

Application Form
Please refer to Product labelling details available on cover page and Your Guide To
Fill The Application Form (pages 23-26) before proceeding

Distributor's ARN & Name ARN & Name Sub-broker S ARN Sub-broker Code EUIN' Registered Investment Adviser (RIA) Code EUIN' Emphysion EUIN' Adviser (RIA) Code EUIN' Emphysion EUIN' Emphysion EUIN' Europe EUIN' Emphysion EUIN' Europe EUIN' EUI
*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 that wide of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. First/Sole Applicant/
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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. Folio No Security Security Folio No Folio No Security Folio No Security Folio No Security Folio No Folio No Security Folio No Foli
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) 2. New Investor Information (refer instruction 2) Name of First/Sole Applicant Gender* □ Male □ Female □ Others Name and DoB as per Aadhaa Permanent Account Number (PAN)* □ Date of Birth* □ D M M Y Y Central KYC Number □ CKYC Proof attached (Mand Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name of Guardian (mandatory if PAN/Aadhaar not provided) Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant E-Mail □ CKYC Proof attached (Mand Name of Holding Please Telephone Mobile* CKYC Proof attached (Mand Pather's name (mandatory if PAN/Aadhaar not provided) 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 □ Anyone or Survivor
assessment of various factors into Services rendered by the distributor services rend
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) 2. New Investor Information (refer instruction 2) Name of First/Sole Applicant Gender* Male Female Others Name and DoB as per Aadhaa. Permanent Account Number (PAN)* Aadhaar Card No. Date of Birth* D M M Y Y Central KYC Number CKYC Proof attached (Mand Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name of Guardian (mandatory if PAN/Aadhaar 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 Anyone or Survivor
If yes, please provide 14 digit CKYC Number) 2. New Investor Information (refer instruction 2) Name of First/Sole Applicant Gender* Male Female Others Name and DoB as per Aadhaa Permanent Account Number (PAN)* Aadhaar Card No. Date of Birth* D M M Y Y Central KYC Number CKYC Proof attached (Mand Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Name of Guardian (in case of PAN)* Aadhaar Card No. Relationship Central KYC Number CKYC Proof attached (Mand Father's name (mandatory if PAN/Aadhaar not provided) Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant E-Mail 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
2. New Investor Information (refer instruction 2) Name of First/Sole Applicant Gender* Male Female Others Name and DoB as per Aadhaa Permanent Account Number (PAN)* Aadhaar Card No. Date of Birth* D M M Y Y Central KYC Number CKYC Proof attached (Mand Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder Nemanent Account Number (PAN)* Aadhaar Card No. Relationship Central KYC Number CKYC Proof attached (Mand Father's name (mandatory if PAN/Aadhaar not provided) Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant E-Mail Mobile* Mobile* 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
Name of First/Sole Applicant Gender* Male Female Others Name and DoB as per Aadhaar Permanent Account Number (PAN)* Aadhaar Card No. Date of Birth* D M M Y
Central KYC Number
Central KYC Number
Name of Guardian (in case of First / Sole Applicant is a Minor)/Contact Person-Designation (in case of non-individual Investors) / POA Holder New Permanent Account Number (PAN)*
Permanent Account Number (PAN)*
Central KYC Number
Central KYC Number
Father's name (mandatory if PAN/Aadhaar not provided) Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant E-Mail STD Code Telephone 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
Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant E-Mail
Go Green Services (Save The Future): Please provide Contact Details of First / Sole Applicant E-Mail
E-Mail
Telephone Mobile* Mob
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
Account Statement ☐ Annual Report ☐ Other Statutory Information Mode of Holding [Please (✓)] ☐ Single ☐ Joint ☐ Anyone or Survivor
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)
Nome of Second Applicant Condext - Male - Female - Others
Name of Second Applicant Gender*
Permanent Account Number (PAN)*
Central KYC Number CKYC Proof attached (Mandatory) Mobile*
Name of Third Applicant Gender* ☐ Male ☐ Female ☐ Others Name and DoB as per Aadhaa
PIN CODE*
Permanent Account Number (PAN)*
Central KYC Number

