



Nurturing Trust, Shaping Dreams

Website : www.shriramamc.com

Application No.

Application Form for SHRIRAM EQUITY AND DEBT OPPORTUNITIES FUND

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

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. In case purchase/subscription amount is Rs. 10,000/- or more and the investor's Distributor has opted to receive "Transaction Charges" the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested.

☐ 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.

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 PERSONAL DETAILS

[illegible]

KYC is mandatory for all investors except investors residing in the state of Sikkim and Micro SIP applicants

*If the first/sole applicant is a Minor, then please provide details of Natural/Legal Guardian. # (In case first applicant is a minor)/contact person name (in case of non-individual)

Mode of Holding (Please ✓)	<input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default option is Anyone or Survivor)									
Occupation (Please ✓)	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others									
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"/> Flls <input type="checkbox"/> Partnership Firm <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Society									
Gross Annual Income Details (Please ✓)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> >5-10 Lacs <input type="checkbox"/> >10-25 Lacs <input type="checkbox"/> >25-1 Crore <input type="checkbox"/> >1 Crore Net-worth in ₹ (* Net worth should not be older than 1 year) as on (date) <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"/>									
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable									
Non-Individual Investors involved / providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> None of the above									

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																																																											
Overseas Correspondence Address (Mandatory for NRI/FII Applicant)																																																											
City																		Country																	Pincode																								

4. COMMUNICATION (Please ✓)

☐ 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.

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

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

Mutual Fund

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

Application No.

Date / /

Stamp, Signature & Date

Received from Mr. / Ms. / M/s. _____
an application for purchase of units of **SHRIRAM EQUITY AND DEBT OPPORTUNITIES FUND** for Rs. _____ on date

D	D	/	M	M	/	Y	Y	Y	Y
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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"

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												
8. INVESTMENT DETAILS AND PAYMENT DETAILS-Cheque/DD/RTGS/NEFT/Transfer (outstation cheques will be rejected) Please ✓ wherever applicable.													
Scheme Name : SHRIRAM EQUITY AND DEBT OPPORTUNITIES FUND													
Plan : <input type="checkbox"/> Regular * <input type="checkbox"/> Direct													
Option : * <input type="checkbox"/> Growth <input type="checkbox"/> Dividend													
Mode of dividend : <input type="checkbox"/> Payout * <input type="checkbox"/> Re-investment													
* Default Plan / option / mode of dividend. Please refer to Item 7 of of page 7.													
Investment Amount (Rs.)	DD Charges if any (Rs.)												
Net Amount (in words) _____													
Mode of Payment (Please ✓)													
<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS/NEFT													
Rs. (amt. in Rs.) _____ (in words) _____													
Drawn on Bank													
Branch & City	Account No.												
Cheque / DD No.	Date <table border="1" style="display: inline-table; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> IFSC Code	D	D	M	M	Y	Y	Y	Y				
D	D	M	M	Y	Y	Y	Y						
A/c Type - <input type="checkbox"/> S/B <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR*													
*Kindly provide photocopy of the payment Instrument or Foreign Inward Remittance Certificate (FIRC) evidencing source of funds													
Cheque/DD. to be crossed "Account Payee" only and should be drawn payable to :-"SHRIRAM EQUITY AND DEBT OPPORTUNITIES FUND A/C xxxxxx" (Investor PAN) or "SHRIRAM EQUITY AND DEBT OPPORTUNITIES FUND A/C XXXXXX" (Name of the Firstholder)													
9. 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	Relationship	% of Share*	Date of Birth (in case of Minor)	Nominee(s) Signature								
1				<table border="1" style="display: inline-table; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y						
2				<table border="1" style="display: inline-table; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y						
3				<table border="1" style="display: inline-table; text-align: center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	
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)													
<input type="checkbox"/> I/We do not wish to nominate anybody on my/our behalf.				Signature of the declarant									
10. DECLARATION													
I / We have read and understood the contents of the SID and Key Information Memorandum of the Scheme. 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 : <input type="checkbox"/> Repatriation basis <input type="checkbox"/> 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 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">First / Sole Applicant / Guardian</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Second Applicant</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Third Applicant</div>									
Scheme Name : SHRIRAM EQUITY AND DEBT OPPORTUNITIES FUND Plan : <input type="checkbox"/> Regular <input type="checkbox"/> Direct (Please ✓ any one). Option : _____ Sub Option : _____ Cheque / DD No. _____ Date : _____ Amount Rs. : _____ Bank and Branch : _____													
REGISTRAR & TRANSFER AGENTS Computer Age Management Services Pvt. Ltd., (SEBI Registration No. : INR000002813) New No. 10, Old No. 178, M.G.R. Salai, Nungambakkam, Chennai - 600 034 Email enq_sh@camsonline.com, Website : www.camsonline.com													