



## KEY INFORMATION MEMORANDUM AND APPLICATION FORM

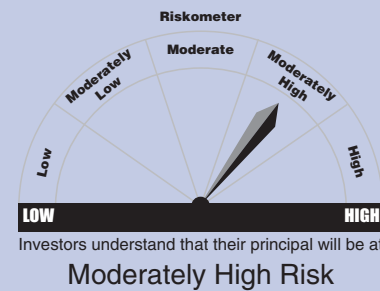
# Sundaram Emerging Small Cap - Series VI

A close ended equity scheme predominantly investing in small cap stocks

**This product is suitable for investors who are seeking\***

- Long term capital growth,
- investment predominantly in equity / equity-related instruments of companies that can be termed as small-caps.

\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.



Offer of units at Rs 10 during the new fund offer period.

**New Fund Offer opens: 20/08/2018**

**New Fund Offer closes: 03/09/2018**

## Application Form & KIM

Contact No. 1860 425 7237 (India)  
+91 44 28310301 (NRI)

SMS SFUND to 56767

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

**A close ended equity scheme**  
**New Fund Offer Period: Opens on: 20/08/2018 Closes on: 03/09/2018**

Serial No:  
**SESC-S VI**

Channel Partner / Agent Information				
Distributor's ARN & Name	Sub-broker's ARN (code)	Sub-broker Code (internal)	EUIN* (Employee Unique Identification Number)	Registered Investment Adviser (RIA) Code
<b>ARN - 48012</b>			<b>E053085</b>	

**ISC's signature & Time Stamping**

\* Declaration for "Execution only" transaction (only where EUIN box is left blank)  I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Transaction charges For ₹ 10,000 and above:  
 Existing Investor-₹ 100  New Investor-₹ 150

First/Sole Applicant/ Guardian	Second Applicant	Third Applicant
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Upfront commission shall be paid directly by the investor to the AMFI-registered distributors based on the investors' assessment of various factors including services rendered by the distributor.

**1. Existing Investor Information (Please fill in your Folio No. and then proceed to Section 3)**  
 Please note that applicant details and mode of holding will be as per existing Folio Number.  
 CKYC compliant  Yes  No (if no, please provide CKYC form & proof/additional documents. If yes, please provide 14 digit CKYC Number) Folio No

**2. New Investor Information (refer instruction 2)**

Name of First/Sole Applicant Gender  Male  Female  Others Name and DoB as per Aadhaar card

Permanent Account Number (PAN)\* Aadhaar 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 First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name

Permanent Account Number (PAN)\* Aadhaar Card No. Relationship

Central KYC Number  CKYC Proof attached (Mandatory) Mobile\*

Father's name (mandatory if PAN not provided)

**Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant**

E-Mail

STD Code Telephone Mobile

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

Mode of Holding [Please (✓)]  Single  Joint  Anyone or Survivor

**Address of First / Sole Applicant**

TOWN CITY/ DISTRICT STATE PIN CODE

**Overseas Address (in case of NRIs/FIIs) (Mandatory)**

Name of Second Applicant Gender\*  Male  Female  Others Name and DoB as per Aadhaar card

Permanent Account Number (PAN)\* Aadhaar Card No. Date of Birth\* D | D | M | M | Y | Y | Y | Y

Central KYC Number  CKYC Proof attached (Mandatory) Mobile\*

Name of Third Applicant Gender\*  Male  Female  Others Name and DoB as per Aadhaar card

Permanent Account Number (PAN)\* Aadhaar Card No. Date of Birth\* D | D | M | M | Y | Y | Y | Y

Central KYC Number  CKYC Proof attached (Mandatory) Mobile\*

**To be submitted along with the application form:** 1. Your **FATCA-CRS Details** (Foreign Account Tax Compliance Act) & **KYC Additional Details** (if not already submitted), and 2. **Ultimate Beneficial Owner(s) (UBO)** information (for non-individuals only). Please quote the **Central KYC (CKYC)** number in the boxes provided above or submit your filled-in **CKYC Form** incase of new investor and additional **CYKC form** incase of existing investors, irrespective of the investment amount. The forms are available on our website.