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3. KYC details (Mandatory) (re	efer instruction 3) Individual	☐ Non-Individual (Please attach mandatory F	Non-Individual (Please attach mandatory FATCA-CRS Annexure for Entities including UBO				
Status of First/Sole Applicant [Please (/)]			Gross Annual Income (in ₹) [Please (✓)] PEP Status				
☐ Listed Company	(To be filled only if the applicant is an individual)	First Applicant	First Applicant				
☐ Unlisted Company	First Applicant ☐ Private Sector Service ☐ Public Sector Service	☐ Below 1 Lac ☐ 1-5 Lacs	For Individuals [Please (/)] Politically Exposed Person (PEP) Status (Also applicable for authorised				
□ Individual	☐ Government Service ☐ Business	☐ 5-10 Lacs ☐ 10-25 Lacs	signatories/Promoters/Karta/Trustee/Whole time Directors)				
☐ Minor through guardian	☐ Professional ☐ Agriculturist	□ > 25 Lacs - 1 Crore □ > 1 Crore (or)	☐ I am PEP				
□HUF	☐ Retired ☐ Housewife	Net-worth (Mandatory for non-individuals) ₹	☐ I am related to PEP ☐ Not Applicable				
☐ Partnership	☐ Student ☐ Forex Dealer	as on	For Non-Individuals providing any of the below				
☐ Society/Club	Others(please specify)	— IDIDIMIMIYIYIYI (Not older than one	mentioned services [Please (/)]				
☐ Company	Second Applicant	,	☐ Foreign Exchange/Money Changer Services				
☐ Body Corporate	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business	Second Applicant	☐ Gaming/Gambling/Lottery/Casino Services☐ Money Lending/Pawning				
☐ Trust	☐ Professional ☐ Agriculturist	☐ Below 1 Lac ☐ 1-5 Lacs	□ None of the above				
☐ Mutual Fund	☐ Retired ☐ Housewife		Second Applicant				
	☐ Student ☐ Forex Dealer	□ 5-10 Lacs □ 10-25 Lacs	(To be filled only if the applicant is an individual)				
□ FPI	☐ Others (please specify)	□ > 25 Lacs - 1 Crore	☐ I am PEP				
☐ NRI-Repatriable	Third Applicant	□ > 1 Crore (or) Net-worth	☐ I am related to PEP				
☐ NRI-Non-Repatriable	☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business	······································	Not Applicable Third Applicant				
☐ FII/Sub account of FII	☐ Professional ☐ Agriculturist	☐ Below 1 Lac ☐ 1-5 Lacs	(To be filled only if the applicant is an individual)				
☐ Fund of Funds in India	Retired Housewife	☐ 5-10 Lacs ☐ 10-25 Lacs	□ I am PEP				
□QFI	☐ Student ☐ Forex Dealer	□ > 25 Lacs - 1 Crore	☐ I am related to PEP				
☐ Others (please specify	Others (please specify)	☐ > 1 Crore (or) Net-worth	☐ Not Applicable				
4. 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				
Are you a Tax Resident of Country other than India?	Yes No	☐ Yes ☐ No	☐ Yes ☐ No				
2. Is your Country of Birth/ citizenship other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No				
3. Is your Residence address / Mailing address / Telephone No. other than in India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No				
4. Is the PoA holder / person to whom signatory authority is given, covered under any of the categories 1, 2 or 3 above?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No				
If you have answered YES to any of above, please provide the below details							
Country of Tax Residence							
Nationality							
Tax Identification Number\$ 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	☐ Residential ☐ Business [☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office	☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office				
City of birth							
Country of birth							

\$ 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 doucments 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) Account Type [Please (✓)] ☐ Savings ☐ Current ☐ NRE* ☐ NRO* ☐ FCNR* ☐ Others..... Cheque MICR No *If the payment is by DD or source of fund is not clear on the Cheque RTGS / NEFT / IFSC Code 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. Payment Details: Please issue a separate Cheque/Demand Draft favouring the scheme you wish to invest/One Time Mandate (OTM) (refer instruction 7) Scheme Name Plan □ Regular □ Direct □ Regular □ Direct □ Regular □ Direct Dividend ☐ Payout ☐ Re-Investment ☐ Sweep Dividend ☐ Payout ☐ Re-Investment ☐ Sweep Dividend ☐ Payout ☐ Re-Investment ☐ Sweep ☐ Growth ☐ Others .. ☐ Growth ☐ Others ☐ Growth ☐ Others .. Dividend Frequency: (For Fixed Income Funds only) Dividend Frequency: (For Fixed Income Funds only) Dividend Frequency: (For Fixed Income Funds only) ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly □ Daily □ Weekly □ Fortnightly □ Monthly □ Daily □ Weekly □ Fortnightly □ Monthly Option □ Quarterly □ Half-Yearly □ Annual ☐ Quarterly ☐ Half-Yearly ☐ Annual 🗌 Quarterly 🗌 Half-Yearly 🗎 Annual **Dividend Sweep Target Scheme (Fund) Dividend Sweep Target Scheme (Fund) Dividend Sweep Target Scheme (Fund)** (If an investor fails to specify the option, he will be allotted units under the default option/suboption of the Target scheme.) 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 Amount Invested (₹) DD Charges (₹) Net Amount Paid **Payment Details** OTM Cheque DD Number RTGS Fund Transfer Bank/Branch In case of third party payment (refer instruction 7): Please download (www.sundarammutual.com) and attach the third party declaration form 8. DEMAT Account Details (refer instruction 8) ☐ National Securities Depository Ltd. Depository Participant DP ID Number Beneficiary Account Number ☐ Central Depository Services (India) Ltd. 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. Please indicate details of your SIP (refer instruction 9) (skip this section if you wish to make a one-time investment) Mode of SIP ☐ Post-dated cheques (please provide the details below) ☐ OTM/NACH (please submit SIP Registration Form) SIP Period (For Post-Dated Cheques) **SIP Frequency** Weekly (Minimum amount ₹ 1000 Every Wednesday. Minimum No of installments 5)
 Monthly (Minimum amount ₹ 250 Minimum No of installments 20) SIP Starting SIP Ending for Monthly/Quarterly frequency only □ 1 □ 7 □ 14 □ 20 □ 25 M M Υ ☐ Quarterly (Minimum amount ₹ 750 Minimum No of installments 7) No. of First SIP Cheque No **Last SIP Cheque No PDCs Each SIP Amount** Refer Guide to investing through SIP Turn overleaf for Declaration &
∠Signature (Mandatory) → → → Serial No: EQ Sundaram Asset Management Company Limited, CIN: U93090TN1996PLC034615, Acknowledgement I & II Floor, 46 Whites Road, Chennai - 600 014. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI) 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, Central Processing Center, 23, Cathedral Garden Road, Nungambakkam, Chennal-600034. Contact No. 1860 425 7237 (India) +91 44 28310301 (NRI).

