

New Fund Offer opens on:	January 19, 2026
New Fund Offer closes on:	January 21, 2026
Scheme Re-opens for continuous sale and repurchase on:	January 28, 2026

Scheme Code: SHRI/O/D/MMF/25/12/0010

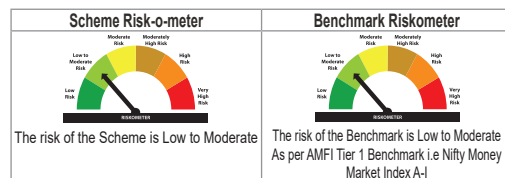
511-512, Meadows, Sahar Plaza,
J. B. Nagar, Andheri (East),
Mumbai - 400 059
Website : www.shriramamc.in

Potential Risk Class Matrix (PRC)			
Credit Risk	Relatively Low (Class A)	Moderate (Class B)	Relatively High (Class C)
Interest Rate Risk		B-I	
Relatively Low (Class I)			
Moderate (Class II)			
Relatively High (Class III)			

This product is suitable for investors who are seeking:

- Regular Income over short term
- To generate income by investing in money market instrument.

*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.



Application No.

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

The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder.

Applicable only if ARN is mentioned but EUIN box is left blank: "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker." Applicable only if RIA Code is mentioned: "I / We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser whose code is mentioned herein."

Signatures	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

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) DETAILS (Please refer to instruction No. II (b) & (IV) (Name should be as per Aadhaar) (Mandatory Information)

Sole /First Applicant/Minor*

PAN/PEKRN* KYC Id No.* Enclose (Please ✓) O KYC Acknowledgement Letter

Name of GUARDIAN (In case First/Sole applicant is minor / CONTACT PERSON- DESIGNATION/ PoA HOLDER (In case of Non-Individual Investor)

PAN/PEKRN* KYC Id No.* Enclose (Please ✓) O KYC Acknowledgement Letter

2nd APPLICANT (Name should be as per Aadhaar)

PAN/PEKRN* KYC Id No.* Enclose (Please ✓) O KYC Acknowledgement Letter

3rd APPLICANT (Name should be as per Aadhaar)

PAN/PEKRN* KYC Id No.* Enclose (Please ✓) O KYC Acknowledgement Letter

*If the first/sole applicant is a Minor, then please provide details of Natural/Legal Guardian.	# If Aadhaar No. is applied for please enclose proof of enrolment.
Mode of Holding (Please ✓)	<input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default option is Anyone or Survivor)
Tax Status (Please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank FIs <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"/> FIs <input type="checkbox"/> Partnership Firm <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Society

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

^ Primary Holder's own email address and mobile number to be provided
In case family member's Mobile no / Email ID provided, then please provide the family description as per the code given below. Family description code

Values : <Family Code>					
Family Code	Family Description	Family Code	Family Description	Family Code	Family Description
SE	Self	DS	Dependent Siblings	PM	PMS
SP	Spouse	DP	Dependent Parents	CD	Custodian
DC	Dependent Children	GD	Guardian	PO	POA

4. COMMUNICATION (Please ✓)

☐ Opt-in facility to receive physical copy of the scheme - wise annual report or abridged summary there of.

☐ 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.

☐ I/We would like to know more about Shriram MF products over the telephone / Mailer.

ACKNOWLEDGEMENT SLIP (To be filled in by the Sole / First Applicant)

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

an application for purchase of units of Shriram Money Market Fund for Rs. on date

Stamp, Signature & Date

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

Name of the Bank																																		
Branch Address																																		
Bank Branch City																State											Pincode							
Account No.																A/C. Type (Please <input type="checkbox"/>)	<input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR																	
9 digit MICR Code																11 digit IFSC Code																		
Please attach a cancelled cheque OR a clear photo copy of a cheque																																		

6. ■ UNITS IN DEMAT MODE (Please ✓) ■ NSDL ■ CDSL

DP ID																														
DP Name																														
Beneficiary Account No./Client ID																														

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 MONEY MARKET FUND

Plan : ☐ Regular * ☐ Direct **Option :** ☐ Growth

* Default Plan Investment Amount (Rs.)	DD Charges if any (Rs.)	Net Amount (in words) _____
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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										IFSC Code									

