Know Your Client (KYC) Supplementary CKYC Form (For Individuals only) (To be additionally filled by customers using old KYC form)

(Please fill the form in English and in BLOCK Letters) Fields marked with * are mandatory fields

KYC Type*

□ Normal (PAN is mandatory) □ PAN Exempt Investors

1. Identity Details (Please	refer inst	ructio	n A a	t the		<i>'</i>																											
PAN					Plea	ase (encl	ose	a dı	ıly a	ttest	ed co	эру	of y	'OU	r PA	N C	Carc	ł														
	Prefix	Prefix First Name												Mi	dd	le N	lam	е							Last Name								
Name* (same as ID proof)																																	
Maiden Name (If any*)																																	
Mother Name*																																	
Residential Status*	🗆 Resid	□ Resident Individual □ Non Resident Indian																															
	□ Foreign National □ Person of Indian Or													igin																			
Occupation Type*	🗆 S-Ser	□ S-Service □ Private Sector □ Public Sector													Gov	vern	me	nt S	ecto	or													
	🗆 O-Otl	ners	ΠP	rofe	ssion	al			Sel	f Err	nploy	/ed		DF	Reti	red			lous	sew	vife	□S	tude	ent									
	□ B-Business □ X-Not Categorised																																
2. FATCA/CRS Information (Tick if Applicable) □ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end) Additional Details Required* (Mandatory only if above option is ticked) Country of Jurisdiction of Residence* □ Country Code of Jurisdiction of Residence as per ISO 3166																																	
Tax Identification Number or equivalent (If issued by jurisdiction)*																																	
Place / City of Birth*								ountr															Coun		Coc	SO 3	166						
Address Same as Curre	nt / Perm	nanen	it / Ov	erse	as A	.ddre	ess	Deta	uls;		Same	e as (Cor	resp	on	der	ice	/ Lo	cal	Ad	dres	s D	etail	s				_ 					
Line 1*		+		_		+	+		_			_	_					_		_				_		_	+	\vdash	\downarrow	+			
Line 2						+	+		_		+		-					City			Villa						╧		\pm	+			
District*		\pm	\square	 Zir) / Pc	l Inst C) Code	× [-				┤			St		UT (ige T		ner	India	n Mo	tor Vé	hicle	Act	1988			
State/UT*		+							Cou	Intry	/*															_	T	-			66		
State/UT* Country* Country* Country Code as per ISO 3166 3. Details of Related Person (Optional) (please refer instruction C at the end) (in case of additional related persons, please fill 'Annexure B1')																																	
Addition of Related Pers												of Rel														Т	T		Т				
Related Person Type*	□ Guar Prefix	dian d	of Min	or				Ass	igne	е									ores	ent	ative	е											
Name*		Firs	t Nar	me								lidd	lle N	lame	e			Last Name															
i ano	(If KYC	_l L numb	er an	d na	me a	are r	orovi	ded	. bel	ow	」∟ deta	ils of	se	ction	13	are	l tao	iona	 al)														
Proof of Identity [Pol] of I																	- 1		,														
Certified copy of any one of the	following	Proof	of Ide	ntity	[Pol]	neec	ds to	be s	ubm.	itted,)																						
A. Passport Number														Pas	spo	ort E	Exp	iry E	Date	Э		[) -		ЛЛ	/ _	- Y	Y	Y	Y		
B. Voter ID Card		+				+	+							D D M M Y Y Y																			
C. PAN Card		+++																															
D. Driving Licence														Driv	ving	g Lio	cen	ce E	Expi	ry E	Date	[DE) -	_	ЛТ	1 –	- Y	Y	Y	Y		
E. Aadhaar Card																																	
F. NREGA Job Card													_							-													
Z-Others (any document notified	d by the cen	tral gove	ernment	t)										Ider	ntifi	cat	ion	Nun	nbe	r													
4. Remarks (If any)																																	
					_			_							_									_			+	\square	+				
					+	-		-						$\left \right $	_		-	-		-						+	+	\vdash	+	-			
5. Applicant Declaration				1 1							II		1			1																	
 I hereby declare that the d I undertake to inform you be false or untrue or misle that I am not making this a of legislation or any notific I hereby consent to receiv number/email address. 	of any cl ading or pplicatio ations/di	hange r misre n for tl irectio	es thei eprese he pu ins iss	rein, entin rpos sued	imm g, I a e of o by a	edia am a cont ny c	ately. awar rave gove	In c e tha ntior rnm	ase at I n of a onta	any nay any / l or s	^r of tl be h Act, statu	he ab Ield li Rules Itory a	oov abl s, R autl	e info e for egul hority	orn r it. atic y fro	hatio I he ons om	on is ereb or a time	s fou by de iny s e to	und ecla statu time	to are ute e.	>	\$	[Sigr	natu	ire / 1	Γhun	nblm	pres	sion]				
Date: DD-MM-	YYY	ΥΥ	F	Place	e:]						Sig	nature	e/T	humb	Imp	ressic	n of /	pplic	cant			
	: DD-MM-YYY Place: [] [] [] [] [] [] [] [] [] [] [] [] []												Signature / Thumb Impression of Applicant Sundaram Asset Management																				

