

STP / SWP APPLICATION FORM

STP

SWP



SHRIRAM

Mutual Fund

Nurturing Trust, Shaping Dreams

ARN-257030

Sub-Broker's Name & ARN/ RIA No.

Stamp & Sign

Official Acceptance Point

E 479794 (N)

EUIN is mandatory for Execution Only transactions - Ref. Instruction No. B-7

Request for

☐ Fresh Registration

☐ Renewal

Application / Folio No.

Date

1. FIRST / SOLE APPLICANT INFORMATION (MANDATORY)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s.

NAME OF THE SECOND APPLICANT Mr. Ms. M/s.

NAME OF THE THIRD APPLICANT Mr. Ms. M/s.

NAME OF THE GUARDIAN (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / PoA HOLDER (In case of Non-individual Investors)

Mr. Ms. M/s.

RELATIONSHIP OF GUARDIAN (Refer to Instruction No. B.9)

Applicant	PAN/PEKRN* (Mandatory)	CKYC Number	Date of birth**
Sole / First Applicant	<input type="text"/>	<input type="text"/> (14 digit CKYC No.) Prefix if any <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"/>
Second Applicant	<input type="text"/>	<input type="text"/> (14 digit CKYC No.) Prefix if any <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"/>
Third Applicant	<input type="text"/>	<input type="text"/> (14 digit CKYC No.) Prefix if any <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"/>
Guardian	<input type="text"/>	<input type="text"/> (14 digit CKYC No.) Prefix if any <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"/>

Ref. Instruction No. B-6 Mandatory in case the First / Sole applicant is a Minor

2. SYSTEMATIC WITHDRAWAL PLAN (SWP)

SCHEME	PLAN	OPTION
Withdrawal Option <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> FIXED Amount (₹) (in figures) <input type="text"/>		
Withdrawal Frequency <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY		
Dates (Only one date) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	Withdrawal Period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <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 attach cancelled cheque / cheque copy to opt for electronic payout)

3. SYSTEMATIC TRANSFER PLAN (STP) (Refer to Instruction No. D)

FROM SCHEME (SOURCE)	PLAN	OPTION
TO SCHEME (TARGET)	PLAN	OPTION

<input type="checkbox"/> STP	<input type="checkbox"/> Capital Appreciation Transfer Plan
Frequency <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly Amount per transfer <input type="text"/> Transfer Period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No of Transfers <input type="text"/> OR <input type="checkbox"/> Till Further Instruction	Frequency <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> MONTHLY <input type="checkbox"/> Quarterly Transfer Period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Transfer Period To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Till Further Instruction
Dates <input checked="" type="checkbox"/> Please tick (✓) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	

4. DECLARATION AND SIGNATURES

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the scheme(s), I/We hereby apply to the Trustee of Shriram Mutual Fund for units of scheme(s) of Shriram Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the scheme(s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the scheme(s).

I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.

For NRIs/FLIs only: I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External Account/FCNR account/NRO/NRSR Account.

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(s)

Sole / Unit Holder / First Applicant

Second Unit Holder / Second Applicant

Second Unit Holder / Third Applicant

(To be signed by All Applicants if mode of operation is Joint)

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

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Application No.



SHRIRAM

Mutual Fund

Nurturing Trust, Shaping Dreams

Shriram Asset Management Co. Ltd.

Website : www.shriramamc.com
CK-6, 2nd Floor, Sector - II, Saltlake City, Kolkata - 700091

Collection Centre /
Shriram AMC Stamp & Signature

Received from Mr. / Ms. _____ Date : ____/____/____