

# Common Enrolment Form for 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



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

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 / Bank Branch Code	Internal code for sub Agent/Employee	Employee Unique Identification Number (EUIN)	

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	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

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 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.

<input type="checkbox"/> NEW REGISTRATION	<input type="checkbox"/> CHANGE IN BANK ACCOUNT	<input type="checkbox"/> CANCELLATION
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## INVESTOR DETAILS

Application No. (For New Investor) / Folio No. (For Existing Investor)

Sole/1st Applicant (As per Aadhaar)

PAN#            
or  
PEKRN#

KYC# (Mandatory)  Proof Attached  
[Please tick (✓)]

SIGNATURE

Name of Guardian (As per Aadhaar)  
(in case Applicant is minor)

PAN#            
or  
PEKRN#

KYC# (Mandatory)  Proof Attached  
[Please tick (✓)]

Second Applicant (As per Aadhaar)

PAN#            
or  
PEKRN#

KYC# (Mandatory)  Proof Attached  
[Please tick (✓)]

Third Applicant (As per Aadhaar)

PAN#            
or  
PEKRN#

KYC# (Mandatory)  Proof Attached  
[Please tick (✓)]

# 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)



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

Application No. S/CA

Date  /  /

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

Stamp, Signature & Date

"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"

