

Application No. CA

Date : DD/MM/YY



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

# Common Application Form For Resident Indians and NRIs/FIIs/FPIs

(Please read the instructions before filling up the form. All sections to be completed in english in black / blue coloured ink in block letter)

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 (Name should be as per PAN) (Mandatory Information)

Sole /First Applicant/Minor*		Date of Birth
PAN/PEKRN*	Enclose (Please ✓ ) O KYC Acknowledgement Letter	AADHAAR No.#
	KYC Id No.*	
Name of GUARDIAN (In case First/Sole applicant is minor / CONTACT PERSON- DESIGNATION/ PoA HOLDER (In case of Non-Individual Investor)		Date of Birth
PAN/PEKRN* <input type="checkbox"/> KYC Proof Attached (Mandatory)   Relationship with Minor applicant: <input type="checkbox"/> Natural guardian <input type="checkbox"/> Court applicant guardian	Enclose (Please ✓ ) O KYC Acknowledgement Letter	AADHAAR No.#
	KYC Id No.*	
2nd APPLICANT (Name should be as per Aadhaar)	Enclose (Please ✓ ) O KYC Acknowledgement Letter	Date of Birth
PAN/PEKRN*	Enclose (Please ✓ ) O KYC Acknowledgement Letter	AADHAAR No.#
	KYC Id No.*	
3rd APPLICANT (Name should be as per Aadhaar)	Enclose (Please ✓ ) O KYC Acknowledgement Letter	Date of Birth
PAN/PEKRN*	Enclose (Please ✓ ) O KYC Acknowledgement Letter	AADHAAR No.#
	KYC Id No.*	

\*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"/> Minor	<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> HUF
		<input type="checkbox"/> FIs	<input type="checkbox"/> Bank FIs
		<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Sole Proprietorship
		<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> NRO
			<input type="checkbox"/> Society
			<input type="checkbox"/> Other

## 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 <sup>^</sup>

E-mail<sup>^</sup> \_\_\_\_\_

I/We hereby declare that the details furnished above are true & correct to the best of my knowledge and undertake to inform Shriram AMC of any changes therein immediately and I/we approve the usage of these contact details for any communication with Shriram AMC. Please note all kinds of investor communication, Transaction Information, Statement of Account, Annual Report and other kind of communication will be sent through email only instead of physical for investor who provide their email address.

Overseas Correspondence Address (Mandatory for NRI/FII Applicant)			
City	Country		Pincode

<sup>^</sup> 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

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

<p>511-512, Meadows, Sahar Plaza, J. B. Nagar, Andheri (East), Mumbai - 400 059 Website : www.shriramamc.in</p>	<p>Application No. CA _____</p> <p>Date _____ / _____ / _____</p> <p>Stamp, Signature &amp; Date</p>
<p>Received from Mr. / Ms. / M/s. _____</p>	<p> </p>

"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"

**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.

**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"/> 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	Beneficiary Account No./Client ID										
DP Name											

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.**

Separate cheque / demand draft must be issued for each investment drawn in favour of respective scheme name and the instrument should be crossed "A/c Payee Only." Please write appropriate scheme name as well as the Plan / Option / Sub Option

S. No.	Cheque / DD Favouring Scheme Name \$	Plan	Option/Sub-option	Frequency	Cheque Date	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque / DD No. / UTR No. (in case of NEFT / RTGS)
1.	Shriram	<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW <input type="checkbox"/> Re-Investment	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Q					
Amount Invested (in words) Rupees _____									
Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____									

S. No.	Cheque / DD Favouring Scheme Name \$	Plan	Option/Sub-option	Frequency	Cheque Date	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque / DD No. / UTR No. (in case of NEFT / RTGS)
2.	Shriram	<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW <input type="checkbox"/> Re-Investment	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Q					
Amount Invested (in words) Rupees _____									
Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____									

S. No.	Cheque / DD Favouring Scheme Name \$	Plan	Option/Sub-option	Frequency	Cheque Date	Amount Invested (₹)	DD Charges	Net Amount Paid (₹)	Cheque / DD No. / UTR No. (in case of NEFT / RTGS)
3.	Shriram	<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW <input type="checkbox"/> Re-Investment	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Q					
Amount Invested (in words) Rupees _____									
Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____									

**D = Daily, W = Weekly, F = Fortnightly, M = Monthly, Q = Quarterly**

# (Type of Account : Saving /Current / NRE / NRO / FCNR / NRSR) All purchases are subject to realization of funds kindly provide photocopy of the payment Instrument or Foreign Inward Remittance Certificate (FIRC) evidencing source of funds.