**3. KYC details (Mandatory) (refer instruction 3)**  Individual  Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO)

<p><b>Status of First/Sole Applicant</b> [Please (✓)]</p> <p><input type="checkbox"/> Listed Company</p> <p><input type="checkbox"/> Unlisted Company</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Minor through guardian</p> <p><input type="checkbox"/> HUF</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Society/Club</p> <p><input type="checkbox"/> Company</p> <p><input type="checkbox"/> Body Corporate</p> <p><input type="checkbox"/> Trust</p> <p><input type="checkbox"/> Mutual Fund</p> <p><input type="checkbox"/> FPI</p> <p><input type="checkbox"/> NRI-Repatriable</p> <p><input type="checkbox"/> NRI-Non-Repatriable</p> <p><input type="checkbox"/> FII/Sub account of FII</p> <p><input type="checkbox"/> Fund of Funds in India</p> <p><input type="checkbox"/> QFI</p> <p><input type="checkbox"/> Others..... (please specify)</p>	<p><b>Occupation Details</b> [Please (✓)]</p> <p><i>(To be filled only if the applicant is an individual)</i></p> <p style="text-align: center;"><b>First Applicant</b></p> <p><input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service</p> <p><input type="checkbox"/> Government Service <input type="checkbox"/> Business</p> <p><input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist</p> <p><input type="checkbox"/> Retired <input type="checkbox"/> Housewife</p> <p><input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer</p> <p><input type="checkbox"/> Others..... (please specify)</p> <hr/> <p style="text-align: center;"><b>Second Applicant</b></p> <p><input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service</p> <p><input type="checkbox"/> Government Service <input type="checkbox"/> Business</p> <p><input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist</p> <p><input type="checkbox"/> Retired <input type="checkbox"/> Housewife</p> <p><input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer</p> <p><input type="checkbox"/> Others..... (please specify)</p> <hr/> <p style="text-align: center;"><b>Third Applicant</b></p> <p><input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service</p> <p><input type="checkbox"/> Government Service <input type="checkbox"/> Business</p> <p><input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist</p> <p><input type="checkbox"/> Retired <input type="checkbox"/> Housewife</p> <p><input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer</p> <p><input type="checkbox"/> Others..... (please specify)</p>	<p><b>Gross Annual Income (in ₹)</b> [Please (✓)]</p> <p style="text-align: center;"><b>First Applicant</b></p> <p><input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs</p> <p><input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs</p> <p><input type="checkbox"/> &gt; 25 Lacs - 1 Crore <input type="checkbox"/> &gt; 1 Crore (or)</p> <p>Net-worth (Mandatory for non-individuals) ₹</p> <p>..... as on</p> <p>..... (Not older than one year)</p> <hr/> <p style="text-align: center;"><b>Second Applicant</b></p> <p><input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs</p> <p><input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs</p> <p><input type="checkbox"/> &gt; 25 Lacs - 1 Crore</p> <p><input type="checkbox"/> &gt; 1 Crore (or) Net-worth.....</p> <hr/> <p style="text-align: center;"><b>Third Applicant</b></p> <p><input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs</p> <p><input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs</p> <p><input type="checkbox"/> &gt; 25 Lacs - 1 Crore</p> <p><input type="checkbox"/> &gt; 1 Crore (or) Net-worth.....</p>	<p><b>PEP Status</b></p> <p style="text-align: center;"><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> <p><input type="checkbox"/> I am PEP</p> <p><input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable</p> <p><b>For Non-Individuals providing any of the below mentioned services</b> [Please (✓)]</p> <p><input type="checkbox"/> Foreign Exchange/Money Changer Services</p> <p><input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services</p> <p><input type="checkbox"/> Money Lending/Pawning</p> <p><input type="checkbox"/> None of the above</p> <hr/> <p style="text-align: center;"><b>Second Applicant</b></p> <p><i>(To be filled only if the applicant is an individual)</i></p> <p><input type="checkbox"/> I am PEP</p> <p><input type="checkbox"/> I am related to PEP</p> <p><input type="checkbox"/> Not Applicable</p> <hr/> <p style="text-align: center;"><b>Third Applicant</b></p> <p><i>(To be filled only if the applicant is an individual)</i></p> <p><input type="checkbox"/> I am PEP</p> <p><input type="checkbox"/> I am related to PEP</p> <p><input type="checkbox"/> Not Applicable</p>
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**4. FATCA-CRS DETAILS** For Individuals (Mandatory) | Non Individual investors & HUF 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
<b>If you have answered YES to any of above, please provide the below details</b>			
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.

**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.

**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 (redemption will be payable at this location)										
Cheque MICR No						Account Type [Please (✓)]	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE* <input type="checkbox"/> NRO* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others.....														
RTGS / NEFT / IFSC Code						*If the payment is by DD or source of fund is not clear on the Cheque leaf, please provide a copy of FIRC.															

**6. Mode of payment of redemption/dividend proceeds via Direct credit/NEFT/Other Mode (refer instruction 6).**

**Direct Credit is now available with:** Axis Bank, BNP Paribas Bank, Citibank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, SBI, Standard Chartered Bank, YES Bank. If your bank falls in this list your Redemption/ Dividend proceeds will be directly credited to your account. Alternatively, you will receive the payment through NEFT mode based on the bank details available. Otherwise, payment will be made by way of a cheque/demand draft/warrant.

