



Investment Manager: Sundaram Asset Management Company Limited

Contact: Save Tax Get Rich
+91 94 8300 8300

Equity

Application Form & Key Information Memorandum



Contact: Save Tax Get Rich
+91 94 8300 8300

Toll Free: 1800 103 7237 (India)
+91 44 49057300 (NRI)

SMS SFUND to 56767

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

Channel Partner / Agent Information

Serial No:EQ

Distributor's ARN & Name ARN - 74461	Sub-broker Code (internal)	Sub-broker's ARN (code)	EUIN* (Employee Unique Identification Number) E 0 6 3 5 6 6
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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 Rs. 10,000 and above:
 Existing Investor-Rs.100 New Investor-Rs.150

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.

First/Sole Applicant/ Guardian	Second Applicant	Third Applicant
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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.
 KYC compliant Yes No (if no, please provide KYC proof/additional documents if not submitted earlier)

Folio No

2. New Investor Information (refer instruction 2)

Name of First/Sole Applicant Gender Male Female Others

Permanent Account Number (PAN) Date of Birth KYC 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) Relationship KYC Proof attached (Mandatory)

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

Permanent Account Number (PAN) Date of Birth KYC Proof attached (Mandatory)

Name of Third Applicant

Permanent Account Number (PAN) Date of Birth KYC Proof attached (Mandatory)

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3. KYC details (Mandatory) (refer instruction 3) Individual Non-Individual (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form)

Status of First/Sole Applicant [Please (✓)]

- Listed Company
- Unlisted Company
- Individual
- Minor through guardian
- HUF
- Partnership
- Society/Club
- Company
- Body Corporate
- Trust
- Mutual Fund
- FPI
- NRI-Repatriable
- NRI-Non-Repatriable
- FII/Sub account of FII
- Fund of Funds in India
- QFI
- Others..... (please specify)

Occupation Details [Please (✓)]

(To be filled only if the applicant is an individual)

- First Applicant**
- Private Sector Service Public Sector Service
 - Government Service Business
 - Professional Agriculturist
 - Retired Housewife
 - Student Forex Dealer
 - Others..... (please specify)
- Second Applicant**
- Private Sector Service Public Sector Service
 - Government Service Business
 - Professional Agriculturist
 - Retired Housewife
 - Student Forex Dealer
 - Others..... (please specify)
- Third Applicant**
- Private Sector Service Public Sector Service
 - Government Service Business
 - Professional Agriculturist
 - Retired Housewife
 - Student Forex Dealer
 - Others..... (please specify)

Gross Annual Income (in ₹) [Please (✓)]

- First Applicant**
- Below 1 Lac 1-5 Lacs
 - 5-10 Lacs 10-25 Lacs
 - > 25 Lacs - 1 Crore > 1 Crore (or)
- Net-worth (Mandatory for non-individuals) ₹
..... as on
I D I D I M I M I Y I Y I Y I Y I (Not older than one year)
- Second Applicant**
- Below 1 Lac 1-5 Lacs
 - 5-10 Lacs 10-25 Lacs
 - > 25 Lacs - 1 Crore
 - > 1 Crore (or) Net-worth.....
- Third Applicant**
- Below 1 Lac 1-5 Lacs
 - 5-10 Lacs 10-25 Lacs
 - > 25 Lacs - 1 Crore
 - > 1 Crore (or) Net-worth.....

PEP Status

- First Applicant**
- For Individuals** [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)
- I am PEP
 - I am related to PEP Not Applicable
- For Non-Individuals providing any of the below mentioned services** [Please (✓)]
- Foreign Exchange/Money Changer Services
 - Gaming/Gambling/Lottery/Casino Services
 - Money Lending/Pawning
 - None of the above
- Second Applicant**
- (To be filled only if the applicant is an individual)
- I am PEP
 - I am related to PEP
 - Not Applicable
- Third Applicant**
- (To be filled only if the applicant is an individual)
- I am PEP
 - I am related to PEP
 - 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
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

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	<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			

^{\$} 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

+91 94 8300 8300

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, ING Vysya, Kotak Mahindra Bank, Royal Bank of Scotland, 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 the scheme you wish to invest/One Time Mandate (OTM) (refer instruction 7)

Scheme Name	Plan	Option	Amount Invested (less DD charges)	Net Amount Paid	Payment Details	
					<input type="checkbox"/> OTM <input type="checkbox"/> Cheque / <input type="checkbox"/> DD Number	Bank/Branch
Sundaram Tax Saver	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Growth				
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct					
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct					

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)

<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant
<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. 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/Auto Debit (please submit SIP Registration Form)

