

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-280217				

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																																		
															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 Fls <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. _____

"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											Pincode		
Tel. Off.											Resi.											Mobile ^		
E-mail ^																								
<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 thereof.
- ☐ 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											Pincode		
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, Nungambakkam, 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 Favours 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 Payout	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M					
Amount Invested (in words) Rupees _____									
Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____									

S. No.	Cheque / DD Favours 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 Payout	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M					
Amount Invested (in words) Rupees _____									
Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____									

S. No.	Cheque / DD Favours 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 Payout	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M					
Amount Invested (in words) Rupees _____									
Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____									

D = Daily, W = Weekly, F = Fortnightly, M = Monthly *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 <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 _____	OR Net worth (Mandatory for Non - Individuals) _____ as on _____ 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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ONE TIME AUTHORISATION FORM FOR NACH/ECS/DIRECT DEBIT/STANDING INSTRUCTION

Tick ☒

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input checked="" type="checkbox"/>
CANCEL	<input checked="" type="checkbox"/>

I/We hereby authorize

SHRIRAM MUTUAL FUND

to debit (tick ☒)

<input checked="" type="checkbox"/> SB	<input checked="" type="checkbox"/> CA	<input checked="" type="checkbox"/> CC	<input checked="" type="checkbox"/> SB-NRE	<input checked="" type="checkbox"/> SB-NRO	<input checked="" type="checkbox"/> Other
--	--	--	--	--	---

Bank a/c number

with Bank

Name of Customers Bank

IFSC

or MICR

an amount of Rupees

In words

₹

FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & when presented

DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Folio No.

Phone No.

Reference

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.

Period

From

To

1. 2. 3.

* 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.
18. End date cannot be more than 30 years from the date of mandate.

(Please read terms & conditions overleaf)

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.



"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	Frequency	SIP Top Up (Optional)	Start Month/Year	End Month/Year
1.	Scheme_____	Amount Rs._____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th	<input type="checkbox"/> Monthly*	Top-up amount \$		
	Plan_____	Cheque No._____	<input type="checkbox"/> *15th <input type="checkbox"/> 20th	<input type="checkbox"/> Quarterly	₹_____	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	Option_____	Cheque Date_____	<input type="checkbox"/> 25th		Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly		
			Any other Day <input type="text"/> <input type="text"/>				
2.	Scheme_____	Amount Rs._____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th	<input type="checkbox"/> Monthly*	Top-up amount \$		
	Plan_____	Cheque No._____	<input type="checkbox"/> *15th <input type="checkbox"/> 20th	<input type="checkbox"/> Quarterly	₹_____	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	Option_____	Cheque Date_____	<input type="checkbox"/> 25th		Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly		
			Any other Day <input type="text"/> <input type="text"/>				
3.	Scheme_____	Amount Rs._____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th	<input type="checkbox"/> Monthly*	Top-up amount \$		
	Plan_____	Cheque No._____	<input type="checkbox"/> *15th <input type="checkbox"/> 20th	<input type="checkbox"/> Quarterly	₹_____	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	Option_____	Cheque Date_____	<input type="checkbox"/> 25th		Top-up Frequency ^ <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly		
			Any other Day <input type="text"/> <input type="text"/>				

DEMAT ACCOUNT DETAILS*		NSDL	CDSL
(Optional)		DP Name	
		DP ID	
		Beneficiary Account No.	
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 Name																															
Branch Name																										Bank City					
Account Number																															
9 digit MICR Code										11 digit IFSC Code												(Mandatory for credit via NEFT/RTGS)									
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																															

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.

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.

For Office Use only (Not to be filled in by Investor)

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					