Mutual Fund UMRN		Date Date
URTURING TRUST, SHAPING DREAMS Sponsor Bank Code Code		Utility Code
CREATE / I/We hereby authorize SHRIRAM MUTUAL	FUND	to debit (tick ✓) SB CA CC SB-NRE SB-NRO Othe
MODIFY X CANCEL X Bank a/c number		
with Bank Name of Customers Bank		or MICR
an amount of Rupees In words		₹
FREQUENCY Mthly Mathy H-Yrly Marly As & when presented	DE	BIT TYPE 🛛 Fixed Amount 🗹 Maximum Amour
Folio No.	Phone No.	
	= =	
Reference	Email ID	
I agree for the debit of Mandate processing charges by the Bank whom I am author Period From	rizing to debit my accou	
Reference I agree for the debit of Mandate processing charges by the Bank whom I am author Period From To 1.		unt as per latest Schedule of charges of the Bank. 3.

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.

Common 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



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.

KEY PARTNER / AGENT	NFORMATION (Investors	applying under Direct Plan ı	must mention "Direct"		FOR OFFICE USE ONLY (TIME STAMP)
ARN	ARN Name	Sub-Broker ARN / Bank Branch Code	Internal Code for Sub-Agent/ Employee	Employee Unique Identication Number (EUIN)	
ARN-					
I / We hereby conrm that employee / relationship	at the EUIN box has been manager/ sales person of		otwithstanding the ac	dvice of in-appropriate	ransaction without any interaction or advice by the ness, if any, provided by the employee / relationship
S	ign Here		Sign Here		Sign Here
	pplicant/Guardian		Second Applicant		Third Applicant
	• • • • • • • • • • • • • • • • • • • •	outors only (Please tick (✓)	• • • • • • • • • • • • • • • • • • • •		Date D D M M Y Y Y Y
☐ I confirm that I am a F	irst time invest or across M s Transaction Charge and p	lutual Funds.			existing investor in Mutual Funds. Transaction Charge and payable to the Distributor)
receive transaction Char recoverable in 3-4 installn	rges, the same are deduct nents. Units will be issued a ill be paid directly by the	ctible as applicable from the against the balance of the ir	ne installment amoun nstallment amounts inv	t and payable to the Dested.	Rs.10,000 or more and your Distributor has opted to Distributor. In such cases Transaction Charge will be e investors' assessment of various factors including
Systematic investment the Trustee of SHRIRAI same. I/ We have not recommissions (in the for the Scheme is being reco	Plan (SIP) and of NACH/E M Mutual Fund for SIP a eceived nor been induced m of trail commission or a mmended to me/us.	ECS (Debit Clearing) / Dire pplication under of the fold by any rebate or gifts, dany other mode), payable	ect Debit / Standing Ir lowing Scheme(s)/ P irectly or indirectly, ir to him/them for the di	estruction facilities and lan(s) / Option(s) and n making this investm ifferent competing Sch	ormation and the terms & conditions of enrolment for d agree to abide by the same. I /We hereby apply to I agree to abide by the terms and conditions of the ent. The ARN holder has disclosed to me/us all the nemes of various mutual Funds from amongst which
No. (PEKRN) issued by		y and that my existing inve			Imber and hold only a single PAN Exempt Reference on will not result in aggregate investments exceeding
Plan" and also conrm th		neme through "Direct Plan			Scheme related documents pertaining to the "Direct AM Mutual Fund/SHRIRAMAMC/Trustee shall not be
Please (✓) any one. In the	absence of indication of th	e option the form is liable to	be rejected.		
☐ NEW REGISTRATION		☐ CHANGE IN BA	NK ACCOUNT		CANCELLATION
INVESTOR DETAILS					
Aplication No. (For New I	nvestor) / Folio No. (For Ex	xisting Investor)			SIGNATURE
Sole/1st Applicant (As per	Aadhaar)				
PAN#			(Mandatory)	☐ Proof Attach	ed
or PEKRN#		[Pleas	e tick (✓)]		
Name of Guardian (As pe	r Aadhaar)				
(in case Applicant is minor) PAN#			(Mandatory)	☐ Proof Attach	
or			e tick (✓)]	LI FIOOI Attach	eu
PEKRN#					
Second Applicant (As per	Aadhaar)				
PAN# or			(Mandatory) e tick (✔)]	☐ Proof Attach	ed
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Third Applicant (As per A	adhaar)				
PAN#		KYC#	(Mandatory)	☐ Proof Attach	ed
or PEKRN#		Pleas	è tick (✓)]		
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					Date / /
NURTURING TRUST, SHAPING DREAMS	Salt Lako City Kalkata 700	0.001			
	Salt Lake City, Kolkata-700 c.in	0 091			Stamp, Signature & Date
CK-6, 2nd Floor, Sector-II,		0 091			

"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"

No	Scheme/Plan/Opti	cheme/Plan/Option/Sub-optio				n S	IP I	nsta	llm	nent (₹) SIP					Da	ite			Free	quei	псу	SIP Top Up (Optional)										Sta	rt M	ont	ear	En	End Month/Year						
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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 competin Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.														eting																													
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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.														mont																													
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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, Nunganbakkam, Chennai 600 034 Email: eng_sh@amsonline.com, Website: www. camsonline.com