

Common Application Form For Resident Indians and NRIs/FIIs/FPIs

(Please read the instructions before filling up the form. All sections to be completed in english in black / blue coloured ink in block letter)

Name & ARN Code	Sub Broker Code / ARN	Internal code for sub Agent/Employee	EUIN	Bank Serial No./Bank Stamp/ Receipt Date
ARN-257030			E-479794	

The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder.

Applicable only if ARN is mentioned but 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." Applicable only if RIA Code is mentioned: "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 SEBI-Registered Investment Adviser whose code is mentioned herein."

TRANSACTION CHARGES (Refer instructions and tick the appropriate option) Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

☐ I am a first time investor in mutual funds (Rs.150 will be deducted).

☐ I am an existing mutual funds investor (Rs.100 will be deducted).

Signatures	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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1. INVESTOR EXISTING FOLIO NUMBER INFORMATION (Please fill in your folio Number and proceed to Investment Details)

Folio No.										The details in our records under the folio number mentioned will apply for this application.
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2. APPLICANT(S) DETAILS (Name should be as per Aadhaar) (Mandatory Information)

Sole /First Applicant/ Minor*			
PAN/PEKRN*		Enclose (Please✓) O KYC Acknowledgement Letter	AADHAAR No.#
	KYC Id No.*		
Name of GUARDIAN (In case First/Sole applicant is minor / CONTACT PERSON- DESIGNATION/ PoA HOLDER (In case of Non-Individual Investor)			
PAN/PEKRN* <input type="checkbox"/> KYC Proof Attached (Mandatory) Relationship with Minor applicant: O Natural guardian O Court applicant guardian			AADHAAR No.#
	KYC Id No.*		
2nd APPLICANT (Name should be as per Aadhaar)			
PAN/PEKRN		Enclose (Please✓) O KYC Acknowledgement Letter	AADHAAR No.#
	KYC Id No.*		
3rd APPLICANT (Name should be as per Aadhaar)			
PAN/PEKRN		Enclose (Please✓) O KYC Acknowledgement Letter	AADHAAR No.#
	KYC Id No.*		

*If the first/sole applicant is a Minor, then please provide details of Natural/Legal Guardian.

If Aadhaar No. is applied for please enclose proof of enrolment.

Mode of Holding (Please ✓)	<input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default option is Anyone or Survivor)									
Tax Status (Please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank FIs <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> NRO <input type="checkbox"/> Other <input type="checkbox"/> Minor <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> FIs <input type="checkbox"/> Partnership Firm <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Society									

**ACKNOWLEDGEMENT SLIP (To be filled in by the Sole / First Applicant)**

Application No. CA

Date / /

CK-6, 2nd Floor, Sector-II, Salt Lake City, Kolkata-700 091
Website : www.shriramamc.in

Received from Mr. / Ms. / M/s. _____	
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"In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency"

3. MAILING ADDRESS (Please provide Full Address, P.O. Box No. may not be sufficient, Overseas Investors will have to provide Indian Address)

Local Address of 1st Applicant -			
City		State	
Tel. Off.		Resi.	
E-mail ^		Mobile ^	
<p>I/We hereby declare that the details furnished above are true & correct to the best of my knowledge and undertake to inform KMAMC of any changes therein immediately and I/we approve the usage of these contact details for any communication with KMAMC. Please note all kinds of investor communication, Transaction Information, Statement of Account, Annual Report and other kind of communication will be sent through email only instead of physical for investor who provide their email address.</p>			
Overseas Correspondence Address (Mandatory for NRI/FII Applicant)			
City		Country	
		Pincode	

^ Primary Holder's own email address and mobile number to be provided

In case family member's Mobile no / Email ID provided, then please provide the family description as per the code given below. Family description code _____

Values : <Family Code>					
Family Code	Family Description	Family Code	Family Description	Family Code	Family Description
SE	Self	DS	Dependent Siblings	PM	PMS
SP	Spouse	DP	Dependent Parents	CD	Custodian
DC	Dependent Children	GD	Guardian	PO	POA

4. COMMUNICATION (Please ✓)

- ☐ Opt-in facility to receive physical copy of the scheme - wise annual report or abridged summary there of.
- ☐ I/We wish to receive Account Statement/Annual Reports/Quarterly Statements/Newsletter/Updates or any other Statutory Information via E-mail/SMS alerts in lieu of Physical Documents.
- ☐ I/We would like to know more about Shriram MF products over the telephone / Mailer.