S. No	Scheme Name	Plan Option	Net Amount Paid (₹)	Payment details	
				Cheque/DD No./UTR No. & Date (in case of NEFT/RTGS)	Bank & Branch
1					
2					
3					

<p><b>Shriram Asset Management Company Ltd.</b>                  511-512, Meadows, Sahar Plaza, J.B. Nagar, Andheri (East), Mumbai - 400059                  Phone : (022) 6947 3400, Email ; info@shriramamc.in</p>	<p><b>Computer Age Management Services Ltd.</b>                  178 / 10, M. G. Road, Nunganbakkam, Chennai 600 034                  Email : eng_sh@camsonline.com, Website : www.camsonline.com</p>
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**\$ Cheque/D.D. to be crossed "Account Payee" only and should be drawn payable to: SCHEME NAME A/C xxxxxx" (Investor PAN) or SCHEME NAME A/C XXXXXX" (Name of the Firstholder)**

\*Default Option:

In case of valid applications received without indicating any choice of options, it will be considered as an option for Growth Option and processed accordingly. In case of valid applications received without indicating any choice of option under IDCW Option, it will be considered as option for Reinvestment of Income Distribution cum capital withdrawal option and processed accordingly, except ELSS Scheme/s.

As per AMFI Best Practices Circular No. 135/BP/52/2014-15 dated January 9, 2015, Reinvestment of Income Distribution cum capital withdrawal option under the Direct and Regular Plans of Equity Linked Saving Scheme/s (ELSS) of Shriram Mutual Fund is not available.

^Amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

**9. KYC DETAILS (Mandatory)**

Occupation Please (✓)

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

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lac5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1Crore	<input type="checkbox"/> >1 Crore OR Net Worth	OR Net worth (Mandatory for Non - Individuals) _____ as on _____ Not older than 1 year	
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 _____	

Others [Please tick (✓)]

Sole/First Applicant	For Individuals [Please tick (✓)] <input type="checkbox"/> I am Politically Exposed Person (PEP)* <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> 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	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

**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./Canada <input type="checkbox"/> Others (Please Specify) _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S./Canada <input type="checkbox"/> Others (Please Specify) _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S./Canada <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]**

Nomination (Applicable for individual Investors)	<input type="checkbox"/> I/We wish to Nominate the following person(s). (ALL THE BELOW FIELDS ARE MANDATORY)					
	OR <input type="checkbox"/> I/We do not wish to Nominate - Nominee OPT Out (Please sign Declaration for No Nomination) #					
Nominee Details	Nominee 1		Nominee 2		Nominee 3	
Name of the Nominee						
PAN of Nominee (Optional)						
Allocation% (Total of allocation% should be 100%)						
Relationship of Nominee with investor						
Nominee Date of Birth (Mandatory if Nominee is Minor)	DD/MM/YYYY		DD/MM/YYYY		DD/MM/YYYY	
Guardian Name (In case Nominee is Minor)						
Nominee/Guardian Address						
Nominee/Guardian Contact Details	Mobile No.		Mobile No.		Mobile No.	
	Email Id		Email Id		Email Id	
Identification Details of Nominee/Guardian (in case of Minor)- Please tick any one Option Please mention ID Number of the opted Option	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Aadhar (last 4 Digits)	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Aadhar (last 4 Digits)	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Aadhar (last 4 Digits)
	<input type="checkbox"/> Passport(NRI/PIO/OCI)	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport(NRI/PIO/OCI)	<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport(NRI/PIO/OCI)	<input type="checkbox"/> Driving Licence
	Identification Number		Identification Number		Identification Number	
# Declaration for No Nomination:	I/we hereby confirm that I/We do not wish to appoint any nominee(s) for my/our mutual fund units held in my/our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by court or other competent authority, based on the values of assets held in my/our mutual fund folio.					
*Signature(s) (All Applicants must Sign)	1st Applicant		2nd Applicant		3rd Applicant	
<b>*If the account holder affixes thumb impression instead of signature, Please use separate nomination form.</b>						
I / We want the details of my / our nominee to be printed in the Statement of Account, provided to me / us by the AMC as follows; (please tick, as appropriate)						
<input type="checkbox"/> Name of Nominee(s) with Details and Percentage			<input type="checkbox"/> Nomination without Details and Percentage (Default Option)			

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 a 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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