| Sunc | laram Overni | ght Fund Uncla | imed | s f | SUNDARAM MUTUAL | | | |
|--|---------------------|------------------|--------------------|------------|-----------------------|--|--|--|
| 1. Folio Number | | | | | | | | |
| 2. Name of First/Sole | e Applicant | | | | | | | |
| 3. Permanent Account Number (PAN)* PEKRN Central KYC Number CKYC Proof attached (Mandatory) | | | | | | | | |
| First/Sole Applicant/Guardian | | | | | | | | |
| Second Applicant | | | | | | | | |
| Third Applicant | | | | | | | | |
| E-Mail* Mobile No* | | | | | | | | |
| 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 | | | | | | | | |
| 4. Scheme Name Sundaram Overnight Fund Unclaimed - Redemption / Income Distribution cum Capital Withdrawal option | | | | | | | | |
| 5. Redemption Units ☑ All Units under unclaimed plan | | | | | | | | |
| 6. Bank Mandate (Mandatory)^ | | | | | | | | |
| ☐ Existing Bank Account ☐ New/updated Bank Account (Please fill below & provide mandatory documents) | | | | | | | | |
| Bank Name | | | Bank Branch & City | | | | | |
| Account No. | | | Account Type | | | | | |
| MICR Code* | | | IFSC/RTGS Code* | | | | | |
| *(9-digit number next to your cheque number) (*11 character code printed on a cheque / passbook) | | | | | | | | |
| Proof for Change of Bank Mandate : In case the bank mandate provided above is different with the registered bank mandate, please provide necessary proof documents (refer instructions overleaf). | | | | | | | | |
| Redemption request submitted along with change of bank mandate would result in payment being withheld upto 10 days for validating new bank mandate. | | | | | | | | |
| 7. Declaration and Signatures (as existing in records) | | | | | | | | |
| As I/we have unclaimed redemption or Income Distribution cum Capital Withdrawal option (IDCW) which are invested in Unclaimed Plans of Sundaram Overnight Fund, we would like to claim cum redeem the same as per request above [or] where we received the payment instrument with old bank account mandate/not received the payment instrument sent to my registered address or misplaced/lost the payment instrument issued to me/us; I/we request you to kindly issue a fresh instrument or execute a direct payment. I/we confirm that we have not encashed/realised the earlier payment, and agree to indemnify and repay Sundaram Mutual Fund, AMC and Registrar in case of any duplicate payment/s. | | | | | | | | |
| × | | | | | | | | |
| Sole / First Ap | oplicant / Guardian | Second Applicant | | | hird Applicant | | | |
| Acknowledgem | ent | Redemption rece | ipt | s f | SUNDARAM MUTUAL | | | |
| Received, subject to verification, request for revalidation of Income Distribution cum Capital Withdrawal option (IDCW) / redemption payment from: | | | | | | | | |
| | | | | | ISC Stamp & Signature | | | |
| Folio Number | | | | | | | | |

Contact No. 1860 425 7237 (India) +91 40 2345 2215 (NRI) www.sundarammutual.com

SMS SFUND to 56767

E-mail: customerservices@sundarammutual.com (NRI): nriservices@sundarammutual.com

Sundaram Mutual Fund

Sundaram Overnight Fund Unclaimed



^Please refer the instructions given below

For Change of Bank Mandate the investor should submit:

| Existing Bank details# (any one of the below) | | New Bank Details (any one of the below) |
|--|-------------------|--|
| (1) Cancelled original cheque (bearing account number and name on the face of the cheque); (2) Original Bank statement; or (3) Old Bank passbook with entries for 3 months prior to closure date; or (4) Original letter by the existing Bank on their letter head duly signed and stamped by branch manager/authorised officials; or (5) In case such bank account is already closed, a duly signed and stamped original letter from the bank confirming the closure of bank account. (copy enclosed) | (2) (3) (4) | Cancelled original cheque of the new bank account with name and account number printed thereon; Self-attested copy of bank statement; Bank passbook with current entries not older than 3 months; Original letter by the Bank on their letter head duly signed and stamped by branch manager/authorised officials. |

- # In case of non-availability of any of these documents, a self-attested copy of the bank pass book or a statement of bank account with entries for latest 3 months prior to the closure and having the name and address and account number will be required; In addition, the investor should provide a self attested copy of any one of the ID proof with address viz.PAN, Passport, driving license etc.
- # In case of non-availability of above documents and self-attested copy of pass book or statement of bank account, investor should give declaration. Please download the Declaration form from our website https://www.sundarammutual.com/pdf2/2018/App_form/COB_Declaration.pdf