5. BANK ACCOUNT DETAILS - MANDATORY (For multiple banks registration please submit the Multiple Bank Registration Form)

Name of the Bank			
Branch Address			
Bank Branch City		State	
Account No.		A/C. Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	
9 digit MICR Code		11 digit IFSC Code	(Mandatory for credit via NEFT/RTGS)
Please attach a cancelled cheque OR a clear photo copy of a cheque			

6. ■ UNITS IN DEMAT MODE (Please ✓) ■ NSDL ■ CDSL

DP ID		Beneficiary Account No./Client ID	
DP Name			

Note : Please attach the depository transaction statement or DP master data indicating the DP account number of the applicant. Please ensure that sequence of names as mention in the Application Form match with that of the account held with the DP.

7. POWER OF ATTORNEY (POA)

POA Name			
PAN		KYC <input type="checkbox"/> Yes <input type="checkbox"/> No - if investment is being made by a constitutional Attorney, please submit the notarized copy of the POA	

S. No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment details	
				Cheque/DD No./UTR No. & Date (in case of NEFT/RTGS)	Bank & Branch
1					
2					
3					

Shriram Asset Management Company Ltd. CK-6, 2nd Floor, Setor II, Salt Lake City, Kolkata - 700 091 Tel : (033) 2337 3012, Fax : (033) 2337 3014, Email id : info@shriramamc.in	Computer Age Management Services Ltd. 178 / 10, M. G. Road, Nunganbakkam, Chennai 600 034 Email : eng_sh@camsonline.com, Website : www.camsonline.com
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8. INVESTMENT DETAILS AND PAYMENT DETAILS-Cheque/DD/RTGS/NEFT/Transfer (outstation cheques will be rejected) Please ✓ wherever applicable.

Separate cheque / demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only."

Please write appropriate scheme name as well as the Plan / Option / Sub Option

S. No.	Cheque / DD Favouring Scheme Name \$	Plan	Option/Sub-option	Frequency*	Cheque Date	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque / DD No. / UTR No. (in case of NEFT / RTGS)
1.	Shriram	<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-Investment	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Q					
Amount Invested (in words) Rupees _____									
Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____									

S. No.	Cheque / DD Favouring Scheme Name \$	Plan	Option/Sub-option	Frequency*	Cheque Date	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque / DD No. / UTR No. (in case of NEFT / RTGS)
2.	Shriram	<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-Investment	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Q					
Amount Invested (in words) Rupees _____									
Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____									

S. No.	Cheque / DD Favouring Scheme Name \$	Plan	Option/Sub-option	Frequency*	Cheque Date	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque / DD No. / UTR No. (in case of NEFT / RTGS)
3.	Shriram	<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Re-Investment	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Q					
Amount Invested (in words) Rupees _____									
Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____									

D = Daily, W = Weekly, F = Fortnightly, M = Monthly, Q = Quarterly *This facility is available in Shriram Overnight Fund only

(Type of Account : Saving /Current / NRE / NRO / FCNR / NRSR) All purchases are subject to realization of funds kindly provide photocopy of the payment Instrument or Foreign Inward Remittance Certificate (FIRC) evidencing source of funds.

\$ Cheque/D.D. to be crossed "Account Payee" only and should be drawn payable to : SCHEME NAME A/C xxxxxx" (Investor PAN) or SCHEME NAME A/C XXXXXX" (Name of the Firstholder)

*Default Option:

In case of valid applications received without indicating any choice of options, it will be considered as an option for Growth Option and processed accordingly. In case of valid applications received without indicating any choice of option under Dividend Option, it will be considered as option for Reinvestment of Income Distribution cum capital withdrawal option and processed accordingly, except ELSS Scheme/s.

As per AMFI Best Practices Circular No. 135/BP/52/2014-15 dated January 9, 2015, Reinvestment of Income Distribution cum capital withdrawal option under the Direct and Regular Plans of Equity Linked Saving Scheme/s (ELSS) of Shriram Mutual Fund is not available.

^Amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

9. KYC DETAILS (Mandatory)**Occupation Please (✓)**

Sole/First Applicant	<input type="checkbox"/> Private sector service <input type="checkbox"/> Housewife	<input type="checkbox"/> Public sector service <input type="checkbox"/> Student	<input type="checkbox"/> Government Services <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Business <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
Second Applicant	<input type="checkbox"/> Private sector service <input type="checkbox"/> Housewife	<input type="checkbox"/> Public sector service <input type="checkbox"/> Student	<input type="checkbox"/> Government Services <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Business <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
Third Applicant	<input type="checkbox"/> Private sector service <input type="checkbox"/> Housewife	<input type="checkbox"/> Public sector service <input type="checkbox"/> Student	<input type="checkbox"/> Government Services <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Business <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac OR Net worth (Mandatory for Non - Individuals) _____ as on _____	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1Crore <input type="checkbox"/> >1 Crore OR Net Worth _____	<input type="checkbox"/> Not order than 1 year
Second Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1Crore <input type="checkbox"/> >1 Crore OR Net Worth _____	
Third Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lac	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs - 1Crore <input type="checkbox"/> >1 Crore OR Net Worth _____	

Others [Please tick (✓)]

Sole/First Applicant	For Individuals [Please tick (✓)] <input type="checkbox"/> I am Politically Exposed Person (PEP)* <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable For Non Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form: (i) Foreign Exchange/Money changer services - <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Gaming/Gambling/Lottery/Casino Services - <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Money Lending/Pawning - <input type="checkbox"/> Yes <input type="checkbox"/> No
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)* <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)* <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

10. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non Individual Investors should mandatorily fill separate **FATCA Form** (The below information is required for all applications guardian.

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality		
First Applicant/Guardian			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others (Please Specify) _____
Second Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others (Please Specify) _____
Third Applicant			<input type="checkbox"/> Indian	<input type="checkbox"/> U.S.	<input type="checkbox"/> Others (Please Specify) _____

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick ()]

If "Yes" please fill for All countries (Other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident /Green Card Holder /Tax Resident in the respective countries.

	Country of Tax Residency	Tax identification number or Functional Equivalent	Identification Type (TIN or other please specify)	Country of Citizenship / Nationality		
First Applicant/Guardian				Reason : A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>

☐ Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

☐ Reason B : No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)

☐ Reason C : Others, please state the reason thereof: _____

Address Type of Sole/1st Holder :

☐ Residential ☐ Registered Office ☐ Business

Address Type of 2nd Holder :

☐ Residential ☐ Registered Office ☐ Business

Address Type of 3rd Holder :

☐ Residential ☐ Registered Office ☐ Business

FATCA Form for Non Individual is available on the website of AMC i.e. www.shriramamc.in or at the CAMS Investor Service

11. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals Cannot Nominate]

I/We _____ do hereby nominate the undermentioned Nominee(s) to receive the units to my/our credit in the folio no. in the event of my/our death. I/We also understand that all payments made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

No.	Nominee(s) Name	PAN	Relationship	% of Share*	Date of Birth								Nominee(s) Signature
1					D	D	M	M	Y	Y	Y	Y	
2					D	D	M	M	Y	Y	Y	Y	
3					D	D	M	M	Y	Y	Y	Y	
No.	Name of the Guardian (In case of Nominee is Minor)												Guardian(s) Signature
1													
2													
3													

* If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

☐ I/We have read and understood the instructions on nomination and I/ We hereby undertake to abide by the same.

☐ I/We hereby confirm that I /We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

POA holder cannot nominate.
Hence, sole/ all joint holder
applicants must sign.

First/ Sole Unitholder: Signature

Unitholder 2: Signature

Unitholder 3: Signature

Name: _____

Name: _____

Name: _____

12. DECLARATION

I/We have read, understand and hereby agree to abide by the Scheme information Document/ Key information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Director Taxes notified Rules 114 F to 114 H, as part of the Income Tax Rules, 1962. I/We hereby apply to the Shriram Mutual Fund for allotment of units of the Scheme, as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I / We hereby confirm and certify that the source of these funds is not directly / indirectly a result of "proceeds of crime" as defined in "The Prevention of Money Laundering Act, 2002" and I/we undertake to provide all necessary proof/ documentation, if any, required to substantiate the facts of this undertaking. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We authorize the Fund to disclose details of my/our account and all my/our transactions to the intermediary whose stamp appears on the application form. I/We also authorize the Fund to disclose details as necessary, to the Fund's and investor's bankers for the purpose of effecting payments to me/ us. Applicable to NRIs only : 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 approved banking channels or from funds in my/our Non-Resident External / Ordinary Account/FCNR/NRSR Account.

Investment in the scheme is made by me / us on : ☐ Repatriation basis ☐ Non Repatriation basis.

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.

