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

SHRIRAM Mutual Fund
Nurturing Trust, Shaping Dreams

Enrolment Form no. : S/

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.)

ARN	ARN Name	Sub-Broker ARN / Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identication Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)
ARN-					

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Item No. 3a)

I / We hereby conrm 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	Sign Here	Sign Here
First/Sole Applicant/Guardian	Second Applicant	Third Applicant

Transaction Charges for Applications through Distributors only (Refer Item No. 16 and please tick (✓) any one)	Date	D D M M Y Y Y Y

☐ I confirm that I am a First time invest or 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 conrm 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 (Refer Item No. 11)

INVESTOR DETAILS

Aplication No. (For New Investor) / Folio No. (For Existing Investor) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

SIGNATURE (Refer Item No. 3(c))

Sole/1st Applicant

PAN# or PEKRN# [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   KYC# (Mandatory) [Please tick (✓)]   ☐ Proof Attached

Name of Guardian (in case Applicant is minor)

PAN# or PEKRN# [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   KYC# (Mandatory) [Please tick (✓)]   ☐ Proof Attached

Second Applicant

PAN# or PEKRN# [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   KYC# (Mandatory) [Please tick (✓)]   ☐ Proof Attached

Third Applicant

PAN# or PEKRN# [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   KYC# (Mandatory) [Please tick (✓)]   ☐ Proof Attached

Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer Item No. 15 and 16.

Scheme [ ]

(Investors applying under Direct Plan must mention "Direct" against the Scheme name).

Plan [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   Option [ ][ ][ ][ ][ ][ ][ ][ ]

Each SIP/ Micro SIP Amount (Rs.) [ ][ ][ ][ ][ ]   Frequency   * ☐ Monthly   ☐ Quarterly (*Default Frequency) [Refer Item No. 6(iv)]

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ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

SHRIRAM MUTUAL FUND
Administrative Head Office : CK-6,
2nd Floor, Sector-II, Salt Lake City, Kolkata-700 091

Date :

Enrolment Form No. : S/

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

'SIP/Micro SIP' application for

ISC Stamp & Signature

Scheme / Plan / Option

Total Amount (Rs.)

Please Note : All purchases are subject to realisation of cheques

"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"

(17)

SIP/Micro SIP Date	☐ 1st	☐ 5th	☐ *15th	☐ 20th	☐ 25th	Any other day (Please Specify) ☐

[Default : 15th*] [Refer Item No. 6(iv)]

SIP/Micro SIP Period Start From [M][M][Y][Y][Y][Y]   End On** [M][M][Y][Y][Y][Y]   **Please refer Item No. 6(ii) and 7(b)

First SIP/ Micro SIP Transaction via Cheque No. [ ][ ][ ][ ][ ][ ]   Cheque Dated [D][D][M][M][Y][Y][Y][Y]   Amount @ (Rs.) [ ]

Mandatory Enclosure (if 1st Installment is not by cheque)   ☐ Blank cancelled cheque   ☐ Copy of cheque   @ The first cheque amount should be same as each SIP Amount.

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

DEMAT ACCOUNT DETAILS*	NSDL	CDSL
(Optional - refer instruction 10)	DP Name _____	_____
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 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 DETAILS

Bank Name [ ]

Branch Name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   Bank City [ ][ ][ ][ ][ ][ ][ ][ ]

Account Number [ ]

9 Digit MICR Code [ ][ ][ ][ ][ ][ ][ ][ ][ ]   ◄ (Please enter the 9 digit number that appears after the cheque number)

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify)_____

Account holder Name as in Bank Account [ ]

☐ SIP Top-up (Optional) (Refer Item No. 7e)   (Please ✓ to avail this facility)   Top-up Amount (Rs.) [ ][ ][ ][ ][ ]   (The amount should be in multiples of Rs. 500 only)

SIP Top-up Frequency : ☐ Half-yearly ☐ Yearly   (Quarterly SIP offers top-up frequency at yearly intervals only.)

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)	

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

Recorded on	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	Scheme Code	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
Recorded by	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	Credit Account Number	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]