

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.

S. No.	Scheme/Plan/Option/Sub-option	SIP Installment (₹)	SIP Date	Freequency	SIP Top Up (Optional)	Start Month/Year	End Month/Year #
1.	Scheme _____ Plan _____ Option _____	Amount Rs. _____ Cheque No _____ Cheque Date _____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> *15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th Any other Day <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ _____ ₹ _____ Top-up Frequency ^A <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y
2.	Scheme _____ Plan _____ Option _____	Amount Rs. _____ Cheque No _____ Cheque Date _____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> *15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th Any other Day <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ _____ ₹ _____ Top-up Frequency ^A <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y
3.	Scheme _____ Plan _____ Option _____	Amount Rs. _____ Cheque No _____ Cheque Date _____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> *15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th Any other Day <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ _____ ₹ _____ Top-up Frequency ^A <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y

*Default freequency. # There is no maximum duration for enrolment. Mandatory enclosure (if 1st installment is not by cheque) Blank Cancelled cheque Copy of cheque. The name of the First/sole applicant must be pre-printed on the cheque.

In case the Bank needs to input a specific date in their system (refer guide to investing through SIP)

\$ Top up amount should be in multiples of Rs. 500 only. ^AQuarterly SIP offers Top up Frequency at yearly intervalsonly.

DEMAT ACCOUNT DETAILS*	NSDL	CDSL
(Optional) Investor opting to hold units in demat form may provide a copy of the DP statement to match the demat details as stated in the application form.	DP Name _____ DP ID _____ Beneficiary Account No. _____	_____
I/we hereby authorise SHRIRAM Mutual Fund/SHRIRAM Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP/ Micro SIP payments.		

BANK DETAILS

Bank Name	_____															
Branch Name	_____												Bank City	_____		
Account Number	_____															
9 Digit MICR Code	_____			◀ (Please enter the 9 digit number that appears after the cheque number)												
Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify) _____																
Account holder Name as in Bank Account	_____															

I / We hereby confirm and declare as under :

I/ We have read, understood and agree to comply with the terms and conditions of OTM Facility, Scheme related documents of the Scheme and the terms & conditions of 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 competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

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 from my designated account.

Please write SIP Enrolment Form no. / Folio no. on the reverse of the cheque.

1st Account Holder's Signature (As in Bank Records)	_____	2nd Account Holder's Signature (As in Bank Records)	_____	3rd Account Holder's Signature (As in Bank Records)	_____
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For Office Use only (Not to be filled in by Investor)

Recorded on	_____	Scheme Code	_____
Recorded by	_____	Credit Account Number	_____

SIP/Micro SIP application for

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					