www.sundarammutual.com

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

ISC's Signature & Stamp

10. Nominee (available only for individuals) (refer instruction 10)							
		2nd Nominee		3rd Nominee			
Name:				Name:			
Relationship:				Relationship:			
Address:				Address:			
Proportion (%)* in which units will be shared by first I			n which units will be shared by first%	Proportion (%)* in which units will be shared by first nominee%			
If nominee is a minor:		If nominee is a minor:					
Date of birth:			······································	Date of birth:			
		Address of Guard	ian:				
* 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, Certif	ication & Signature	e (refer instructio	n 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) • agree to the terms and conditions for OTM/NACH • have not received nor been induced by any rebate or gift 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 peric of twelve months (applicable for PAN/Aadhaar 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 channe or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account on a □ Repatriation Basis □ Non-Repatriation Basis. I/We further agree not to hold Sundaram Asset Management, its sponsor, their employees, authorise agents, service providers, representatives of the distributors liable for any consequences/losses/costs/damages in case of any of 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, update 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 intermediarie without any obligation of advising me/us of the same. I/We hereby agree to provide any additional information/documentation that may be requir							
I/We agree to indemnify Sundaram Ass respect of any other information as ma	set ivianagement Company Limite	a in respect of any faise, misie	ading, inaccurate and incomplete information reg	arding my/our "U.S. person" status for U.S. federal income tax purposes. or i			
□ (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): AMDI Registration Number ARN - SEBI Registration No. Name:							
Address							
City PIN							
E-Mail ID							
Tel.No							
Consent & Signature for Aadhaar I/We hereby provide my / our consent to Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited (RTA) for the following: a) For validating my Aadhaar Number with UIDAI through an authorized entity. b) For updating/seeding my Aadhaar number based on the PANs in all my accounts maintained with your Fund for KYC & or related due diligence purpose in line with PMLA requirements, UIDAI guidelines and Account enrichment purpose. I/We authorize Sundaram Mutual Fund / Sundaram BNP Paribas Fund Services Limited to authenticate data in accordance with UIDAI (Authentication) Regulations. 1 / We hereby provide my / our consent for sharing the Aadhaar data / information with other Mutual Funds / RTAs for updating the same in my / our folios held with them, now or to be created in future. 1 / we further declare that this consent will remain valid for Updation in all my / our existing & new folios serviced by Sundaram BNP Paribas Fund Services Limited. c) The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations. d) I/We hereby provide my /our consent in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations. d) I/We hereby provide my /our consent for sharing/disclosing of my Aadhaar Act, 2016 and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. Where the client is a non-individual, apart from the Constitution documents, Aadhaar numbers and PANs or Form 60 of Managers, Officers or Employees holding an attorney to transact on its behalf shall be s							
holding an authority to transact on behalf of such entity is not eligible to be enrolled for Aadhaar and does not submit the PAN, certified copy of an officially valid document shall be submitted.							
Name of First / Sole	Applicant / Guardian	Name	of Second Applicant	Name of Third Applicant			
≲Signature of First / So	ole Applicant / Guard	 ian <i>Æ</i> Signa	ture of Second Applicant				
			series - delangement	Place:			
Date:/							
Particulars Particulars							
Scheme Name / Plan / Option / Sub-option	Goal	Cheque / DD / Payment Instrument Number / Date	Drawn on (Name of Bank & Branch)	Amount in figures (₹) & Amount in words			
	☐ Lumpsum Purchase	=					