Demand Draft	t favouring 'Sı	undaram Select I	Micro Cap S	Series XVI'	refer instruct	ion 7)
Scheme Name	Plan	Option*	Amount Invested (₹)	DD Charges (₹)	Net Amour Paid		Payment	Details Bank/Branch
Sundaram Select Micro	□ Regular □	☐ Growth ☐ Dividend - Payout	, ,	,,		Onoc	quo, BB Hamboi	Barry Branon
Cap-Series XVI	□ Direct	☐ Dividend - Sweep#	nka Ouradan Ad	nou Fund sub' 11	maliachte " "	/places	to the Cala	owneties Deen ()
#For investors choosing Dividend Swe *If you do not indicate an option, In case of third party payment (8. DEMAT Account Details	for default option refer (refer instruction 7): Pla	"Plans and Options" sec	ction in page 3 o	f the KIM.		u		ormation Document)
□ National Securities Depository	, ,	ticinant Name						
☐ Central Depository Services (Inc	' '	licipant Name	В	Beneficiary Account N	Number			
Investor willing to invest in Der	' I	de a copy of the DP S	tatement enab	ling us to match th	ne Demat de	tails as state	ed in the applic	cation form.
9. Switch Out On Maturity Facility (refer instruction 9) (please refer SID & KIM of respective target scheme for product labelling) At the time of application, the investor who holds units in physical mode has the option whereby all units under the scheme shall be switched on maturity into any of the Schemes of Sundaram Mutual Fund as chosen by the investor. Switch-out carried out by the Mutual Fund in accordance with this option chosen by the investor shall be deemed as redemption from the maturing scheme and subscription to the other scheme chosen by the investor. I/We wish to switch out all units on maturity of the Scheme to the Target Scheme mentioned below.								
Scheme: Sundaram Select Series XVI	· Ti	arget Scheme:				Fund	131 / 3016 Ap	pplicant / Guardian
Plan: Regular Direct Option: Growth Dividend Payout Dividend Payout Dividend Re-Investment Dividend Sweep# Growth Any / each correction carried out in selecting the target scheme has to be counter-signed by the investor(s) to make it a valid selection. (If an investor fails to specify the option, he will be allotted units under the default option/sub-option of the Target scheme.) (As a default option the units shall be fully redeemed on the date of maturity and redemption proceeds shall be despatched to the address/credited to the bank account of the unit holder within 10 business days from the date of maturity.								
			ما داداد			(-)	314	<i>пррпсат</i>
10. Nominee (available onl	y for individuals) (re		□ I WISH TO	nominate the fol	¬	. ,		
1st Nominee Name:					11			
Relationship:Address:		H . 1 1 1 1 1 P				I.		
Proportion (%)* in which units nominee	nominee% If nominee is a minor: Date of birth: Name of Guardian: Address of Guardian:			nominee% If nominee is a minor: Date of birth: Name of Guardian: Address of Guardian:				
Proportion (%) in which units will be shared by each nominee should aggregate to 100%								
□ I do not wish to choose a nominee. Signature of investor(s)								
Turn overleaf for Declaration & ∠Signature (Mandatory)→→→								
Acknowledgement Sundaram Asset Management Comp		Sundaram Select M s Road, Chennai - 600 014. Co			o years,	Serial No: SSM	IC-S XVI	
Received From Mr./Mrs./Ms.								
Communication in connection with the application should be addressed to the Registrar Sundaram BNP Paribas Fund Services Limited, Registrar and Transfer Agents, Unit: Sundaram Mutual Fund, 23, Cathedral Garden Road, Nungambakkam, Chennai 600 034. Contact No. 1860 425 7237 (India) +91 44 40831500 (NRI). Please Note: All Purchases are subject to realisation of cheques / demand drafts.					n Road,			

www.sundarammutual.com

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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 ₹ 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 USA/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 1-20 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

Date:/		Place:
Date	./	1 1400

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 doucments and attach this to the form.

Particulars				
Scheme Name / Plan / Option / Sub-option	Cheque/DD/Payment Instrument Number/Date	Drawn on (Name of Bank & Branch)	Amount in figures (₹) & Amount in words	Switch on Maturity To
				Sundaram

MC-AVI-09/00/2011 -23/00/2011 -3 years