Signature

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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Tick ✓

ONE TIME AUTHORISATION FORM FOR NACH/ECS/DIRECT DEBIT/STANDING INSTRUCTION

[illegible]

Date

Tick ✓

Sponsor Bank Code	HDFC0000060
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Utility Code	HDFC05695000027040
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CREATE

I/We hereby authorize	SHRIRAM MUTUAL FUND
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to debit (tick ✓)	SB/CA/CC/SB-NRE/SB-NRO/Other
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MODIFY

[illegible]

with Bank	Name of Customers Bank	IFSC											or MICR								
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an amount of Rupees	In words	₹
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FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ As & when presented DEBIT TYPE ☐ Fixed Amount ☐ Maximum Amount

Folio No.		Phone No.	
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Reference	Email ID
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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.

Period											
From	D	D	M	M	Y	Y	Y	Y	Signature Primary Account Holder	Signature of Account Holder	Signature of Account Holder

To

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records

Or ☐ Until Cancelled

* 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 authorised 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).

Instructions to fill OTA

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (maximum length - 20 Alpha Numeric Characters)
2. Date in DD/MM/YYYY format.
3. Tick on box to select type of actions to be initiated.
4. Tick on box to select type of actions to be affected.
5. Customer's legal account number, left padded with zeroes. (Maximum length - 35 Alpha Numeric Characters)
6. Name of the Bank and Branch.
7. IFSC/MICR code of customer bank. (Maximum length - 11 Alpha Numeric Characters)
8. Amount payable for service of maximum amount per transaction that could be processed, in words.
9. Amount figures, similar to the amount mentioned in words (Maximum length - 13 digits Numeric, in paisa)
10. Mention Loan Account number.
11. Type of loan in Reference Box.
12. Tick on box to select frequency of transaction.
13. Validity of mandate with dated in DD/MM/YYYY format.
14. Names of customer/s and signatures as well as seal of Company (where required). (Maximum length of Name 40 alpha Numeric Characters)
15. Undertaking of customer.
16. Telephone no. with STD code of customer or 10 digit mobile number of customer.
17. Mail of customer.

Common Enrolment Form for SIP / Micro SIP

[For OTM registered investors only]

(Please read terms & conditions overleaf)

Important : Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

Enrolment Form no. : S/CA/



SIP/ Micro SIP via ECS/NACH (Debit Clearing) in select cities or via Direct Debit/Standing Instruction in select banks / branches only.

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)					FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN Name	Sub-Broker ARN / Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identification Number (EUIN)	
ARN-257030				E-479794	

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 is an "execution-only" transaction without any interaction or advice by the employee / relationship manager/ sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sign Here First/Sole Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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Transaction Charges for Applications through Distributors only (Please tick (✓) any one)

Date

☐ I confirm that I am a First time investor across Mutual Funds.

(Rs. 150 deductible as Transaction Charge and payable to the Distributor)

☐ I confirm that I am an existing investor in Mutual Funds.

(Rs. 100 deductible as Transaction Charge and payable to the Distributor)

If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested.

Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

I/ We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of enrolment for Systematic investment Plan (SIP) and of NACH/ECS (Debit Clearing) / Direct Debit / Standing Instruction facilities and agree to abide by the same. I /We hereby apply to the Trustee of SHRIRAM Mutual Fund for SIP application under of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/ We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

Applicable to PEKRN Holders : I, the first / sole holder, also hereby declare that I do not hold a Permanent Account Number and hold only a single PAN Exempt Reference No. (PEKRN) issued by KYC Registration Authority and that my existing investments together with the current application will not result in aggregate investments exceeding Rs. 50,000/- in a rolling 12 months period or in a financial year.

Applicable to application under Direct Plan : I/We hereby declare and confirm that I/We have read and understood the Scheme related documents pertaining to the "Direct Plan" and also confirm that the investments in Scheme through "Direct Plan" is/are made at my own discretion. SHRIRAM Mutual Fund/SHRIRAMAMC/Trustee shall not be liable for any consequences arising out of such investments.

Please (✓) any one. In the absence of indication of the option the form is liable to be rejected.

