EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN) DECLARATION FORM

SUNDARAM MUTUAL

Agents Name and ARN	Sub Broker ARN Code	Sub Agent Code

☐ **Folio/☐ Application No.** | **PAN of first applicant/Guardian**

Name of the First Unit Holder

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

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

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

☐ Purchase ☐ Switch ☐ SIP Registration ☐ STP Registration
☐ Others (please specify).....

☐ cheque number *(in case of purchase/SIP transactions only)*

Scheme Name/Plan/Option

☐ Purchase/SIP

☐ Switch-in *(applicable for Switch/STP transactions only)*

☐ Switch-out *(applicable for Switch/STP transactions only)*

Amount/Units

☐ Amount Rs. In words ☐ Units

Please tick as applicable for the transaction.

☐ 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.

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

☐ **Folio/☐ Application No.**

Name of the First Unit Holder

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

Scheme Name/Plan/Option.....

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