

**EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIIN)
DECLARATION FORM**

(to be used when the EUIIN is not mentioned in the application/transaction form)



SUNDARAM MUTUAL
— Sundaram Finance Group —

Agents Name and ARN	Sub Broker ARN Code	Sub Agent Code
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<input type="checkbox"/> Folio/ <input type="checkbox"/> Application No.	PAN of first applicant/Guardian
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Name of the First Unit Holder

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Name of Guardian (in case of First / Sole Applicant is a Minor) / Name of Power of Attorney (PoA)

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Transaction Date (This declaration must be submitted within 30 days from the date of application / transaction. A separate declaration must be furnished for each separate transaction/application)

D	D	M	M	Y	Y	Y	Y
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Transaction Type (Please tick ✓ any one) (If transaction type is a purchase, please fill in cheque number details)

<input type="checkbox"/> Purchase	<input type="checkbox"/> Switch	<input type="checkbox"/> SIP Registration	<input type="checkbox"/> STP Registration	<input type="checkbox"/> cheque number (in case of purchase/SIP transactions only)
<input type="checkbox"/> Others (please specify).....				<table border="1" style="width: 100%; height: 20px;"></table>

Scheme Name/Plan/Option

<input type="checkbox"/> Purchase/SIP	<table border="1" style="width: 100%; height: 20px;"></table>
<input type="checkbox"/> Switch-in (applicable for Switch/STP transactions only)	<table border="1" style="width: 100%; height: 20px;"></table>
<input type="checkbox"/> Switch-out (applicable for Switch/STP transactions only)	<table border="1" style="width: 100%; height: 20px;"></table>

Amount/Units

<input type="checkbox"/> Amount Rs.	In words	<input type="checkbox"/> Units
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Investor needs to tick any one of the following two options, as applicable for the transaction.

I/We hereby confirm that the EUIIN 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.

Please update the EUIIN for the afore-said transaction as

 EUIIN (to be updated)

Signature (Mandatory Field) (declaration must be signed by all applicants in case mode of holding is joint)

First Holder	Second Holder	Third Holder

Date..... Place.....

Acknowledgement

Agents Name and ARN	Sub Broker ARN Code	Sub Agent Code	Office Seal
<input type="checkbox"/> Folio/ <input type="checkbox"/> Application No.			
Name of the First Unit Holder			

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Transaction Date..... Transaction Type..... Amount/Units.....

Scheme Name/Plan/Option.....

EUIIN

 (or) Execution only confirmation Date:.....