Enrolment Form for SIP / Micro SIP

[For Investment through ECS (Debit Clearing) / Direct Debit Facility/Standing Instruction]



(Please read terms & conditions overleaf) www.shriramamc.com Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use Enrolment Form no.: S/ SIP/ Micro SIP via ECS (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) Sub-Broker ARN / ARN Internal Code **ARN Name Employee Unique** for Sub-Agent/ Identication Number Bank Branch Code Employee (EUIN) ARN-Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Item No. 3a) I / We hereby corrm 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. 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 ☐ I confirm that I am a First time invest or across Mutual Funds ☐ I confirm that I am an existing investor in Mutual Funds (Rs. 150 deductible as Transaction Charge and payable to the Distributor) (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 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 CANCELLATION (Refer Item No. 11) CHANGE IN BANK ACCOUNT **INVESTOR DETAILS** Aplication No. (For New Investor) / Folio No. (For Existing Investor) SIGNATURE (Refer Item No. 3(c)) Sole/1st Applicant PAN# KYC# (Mandatory) ☐ Proof Attached [Please tick (✓)] or PFKRN#

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(17)

SHRIRAM MUTUAL FUND

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

Date:

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

Scheme / Plan / Option Total Amount (Rs.)

Enrolment

'SIP/Micro SIP' application for

Please Note: All purchases are subject to realisation of cheques

Form No.: S/

ISC Stamp & Signature

(Refer Item No. 7e)	Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount (Rs.) ☐ ☐ (The amount should be in multiples of Rs. 500 only) fer Item No. 7e) SIP Top-up Frequency : ☐ Half-yearly ☐ Yearly (Quarterly SIP offers top-up frequency at yearly interval														•	ly.											
SIP/Micro SIP Date] 1st 5tl	ı * 🗌	15th	20t	h [25th	(*Det	fault	Date)	[Refe	r Item I	No. 6(iv))]			-											
SIP/Micro SIP Period S	SIP/Micro SIP Period Start From M M Y Y Y Y End On** M M Y Y Y Y Amount @ (Rs.)																										
The state of the s																											
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.															d												
The name of the first / sole applicant must be pre-printed on the cheque. be same as each SIP Amount.																											
DEMAT ACCOUNT D				NSDL										CDSL													
(Optional - refer instruc	•			DP Name																					-		
Investor opting to hol provide a copy of the	DP I Bene	D eficiary										_			_		_					,					
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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.															ık												
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	nk Account H	older (to	he sian	ed by t	he Inve	estor)**																					
Authorisation of the Bank Account Holder (to be signed by the Investor)** ** To, The Branch Manager,															7												
This is to inform that I		istered f	or the F	RBI's E	lectroni	ic Clea	ina S	ervi	ce (De	ebit Cl	`			′ I													
Standing Instruction a my/our below mention																											
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have read and agreed						leaf.																					
Applicable to SIP Top-u																											
I/We hereby agree to avail the top-up facility for SIP and authorize my bank to execute the ECS/Direct Debit/Standing Instruction for a further increase in installment from my designated account.															m												
Please write SIP Enrol	ment Form no). / Folio	no. on t	he reve	erse of	the che	que.																				
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