**7. Payment Details: Please issue a separate cheque/Demand Draft favouring 'Sundaram Emerging Small Cap - Series VI' (refer instruction 7)**

Scheme Name	Plan	Option*	Amount Invested (₹)	DD Charges (₹)	Net Amount Paid	Payment Details	
						Cheque/DD Number	Bank/Branch
Sundaram Emerging Small Cap - Series VI	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="radio"/> Payout <input type="radio"/> Sweep#					

#Dividend Sweep Option (Target Fund) .....  Regular Growth

\*If you do not indicate an option, for default option refer "Plans and Options" section in page 3 of the KIM.

**In case of third party payment (refer instruction 7):** Please download (from www.sundarammutual.com) and attach the third party declaration form

**8. DEMAT Account Details (refer instruction 8)**

<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant Name _____		
<input type="checkbox"/> Central Depository Services (India) Ltd.	DP ID Number	<input type="text"/>	Beneficiary Account Number <input type="text"/>

Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the application form.

**9. Switch Out On Maturity Facility (refer instruction 9) (please refer SID & KIM of respective target scheme for product labelling)**

Signature of investor(s)

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.

<p><b>Scheme:</b> Sundaram Emerging Small Cap Series VI</p> <p><b>Plan:</b> <input type="checkbox"/> Regular</p> <p><b>Option:</b> <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Sweep</p>	TO	<p><b>Target Scheme:</b> Sundaram..... <b>Low duration</b>..... Fund</p> <p><b>Plan:</b> <input checked="" type="checkbox"/> Regular</p> <p><b>Option:</b> <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-Investment <input type="checkbox"/> Dividend Sweep (Target Scheme)..... <input type="checkbox"/> Regular Growth <input type="checkbox"/> Direct Growth</p> <p>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.)</p>	<p>1st / Sole Applicant / Guardian</p> <hr/> <p>2nd Applicant</p> <hr/> <p>3rd Applicant</p>
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(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). I/We have read and understood the terms and conditions applicable to the switch on maturity facility and am/are fully aware of the risk associated with such event. I/We have read and understood the Scheme Information Document (SID)/ Statement of Additional Information (SAI) and Key Information Memorandum (KIM) of the Target Scheme and have understood the investment objectives, investment pattern and risk factors applicable to the Target Scheme. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in opting the switch on maturity facility.

**Turn overleaf for Declaration & Signature (Mandatory) → → →**

**Acknowledgement Sundaram Emerging Small Cap - Series VI (Tenure 5 years)**  
Sundaram Asset Management Company Limited, II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI)

Serial No: SESC-S VI

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 28310301 (NRI).

ISC's Signature & Stamp

Please Note: All Purchases are subject to realisation of cheques / demand drafts.

**10. Nominee (available only for individuals) (refer instruction 10)**

I wish to nominate the following person(s)

<b>1st Nominee</b> Name:..... Relationship:..... Address:..... ..... Proportion (%)* in which units will be shared by first nominee.....% <b>If nominee is a minor:</b> Date of birth:..... Name of Guardian:..... Address of Guardian:.....	<b>2nd Nominee</b> Name:..... Relationship:..... Address:..... ..... Proportion (%)* in which units will be shared by first nominee.....% <b>If nominee is a minor:</b> Date of birth:..... Name of Guardian:..... Address of Guardian:.....	<b>3rd Nominee</b> Name:..... Relationship:..... Address:..... ..... Proportion (%)* in which units will be shared by first nominee.....% <b>If nominee is a minor:</b> Date of birth:..... Name of Guardian:..... Address of Guardian:.....
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\* 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) .....  
 1st / Sole Applicant / Guardian                      2nd Applicant                      3rd Applicant

**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 1-24 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.

**(Applicable only for investments through RIA) RIA Consent Declaration:** I/We, the above-named person/s have invested in the Scheme(s) of Sundaram Mutual Fund under Direct Plan under the above mentioned Account No(s)/Folio No(s).

I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the below mentioned Mutual Fund Distributor/SEBI-Registered Investment Advisor (Correction – Advisor):

AMFI Registration Number:	ARN - SEBI Registration No.
Name:	
Address:	
City PIN:	
E-Mail ID:	
Tel.No:	

<b>Name of First / Sole Applicant / Guardian</b>	<b>Name of Second Applicant</b>	<b>Name of Third Applicant</b>

Date: ...../...../..... Place:.....

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.....