SUNDARAM MUTUAL												Annexure B1 – Addition/Deletion of Relat													lated Persons									
Fields ma	irked w	ith '*	' ar	e m	an	date	ory	fie	lds	s. P	lea	ase	fill	the	e fo	orm	in E	Engli	s	h ar	nd	in	BL(C	CK I	eti	ters	5.						
For office use only Application Type* N (To be filled by financial institution) KYC Number Image: Comparison of the second											Vew	w ☐ Update/Change														est)								
□ 1. Details	of Relate	d Per	son (p	oleas	e re	efer ir	nstru	ctio	n C	at tl	he e	nd)																						
$\hfill\square$ Addition of Related Person $\hfill\square$ Deletion of Related Person $\hfill\blacksquare$ KYC Number of														f Re	latec	d Per	rson (if	av	ailable	e*)														
Related Person Type*													Authorized Representative Middle Name Last Name																					
Name*	ame* (If KYC number and name are provided, below details of												ls of :	secti	on 1 a	are o	ptional)																
Proof of Ide	Proof of Identity [Pol] of Related Person* (Please see instruction (D) at the end)																																	
A - Passpo	ort Numbe	r 🗌			Т							. ,			,		Pa	assport	t E	xpiry	/ Da	te			D	D		Μ	M	— Y		7 Y	Y Y	
B - Voter ID) Card																	' N Car																
D - Driving	Licence																Dr	iving L	_ic	ence	e Ex	piry	Dat	е	D	D		Μ	M	— `Y	$^{\prime}$	Y	Ύ	
🗆 E - Aadhaa	ar Card																																	
🗆 F - NREGA	Job Carc																																	
□ Z - Others	(any documer	nt notifie	d by the	centra	l gov	ernme	nt)										Ide	entifica	atio	on N	umb	er												
2. Applicant	Declarati	on																																
or statutory a I hereby cons Date: D 3. Attestatio	D – M I	ving info ☑ – [fice L	ormatic Y Y Jse O	n from	Y	F	YC R Place		try th	iroug	h SN	IS/Er	nail o	on the	abov	/e reg	istere	ed numb	oer,	/emai	l add	ress		ç	Signatu	ure /	/ Thun	nb Im	press	ion of	Appl	licant		
Documents I							•																											
Deter	r						Out	БУ							Nia		_	T T	-			In	stitu	tioi	ו Det	all	s	-						
Date:	D		MM			Y Y	Ť								_	ime					<u> </u>										\downarrow			
Emp. Name Emp. Code															Co	ae																		
Emp. Design	ation							<u> </u>				+	_																					
Emp. Branch																									<u> </u>		-							
		ſE	Emplo	vee S	Siar	nature	el															[In	stitut	tior) Star	np								
				5	0		-												_												_			
O an anal la atmostian						Inst	truct	ions	s/G	uide	eline	s fo	or fill	ing l				/C App						1 a . h	Autor I F		1 6				the C	ahaal	Landaa	
 General Instructions: Self-Certification of documents is mandatory. KYC number of applicant is mandatory for update/change of KYC details. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I]. If any proof of identity or address is in a foreign language, then translation into English is required. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted. Sole proprietor must make the application in his individual name & capacity. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport /PIOCard /OCICard and overseas address proof is mandatory. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted. 													nd on, list oof ort	 For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided Clarification / Guidelines on filling 'Identity Details' section Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/letc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include a social security/ insurance number, citizen/personal identification/services code/number, and residen registration number). Clarification / Guidelines on filling 'Related Person details' section Provide KYC number of related person if available. Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section Mention identification / reference number if '2- Others (any document notified by the central government)' is ticked. 														rovided. entioned father's de India ediction. ification include, resident section						
www.sundarammutual.com 2																			S	unda	ara	am A	١ss	et N	/lana	ıge	me	nt						