Sponsor Bank Code Office use only Utility Code Office use only CREATE MODIFY X CANCEL X Bank A/c No.: With Bank Bank Name & Branch Bank Name	URING TRUST, SHAPING	DREAMS UMRN			e use only						_				ate	D M	MY	. .
ODIFY X ANCEL X Bank A/c No.: SHRIRAM MUTUAL FUND to debit (*) SB	oose (√)	Sponsor Bank Co	ode	ice use d	ce use only					Utility Code			Office use only					
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lax Validity: 40 years only. Name as in Bank Records Name as in Bank Records Name as in Bank Records			Name as in	Bank Records			N	lame	as in E	Bank F	Record	ds		N	ame a	s in Bank l	Record	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 40 years from the date of mandate.

Common Enrolment Form for SIP

(Please read terms & conditions overleaf)

[For OTM registered investors only]



511-512, Meadows, Sahar Plaza, J. B. Nagar, Andheri (East), Mumbai - 400 059

Website: www.shriramamc.in

Important: Please strike out the Section(s) that is/are not used by you to avoid any unauthorised use

Enrolment Form no.: S/CA/

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.) For Office use only (Time Stamp) ARN **ARN Name** Sub-Broker ARN / Internal code for sub **Employee Unique** Identication Number (EUIN) Agent/Employee **Bank Branch Code** Declaration for "execution-only" transaction (only where EUIN box is left blank) 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 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 Holde. 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 confirm that the investments in Scheme through "Direct Plan" is/are made at my own discretion. SHRIRAM Mutual Fund/SHRIRAM AMC/Shriram Trustees Limited 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 ☐ CHANGE IN BANK ACCOUNT INVESTOR DETAILS Application No. (For New Investor) / Folio No. (For Existing Investor) SIGNATURE Sole/1st Applicant (As per Aadhaar) PAN# KYC# (Mandatory) □ Proof Attached [Please tick (✓)] PEKRN# Name of Guardian (As per Aadhaar) (in case Applicant is minor) PAN# KYC# (Mandatory) □ Proof Attached [Please tick (V)] PFKRN# Second Applicant (As per Aadhaar) PAN# KYC# (Mandatory) □ Proof Attached [Please tick (<)] PEKRN# Third Applicant (As per Aadhaar) PAN# KYC# (Mandatory) ■ Proof Attached [Please tick (√)] PEKRN# # Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. ACKNOWLEDGEMENT SLIP (To be filled in by the Sole / First Applicant) SHRIRAM Application No. S/CA 511-512, Meadows, Sahar Plaza, J. B. Nagar, Andheri (East), Mumbai - 400 059 Website: www.shriramamc.in Stamp, Signature & Date

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

S. No.	Scheme/Plan/Option/Sub-option	SIP Installment (`)#	SIP Date	Frequency	SIP Top I	Up (Optional)	Start Month/Year	End Month/Year #
1.	Scheme	Amount Rs.	Any date	□Weekly	Top-up amount	\$		
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	ult frequency 15th. Mandatory enclosure (if 1st i ame of the First/sole applicant must be pre-prin	• • •	ink Cancelled	cheque 🗆 Cop	py of cheque.			
	e the Bank needs to input a specific date in the	•	hrough SIP)					
	up amount should be in multiples of Rs. 500 on	, , ,	• ,	arly intervals o	only.			
In case	e of IDCW option amounts can be distributed o	ut of investors capital (Equalization	Reserve), whi	ich is part of s	ale price that repre	esents realized gair	ns.	
(OR)#	\square My existing OTM registered to be used for in	nitial & subsequent SIP instalments	s					
					UMF	RN / Bank A/C No.		
Dem	nat Account Details*		ı	NSDL			CDSL	
	ional)	DP Name						
1	stor opting to hold units in demat form in ide a copy of the DP statement to match	, I DD ID						
1.	at details as stated in the application for	m. Beneficiary						
I/wa	hereby authorise SHRIRAM Mutual Fun	Account No.	ant Company	u Limited and	d their authorise	ed service provide	ers to debit my/our fo	llowing bank account
1	CS (Debit Clearing) / Direct Debit / Stan	•		•	u tileli autilolise	sa sei vice providi	ers, to debit my/our to	llowing bank account
BAN	IK ACCOUNT DETAILS							
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	nch Name				Bank	City		
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A/C	Type (Please ✓) Savings Current		Others (nlease sneci	if _V)			
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	n Bank Account							
	 hereby confirm and declare as unde have read, understood and agree to c 		ditions of O	TM Facility	Schomo rolator	d documents of t	he Scheme and the t	orms & conditions of
	Ilment for Systematic Investment Plan (S		ditions of O	Tivi i acility,	Ocheme related	u documents or t	ne ocheme and the t	erriis & coriditions or
	ARN holder has disclosed to me/us a emes of various mutual Funds from a					mode), payable	to him/them for the	different competing
	licable to SIP Top-up facility :		.c .zeg .ee					
	hereby agree to avail the top-up facility	for SIP and authorize my ban	k to execute	e the NACH/	/ECS/Direct Del	bit/Standing Inst	ruction for a further in	crease in installment
	my designated account.					_		
	se write SIP Enrolment Form no. / Folio		que.					
1	st Account Holder's	2nd Account Holder's				3rd Accour Holder's		
	Signature As in Bank	Signature (As in Bank				Signature (As in Ban		
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