**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:.....

Net Worth in INR. In ₹ Lakhs  Net Worth as on           (Date should not be older than one year)

Is the entity involved in / providing any of these services:	Foreign Exchange / Money Changer Services	Yes No	Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates]	Yes No	Money Laundering / Pawning	Yes No	Any other information [if applicable]
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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)

<sup>%</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent<sup>6</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>
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 <input type="checkbox"/> No (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 <input type="checkbox"/> No (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 <input type="checkbox"/> No (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 <input type="checkbox"/> No (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

# KYC additional details & 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 .....	Tax ID Type.....	Address.....
Country .....	Beneficial Interest .....	.....
Tax ID No.% .....	Type Code .....	.....
	Address Type .....	.....
	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	ZIP [ ][ ][ ][ ][ ][ ] State:.....Country:.....
2. Name .....	Tax ID Type.....	Address.....
Country .....	Beneficial Interest .....	.....
Tax ID No.% .....	Type Code .....	.....
	Address Type .....	.....
	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	ZIP [ ][ ][ ][ ][ ][ ] State:.....Country:.....
3. Name .....	Tax ID Type.....	Address.....
Country .....	Beneficial Interest .....	.....
Tax ID No.% .....	Type Code .....	.....
	Address Type .....	.....
	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	ZIP [ ][ ][ ][ ][ ][ ] State:.....Country:.....

# If Passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification number PAN, Aadhaar, 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 .....	Occupation Type .....	DOB DD / MM / YYYY
City of Birth .....	Nationality .....	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth .....	Father's Name .....	Others <input type="checkbox"/>
2. PAN .....	Occupation Type .....	DOB DD / MM / YYYY
City of Birth .....	Nationality .....	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth .....	Father's Name .....	Others <input type="checkbox"/>
3. PAN .....	Occupation Type .....	DOB DD / MM / YYYY
City of Birth .....	Nationality .....	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth .....	Father's Name .....	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 .....

# KYC additional details & FATCA-CRS Annexure for Entities including UBO

## Part D: FATCA-CRS Instructions & Definitions

**1. Financial Institution (FI)** - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- **Depository institution** is an entity that accepts deposits in the ordinary course of banking or similar business.
- **Custodial institution** is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-
  - (i) The three financial years preceding the year in which determination is made; or
  - (ii) The period during which the entity has been in existence, whichever is less.
- **Investment entity is any entity:**
  - That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
    - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
    - (ii) Individual and collective portfolio management; or
    - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons ;

**or**

  - The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

  - (i) the three-year period ending on 31 March of the year preceding the year in which the determination is made; or
  - (ii) the period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

- **Specified Insurance Company:** Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

- **FIs not required to apply for GIIN:**

A. Reasons why FI not required to apply GIIN

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

## 2. Non-financial entity (NFE) – Foreign entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

a. *Publicly traded company (listed company)*

A company is publicly traded if its stock are regularly traded on one or more established *securities markets*

(*Established securities market means* an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)



# KYC additional details & FATCA-CRS Annexure for Entities including UBO

## b. Related entity of a publicly traded company

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

## c. Active NFE: (is any one of the following):

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	<p>Any NFE that fulfills all of the following requirements:</p> <ul style="list-style-type: none"> <li>• It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>• It is exempt from income tax in India;</li> <li>• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> <li>• The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</li> </ul> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p><i>Explanation</i> - For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ul style="list-style-type: none"> <li>(I) an Investor Protection Fund referred to in clause (23EA);</li> <li>(II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and</li> <li>(III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;</li> </ul>

### 3. Other definitions

#### (i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

#### (ii) Passive NFE

The term passive NFE means

(i) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company;

or

(ii) an investment entity defined in clause (b) of these instructions

(iii) a withholding foreign partnership or withholding foreign trust;

(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

## (iii) Passive income

The term passive income includes income by way of :

- (1) Dividends,
- (2) Interest
- (3) Income equivalent to interest,
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFE
- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

## (iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide SEBI circular no. CIR/MIRSD/2/2013 dated January 24, 2013, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- i. More than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the investor/applicant is a trust, the financial institution shall identify the beneficial owners of the investor/applicant and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

### (A) Controlling Person Type:

#### Code Sub-category

C01	CP of legal person-ownership
C02	CP of legal person-other means
C03	CP of legal person-senior managing official
C04	CP of legal arrangement-trust-settlor
C05	CP of legal arrangement--trust-trustee
C06	CP of legal arrangement--trust-protector
C07	CP of legal arrangement--trust-beneficiary
C08	CP of legal arrangement--trust-other
C09	CP of legal arrangement—Other-settlor equivalent
C10	CP of legal arrangement—Other-trustee equivalent
C11	CP of legal arrangement—Other-protector equivalent
C12	CP of legal arrangement—Other-beneficiary equivalent
C13	CP of legal arrangement—Other-other equivalent
C14	Unknown