A/c Type - ☐ S/B source of funds ☐ NRE ☐ Current ☐ NRO ☐ FCNR* | *Kindly provide photocopy of the payment Instrument or Foreign Inward Remittance Certificate (FIRC) evidencing

Cheque/D.D. to be crossed "Account Payee" only and should be drawn payable to :-"SHRIRAM MONEY MARKET FUND A/C xxxxxx" (Investor PAN) or "SHRIRAM MONEY MARKET FUND A/C XXXXXX" (Name of the Firstholder)

9. KYC DETAILS (Mandatory)

Sole/First Applicant	<input type="checkbox"/> Private sector service <input type="checkbox"/> Housewife	<input type="checkbox"/> Public sector service <input type="checkbox"/> Student	<input type="checkbox"/> Government Services <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Business <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
Second Applicant	<input type="checkbox"/> Private sector service <input type="checkbox"/> Housewife	<input type="checkbox"/> Public sector service <input type="checkbox"/> Student	<input type="checkbox"/> Government Services <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Business <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
Third Applicant	<input type="checkbox"/> Private sector service <input type="checkbox"/> Housewife	<input type="checkbox"/> Public sector service <input type="checkbox"/> Student	<input type="checkbox"/> Government Services <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Business <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	<input type="checkbox"/> Below 1 Lac OR Net worth (Mandatory for Non - Individuals)	<input type="checkbox"/> 1-5 Lac	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1Crore	<input type="checkbox"/> >1 Crore OR Net Worth
Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lac	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1Crore	<input type="checkbox"/> >1 Crore OR Net Worth
Third Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lac	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1Crore	<input type="checkbox"/> >1 Crore OR Net Worth

Sole/First Applicant	For Individuals [Please tick (✓)] I am Politically Exposed Person (PEP)* I am Related to Politically Exposed Person (RPEP) Not applicable For Non Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form: (i) Foreign Exchange/Money changer services - <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Gaming/Gambling/Lottery/Casino Services - <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Money Lending/Pawing - <input type="checkbox"/> Yes <input type="checkbox"/> No
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)* <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)* <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

Scheme Name : SHRIRAM MONEY MARKET FUND

Plan : 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 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

10. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)

Non Individual Investors should mandatorily fill separate **FATCA Form** (The below information is required for all applications guardian.

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant/Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please Specify) _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please Specify) _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please Specify) _____

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick (✓)]

If "Yes" please fill for All countries (Other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident /Green Card Holder /Tax Resident in the respective countries.

	Country of Tax Residency	Tax identification number or Functional Equivalent	Identification Type (TIN or other please specify)	Country of Citizenship / Nationality
First Applicant/Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

☐ Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

☐ Reason B : No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)

☐ Reason C : Others, please state the reason thereof: _____

Address Type of Sole/1st Holder :

Address Type of 2nd Holder :

Address Type of 3rd Holder :

☐ Residential ☐ Registered Office ☐ Business ☐ Residential ☐ Registered Office ☐ Business ☐ Residential ☐ Registered Office ☐ Business

FATCA Form for Non Individual is available on the website of AMC i.e. www.shriramamc.in or at the CAMS Investor Service

11. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals Cannot Nominate]

I/We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)*

Nomination Details								
	Mandatory Details						Additional Details	
	Name of nominee	Share of nominee (%)***	Relationship	Postal Address	Mobile / Telephone No. & E-mail	Identity Number ***	D.O. B. of nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								

*Joint Accounts:

<input type="checkbox"/> I/We do not wish to nominate anybody on my/our behalf.	Signature of the declarant
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Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners
Demis of all joint holders simultaneously - having nominess	Nominee
Demis of all joint holders simultaneously - not having nominess	Legal heir(s) of the youngest holder

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of % shall be transferred to the first nominee mentioned in the nomination form (see table in "Transmission aspects").

***Provided only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the documents is not required. In case of NRI / OCI / PIO, Passport number is acceptable.

**** to be furnished only in following conditions / circumstances:

• Date of Birth (DoB) : please provide only if the nominee is minor.

• Guardian : It is optional for you to provide, if the nominee is minor.

12. DECLARATION

I/We have read, understand and hereby agree to abide by the Scheme information Document/ Key information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Director Taxes notified Rules 114 F to 114 H, as part of the Income tax Rules, 1962. 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 : Repatriation basis 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

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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