SIP Period (For Post-Dated Cheques)	SIP Date	SIP Frequency				
<table border="1"> <tr> <td>SIP Starting</td> <td>SIP Ending</td> </tr> <tr> <td>M M Y Y Y Y</td> <td>M M Y Y Y Y</td> </tr> </table>	SIP Starting	SIP Ending	M M Y Y Y Y	M M Y Y Y Y	for Monthly/Quarterly frequency only <input type="checkbox"/> 1 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 20 <input type="checkbox"/> 25	<input type="checkbox"/> Weekly (Minimum amount Rs 1000 Every Wednesday. Minimum No of installments 5) <input type="checkbox"/> Monthly (Minimum amount Rs 250 Minimum No of installments 20) <input type="checkbox"/> Quarterly (Minimum amount Rs 750 Minimum No of installments 7)
SIP Starting	SIP Ending					
M M Y Y Y Y	M M Y Y Y Y					
No. of PDCs <input type="text"/>	First SIP Cheque No <input type="text"/>	Last SIP Cheque No <input type="text"/>				
Each SIP Amount Rs <input type="text"/>	Refer Guide to investing through SIP					

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

Acknowledgement

Sundaram Asset Management Company Limited, II Floor, 46 Whites Road, Chennai - 600 014. Toll Free 1800 103 7237 (India) +91 44 49057300 (NRI)

Serial No: EQ

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, RR Towers, II III Floor, Thiru Vi Ka Industrial Estate, Guindy, Chennai 600 032. Toll Free 1800 103 7237 (India) +91 44 49057300 (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)

1st Nominee

Name:.....
Address:.....
.....

Proportion (%)* in which units will be shared by first nominee.....%

If nominee is a minor:

Date of birth:.....Relationship:.....
Name of Guardian:.....
Address of Guardian:.....

2nd Nominee

Name:.....
Address:.....
.....

Proportion (%)* in which units will be shared by second nominee.....%

If nominee is a minor:

Date of birth:.....Relationship:.....
Name of Guardian:.....
Address of Guardian:.....

3rd Nominee

Name:.....
Address:.....
.....

Proportion (%)* in which units will be shared by third nominee.....%

If nominee is a minor:

Date of birth:.....Relationship:.....
Name of Guardian:.....
Address of Guardian:.....

* 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 Rs. 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 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 1-30 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.

Name of First / Sole Applicant / Guardian	Name of Second Applicant	Name of Third Applicant
Signature of First / Sole Applicant / Guardian	Signature of Second Applicant	Signature of Third Applicant

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

Place:.....



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
	<input type="checkbox"/> Lumpsum Purchase <input type="checkbox"/> SIP			

Please tick as applicable:

- Auto Debit Form is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Ten days.
- Auto Debit Form is already registered in the folio. [No need to submit again].

Contact: Save Tax Get Rich

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ISC's signature & Time Stamping

Distributor's ARN & Name ARN - 74461	Sub-broker Code (internal)	Sub-broker's ARN (code)	EUIN* (Employee Unique Identification Number) E 0 6 3 5 6 6	For Office use only
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I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole/First Applicant's Signature Mandatory

Investor Name _____

Existing Investor-Folio No. _____ New Investor-Application No. _____

PAN/PEKRN & KYC _____

Sole/First Applicant/Guardian

Second Applicant/Guardian

Third Applicant/Guardian

Please tick SIP Registration SIP with Top-up Registration SIP - Change in Bank Details (Please provide copy of cancelled cheque and mention relevant SIP details in the form and OTM mandate.)

KYC compliant Yes No (if no, please provide KYC proof/additional documents if not submitted earlier)

Sr. No	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date	Frequency	SIP Top Up (Optional)	Start Month/Year	End Month/Year (Default Dec 2031)#
1	Sundaram Tax Saver Growth		<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ Rs..... Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	MM YY YY YY	MM YY YY YY <input type="checkbox"/> Till Further Notice
2			<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ Rs..... Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	MM YY YY YY	MM YY YY YY <input type="checkbox"/> Till Further Notice
3			<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ Rs..... Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	MM YY YY YY	MM YY YY YY <input type="checkbox"/> Till Further Notice

*Default frequency; #The date may be taken as 31/12/2031 in case the bank needs to input a specific date in their system (refer Guide to investing through SIP)

\$ The amount should be in multiples of Rs. 500 only; ^ Quarterly SIP offers top-up frequency at yearly intervals only

DEMAT Account Details

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

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.

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 Rs. 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.

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 and 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.

First
Unit Holder's
Signature
Second
Unit Holder's
Signature
Third
Unit Holder's
Signature

Signatures
(as per
Mutual
Fund
Records /
Application)

Auto Debit Form-NACH/OTM Registration

For office use only

UMRN _____ Date DD|MM|YY|YY|YY|YY

Tick (✓) Sponsor Bank Code _____ Utility Code _____

Create I/We hereby authorise _____ to debit Tick (✓) SB CA SB-NRE SB-NRO Others.....

Modify Bank Account No _____

Cancel _____

④ With Bank Name of customers bank _____ IFSC _____ or MICR _____

⑥ an amount of ₹ (in words) _____ ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

⑦ Reference 1 Folio No _____ Phone No _____

⑧ Reference 2 Application No _____ Email ID _____

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

⑩ PERIOD From DD|MM|YY|YY|YY To DD|MM|YY|YY|YY
or Until Cancelled

Signature Primary Account holder _____ Signature Account holder _____ Signature Account holder _____

1 Name as in bank records 2 Name as in bank records 3 Name as in bank records

• This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.
• I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.
I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).