



To
Sundaram Mutual Fund

Name of the Applicant (unitholder who is requesting for change of status from MINOR to MAJOR)

Mr./Ms.									
Date of Birth			/		/		PAN		
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)									
<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached <input type="checkbox"/> C-KYC Identification No.									
<i>Please tick <input checked="" type="checkbox"/> whichever is applicable</i>									
Name of the Guardian Mr./Ms. _____									
Relationship with the applicant: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian									

I, the above applicant, hereby request you to change my status from Minor to Major in the following Folios and delete the Guardian's name therein as I have since become a major, and update the details provided herein in your records.

Folio No(s).		
1)	2)	3)
4)	5)	6)
7)	8)	9)

Contact details of the Applicant

Mobile No.+91	Tel. No. STD -
Email Address	

Address of the Applicant

Address Line 1		
Address Line 2		
City:	State	PIN

(Please note that address will be updated as per applicant's address on KYC form / KYC Registration Agency records)

Bank Account Details of the Applicant

Bank Name	
Account No.	11-digit IFSC
A/c. Type <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No.
Name of bank branch	
City	PIN
<i>Please attach & tick <input checked="" type="checkbox"/> Cancelled cheque with applicant's name printed OR <input type="checkbox"/> Applicant's Bank Statement/Passbook</i>	

Additional KYC information (Please tick whichever is applicable)

Occupation <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"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)
The applicant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)
Gross Annual Income (₹) <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-1crore <input type="checkbox"/> >1 crore

Application Type* New Update
 KYC Type* Normal (PAN is mandatory)
 PAN Exempt Investors (Refer instruction K)

KYC Number**

**Mandatory for KYC update only; KYC Number issued by Central KYC Registry.

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>			
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T- Transgender			
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others			
Citizenship*	<input type="checkbox"/> IN- Indian <input type="checkbox"/> Others – Country <input type="text"/> Country Code <input type="text"/>			
Residential Status*	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorized			

Photo

Signature/Thumb Impression ✗

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A - Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B - Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D - Driving Licence	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> E - Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F - NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z - Others (any document notified by the central government)	<input type="text"/>		

3. Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2*

Line 3* City/Town/Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* Residential / Business Residential Business Registered Office Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>		

3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1'. Submit relevant documentary proof)

Line 1*

Line 2*

Line 3* City/Town/Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile - Tel.(Off) - Tel.(Res) -

Fax No. -

5. Additional Information for Tax Purpose (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 (5) 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* Country of Birth* Country Code as per ISO 3166

Address Same as Current / Permanent / Overseas Address Details; Same as Correspondence / Local Address Details

Line 1*

Line 2

Line 3 City/Town/Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Prefix First Name Middle Name Last Name

Name*

(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction **(H)** at the end)

Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

Passport Number Passport Expiry Date

Voter ID Card PAN Card

Driving Licence Driving Licence Expiry Date

Aadhaar Card

NREGA Job Card

Z-Others (any document notified by the central government) Identification Number


7. Remarks (If any)

8. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: Place:

 [Signature / ThumbImpression]

Signature / Thumb Impression of Applicant

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date:

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date:

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

General Instructions:

1. Self-Certification of documents is mandatory.
2. KYC number of applicant is mandatory for update/change of KYC details.
3. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
4. 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].
5. If any proof of identity or address is in a foreign language, then translation into English is required.
6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
8. Sole proprietor must make the application in his individual name & capacity.
9. 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.
10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
11. For opening an account with 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.

A. Clarification / Guidelines on filling 'Identity Details' section

1. Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Either father's name, Mother's Maiden name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1. 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 resident registration number

C. Clarification / Guidelines on filling 'Proof of Identity [PoI]' section, if PAN Card copy is not enclosed/For PAN exempt Investors

1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. Mention identification / reference number if 'Z – Others (any document notified by the central government)' is ticked.
3. Others – Identity card with applicant's photograph issued by any of the following: Central / State Government Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.
4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

D. Clarification / Guidelines on filling 'Proof of Address [PoA] section

1. PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
2. State / U.T Code and Zip / Post Code will not be mandatory for Overseas addresses.
3. Others includes – Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and

address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

E. Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
2. In case of multiple correspondence / local addresses, please fill 'Annexure A1'
3. Others includes – Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

F. Clarification / Guidelines on filling 'Contact details' section

1. Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
2. Do not add '0' in the beginning of Mobile number.

G. Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person if available.

H. Clarification / Guidelines on filling 'Related Person details – Proof of Identity [PoI] of Related Person' section

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

I. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

J. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Sundaram Asset Management Company (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

K. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders
Please read the instructions carefully before filling up this form

Name of 1st Holder _____

Name of 2nd Holder _____

Name of 3rd Holder _____

I/We, the above named Unitholders of _____ Mutual Fund, do hereby

Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death and/or

Cancel the nomination(s) made by me / us previously in respect of the units held by me/ us in the Folio/s listed below *(tick whichever is applicable).*

Scheme Name	Folio No.
1.	
2.	
3.	
4.	

Name of the 1 st Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State PIN


Name of the 2 nd Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State PIN

Name of the 3 rd Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State PIN

**applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)*

I/We **DO NOT** wish to make a nomination. *(Please tick if the unitholder does not wish to nominate anyone)*

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

Signature of the 1st unitholder 	Signature of the 2nd unitholder	Signature of the 3rd unitholder
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Instructions

1. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
2. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
3. Nomination is not allowed in a folio of a Minor unitholder.
4. If the units are held jointly (i.e., in case of multiple unitholders in the folio), all joint holders need to sign the Nomination Form (even if the mode of holding/operation is on “Anyone or Survivor” basis).
5. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
6. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
7. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
8. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
9. Multiple Nominees: Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the total percentage of allocation amongst multiple nominees does not add up to 100%, the nomination request shall be treated as invalid and rejected. If the percentage of allocation/ share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees.
10. Every new nomination for a folio/account shall overwrite the existing nomination, if any.
11. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
12. Nomination shall stand rescinded upon the transfer of units.
13. Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee’s share will be distributed equally amongst the surviving nominees.
14. Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).
15. Cancellation of Nomination: Request for cancellation of Nomination made can be made only by the unitholders. The nomination shall stand rescinded on cancellation of the nomination and the AMC shall not be under any obligation to transfer / transmit the units in favour of the Nominee.
16. Unitholders who do not wish to nominate are required to confirm the same by indicating their choice in the space provided in the nomination form.
17. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
18. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.



Annexure - 1

Bank Attestation of Account Details & Account-holder's signature

{To be issued on the Bank's Letter Head OR This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below }

Date: DD / MM / YYYY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. _____

is a customer of our bank, namely, _____,

Name of the bank

_____ branch

having the following Bank Account:

Table with account details: Account number, A/C type (Savings, Current, NRO, NRE, NRNR, Others), 9-Digit MICR No., 11-Digit IFSC.

His/her address, as per our Bank records, is as follows:

Table with address details: City, PIN, State.

Signature Verification by Bankers

Signature verification section with fields for customer signature, client signature, and bank official signature with seal, plus fields for Name, Designation, Employee Code, and Telephone Number of the attesting Bank Official.

*Mandatory