☐ NEW REGISTRATION

☐ CHANGE IN BANK ACCOUNT

☐ CANCELLATION

INVESTOR DETAILS

Application No. (For New Investor) / Folio No. (For Existing Investor)		<input type="text"/>									
Sole/1st Applicant (As per Aadhaar)		SIGNATURE									
PAN# or PEKRN#	<input type="text"/>	KYC# (Mandatory) [Please tick (✓)]	<input type="checkbox"/> Proof Attached								
Name of Guardian (As per Aadhaar) (in case Applicant is minor)	<input type="text"/>										
PAN# or PEKRN#	<input type="text"/>	KYC# (Mandatory) [Please tick (✓)]	<input type="checkbox"/> Proof Attached								
Second Applicant (As per Aadhaar)	<input type="text"/>										
PAN# or PEKRN#	<input type="text"/>	KYC# (Mandatory) [Please tick (✓)]	<input type="checkbox"/> Proof Attached								
Third Applicant (As per Aadhaar)	<input type="text"/>										
PAN# or PEKRN#	<input type="text"/>	KYC# (Mandatory) [Please tick (✓)]	<input type="checkbox"/> Proof Attached								

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof.

ACKNOWLEDGEMENT SLIP (To be filled in by the Sole / First Applicant)



NURTURING TRUST, SHAPING DREAMS
CK-6, 2nd Floor, Sector-II, Salt Lake City, Kolkata-700 091
Website : www.shriramamc.in

Application No. S/CA

Date / /

Stamp, Signature & Date

Received from Mr. / Ms. / M/s.

"In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency"

S. No.	Scheme/Plan/Option/Sub-option	SIP Installment (₹)	SIP Date	Freequency	SIP Top Up (Optional)	Start Month/Year	End Month/Year #
1.	Scheme _____ Plan _____ Option _____	Amount Rs. _____ Cheque No _____ Cheque Date _____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> *15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th Any other Day <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ _____ ₹ _____ Top-up Frequency ^A <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.	Scheme _____ Plan _____ Option _____	Amount Rs. _____ Cheque No _____ Cheque Date _____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> *15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th Any other Day <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ _____ ₹ _____ Top-up Frequency ^A <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.	Scheme _____ Plan _____ Option _____	Amount Rs. _____ Cheque No _____ Cheque Date _____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> *15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th Any other Day <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ _____ ₹ _____ Top-up Frequency ^A <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*Default freequency. # There is no maximum duration for enrolment. Mandatory enclosure (if 1st installment is not by cheque) ☐ Blank Cancelled cheque ☐ Copy of cheque.

The name of the First/sole applicant must be pre-printed on the cheque.

In case the Bank needs to input a specific date in their system (refer guide to investing through SIP)

\$ Top up amount should be in multiples of Rs. 500 only. ^AQuarterly SIP offers Top up Frequency at yearly intervalsonly.

Incase of dividend option amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

DEMAT ACCOUNT DETAILS*	NSDL	CDSL
(Optional)		
Investor opting to hold units in demat form may provide a copy of the DP statement to match the demat details as stated in the application form.	DP Name _____ DP ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Beneficiary Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I/we hereby authorise SHRIRAM Mutual Fund/SHRIRAM Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP/ Micro SIP payments.

BANK DETAILS

Bank Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Branch Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank City <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9 Digit MICR Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Please enter the 9 digit number that appears after the cheque number)
Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify) _____	
Account holder Name as in Bank Account	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I / We hereby confirm and declare as under :

I/ We have read, understood and agree to comply with the terms and conditions of OTM Facility, Scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP).

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

Applicable to SIP Top-up facility (not available under Micro SIP) :

I/We hereby agree to avail the top-up facility for SIP and authorize my bank to execute the NACH/ECS/Direct Debit/Standing Instruction for a further increase in installment from my designated account.

Please write SIP Enrolment Form no. / Folio no. on the reverse of the cheque.

1st Account Holder's Signature (As in Bank Records)		2nd Account Holder's Signature (As in Bank Records)		3rd Account Holder's Signature (As in Bank Records)	
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For Office Use only (Not to be filled in by Investor)

Recorded on	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Scheme Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Recorded by	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Credit Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SIP/Micro SIP application for

S. No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment details	
				Cheque/DD No./UTR No. & Date (in case of NEFT/RTGS)	Bank & Branch
1					
2					
3					

Shriram Asset Management Company Ltd. CK-6, 2nd Floor, Setor II, Salt Lake City, Kolkata - 700 091 Tel : (033) 2337 3012, Fax : (033) 2337 3014, Email id : info@shriramamc.in	Computer Age Management Services Ltd. 178 / 10, M. G. Road, Nunganbakkam, Chennai 600 034 Email : eng_sh@camsonline.com, Website : www.camsonline.com
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