

**Annexure to Common Application Form No.:** .....

Folio No		Permanent Account Number (PAN)	
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**KYC details (Mandatory)**  Individual  Non-Individual (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)

<p><b>Status of First/Sole Applicant</b> [Please (✓)]</p> <input type="checkbox"/> Listed Company <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Individual <input type="checkbox"/> Minor through guardian <input type="checkbox"/> HUF <input type="checkbox"/> Partnership <input type="checkbox"/> Society/Club <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> FPI <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non-Repatriable <input type="checkbox"/> FI/Sub account of FI <input type="checkbox"/> Fund of Funds in India <input type="checkbox"/> QFI <input type="checkbox"/> Others..... (please specify)	<p><b>Occupation Details</b> [Please (✓)]  <i>(To be filled only if the applicant is an individual)</i></p> <p><b>First Applicant</b></p> <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) <p><b>Second Applicant</b></p> <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) <p><b>Third Applicant</b></p> <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)	<p><b>Gross Annual Income (in ₹)</b> [Please (✓)]</p> <p><b>First Applicant</b></p> <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 IDIDIMIMIYIYIYI (Not older than one year) <p><b>Second Applicant</b></p> <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..... <p><b>Third Applicant</b></p> <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.....	<p><b>PEP Status</b></p> <p><b>First Applicant</b></p> <p><b>For Individuals</b> [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)</p> <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable <p><b>For Non-Individuals providing any of the below mentioned services</b> [Please (✓)]</p> <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> None of the above <p><b>Second Applicant</b> <i>(To be filled only if the applicant is an individual)</i></p> <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable <p><b>Third Applicant</b> <i>(To be filled only if the applicant is an individual)</i></p> <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable
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**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 <sup>§</sup> 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	<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			

<sup>§</sup> In case any of applicant being resident/ tax payer in more than one country, provide tax identification number for each such country separately.

## Declaration, Certification & Signatures

**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), 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.

<p>.....</p> <p style="text-align: center;"><b>Name of First / Sole Applicant / Guardian</b></p> <p>.....</p>	<p>.....</p> <p style="text-align: center;"><b>Name of Second Applicant</b></p> <p>.....</p>	<p>.....</p> <p style="text-align: center;"><b>Name of Third Applicant</b></p> <p>.....</p>
<p>.....</p> <p style="text-align: center;"><i>✍</i> <b>Signature of First / Sole Applicant / Guardian</b></p>	<p>.....</p> <p style="text-align: center;"><i>✍</i> <b>Signature of Second Applicant</b></p>	<p>.....</p> <p style="text-align: center;"><i>✍</i> <b>Signature of Third Applicant</b></p>

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.

## Details of Ultimate Beneficial Owner (UBO) including additional FATCA & CRS information (please include other references for completeness sake)

Name of the entity: .....

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

“Address of tax residence would be taken as available in KRS database. In case of any change, please approach KRA and notify the changes”

Customer ID / Foio Number: .....

PAN.....

Date of incorporation ...../...../.....

City of incorporation:.....

Country of incorporation:.....

Entity Constitution Type: **A** Partnership Firm **B** HUF **C** Private Limited Company **D** Public Limited Company **E** Society **F** AOP/BOI **G** Trust **H** Liquidator **I** Limited Liability Partnership **J** Artificial Juridical Person **K** Others specify.....)

Please tick the applicable tax resident declaration:

Is “Entity” a tax resident of any country other than India  Yes  No

(if yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below)

Country	Tax Identification Number%	Identification Type (TIN or Other%, please specify)

%In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>§</sup>

In case TIN or its functional equivalent is not available, please provide Company Identification Number or Global Entity Identification Number or GIIN etc.

In case the Entity’s Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity’s exemption code here: .....

### FATCA & CRS declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

#### Part A (to be filled by Financial Institutions or Direct Reporting NFEs)

1	We are a <input type="checkbox"/> Financial institution <sup>1</sup> or <input type="checkbox"/> Direct reporting NFE <sup>2</sup> (please tick as appropriate)	GIIN:..... Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor’s GIIN above and indicate your sponsor’s name below: Name of sponsoring entity: .....	GIIN not available (please tick as applicable): <input type="checkbox"/> <b>Applied for</b> If the entity is a Financial Institutions: <input type="checkbox"/> <b>Not required to apply for</b> (Please specify 2 digits sub-category <sup>3</sup> .....) <input type="checkbox"/> <b>Not obtained – Non-participating FI</b>
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#### Part B (please fill any one as appropriate ‘to be filled by NFEs other than Direct Reporting NFEs’)

1	Is the Entity a publicly traded company <sup>4</sup> (that is, a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of the stock exchange .....
2	Is the Entity a related entity of a publicly traded company <sup>5</sup> (a company whose shares are regularly traded on an established securities market)	<input type="checkbox"/> Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of the listed company..... Nature of relation: <input type="checkbox"/> Subsidiary of the listed company or <input type="checkbox"/> Controlled by a listed company Name of the stock exchange .....
3	Is the Entity an active NFE <sup>6</sup>	<input type="checkbox"/> Yes (If yes, please, fill UBO declaration in the next section) Nature of business ..... Please specify the sub-category of Active NFE:..... (Mention code – refer 2c of Part D)
4	Is the Entity a passive NFE <sup>7</sup>	<input type="checkbox"/> Yes (If yes, please, fill UBO declaration in the next section) Nature of business .....

<sup>1</sup> Refer 1 of Part D

<sup>2</sup> Refer 3(vii) of Part D

<sup>3</sup> Refer 1A. of Part D

<sup>4</sup> Refer 2a of Part D

<sup>5</sup> Refer 2b of Part D

<sup>6</sup> Refer 2c of Part D

<sup>7</sup> Refer 3(ii) of Part D

# FATCA-CRS Annexure for Entities including UBO

## UBO Declaration

Category (Please tick applicable category):  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  
 Unincorporated association / body of individuals  Public Charitable Trust  Religious Trust  Private Trust  
 Others (please specify.....)

Please list below the details of controlling person(s), confirming ALL Countries of Tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's<sup>8</sup> should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Forms W8 BEN E

Name - Beneficial Owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country*	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code <sup>9</sup> - of controlling person	Address - Include State Country, PIN / ZIP Code & Contact Details Address Type -
1. Name ..... Country ..... Tax ID No. % .....	Tax ID Type..... Beneficial Interest ..... Type Code ..... Address Type ..... <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address..... ZIP [ ][ ][ ][ ][ ][ ][ ][ ][ ] State:.....Country:.....
2. Name ..... Country ..... Tax ID No. % .....	Tax ID Type..... Beneficial Interest ..... Type Code ..... Address Type ..... <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address..... ZIP [ ][ ][ ][ ][ ][ ][ ][ ][ ] State:.....Country:.....
3. Name ..... Country ..... Tax ID No. % .....	Tax ID Type..... Beneficial Interest ..... Type Code ..... Address Type ..... <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	Address..... ZIP [ ][ ][ ][ ][ ][ ][ ][ ][ ] State:.....Country:.....

# If Passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification number PAN, Aadhar, Election ID, Govt ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. PAN ..... City of Birth ..... Country of Birth .....	Occupation Type ..... Nationality ..... Father's Name .....	DOB D D / M M / Y Y Y Y Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
2. PAN ..... City of Birth ..... Country of Birth .....	Occupation Type ..... Nationality ..... Father's Name .....	DOB D D / M M / Y Y Y Y Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
3. PAN ..... City of Birth ..... Country of Birth .....	Occupation Type ..... Nationality ..... Father's Name .....	DOB D D / M M / Y Y Y Y Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>

# Additional details to be filled by controlling persons with Tax residency / permanent residency / citizenship / Green Card in any country other than India:

\* To include US, where controlling persons is a US citizen or green card holder

% In case Tax identification is not available, kindly provide functional equivalent

<sup>8</sup> Refer 3(vi) of Part D <sup>9</sup> Refer 3(iv) (A) of Part D

### FATCA - CRS Terms and Conditions

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 documentations from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. 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.

Should there be any change in any information provided by you, please ensure you advise us promptly i.e. within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Sundaram Asset Management Company/Sundaram Mutual Fund or its group entities. Therefore, it is important that you respond to our request even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the country of Tax Residence field along with the US Tax Identification Number.

<sup>9</sup>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 and attach this to the form.

**Certification:** I/We have understood the information requirements of this Form (read along with the FATCA & CRS instructions) and hereby confirm 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 below and hereby accept the same.

Name			
Designation			
Signature	Signature	Signature	Place .....
			Date ...../...../.....