

Application No. CA

Date : DD/MM/YY

# 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 black / blue coloured ink in block letter)

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."

TRANSACTION CHARGES (Refer instructions and tick the appropriate option) Applicable for transactions routed through distributors/agents/brokers who have opted to receive transaction charges.

I am a first time investor in mutual funds (Rs.150 will be deducted).  I am an existing mutual funds investor (Rs.100 will be deducted).

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 Aadhaar) (Mandatory Information)**

Date of Birth	
Sole /First Applicant/ Minor*	
PAN/PEKRN*      Enclose (Please✓) O KYC Acknowledgement Letter	AADHAAR 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="radio"/> Natural guardian <input type="radio"/> Court applicant guardian	AADHAAR No.#
2nd APPLICANT (Name should be as per Aadhaar)	Date of Birth
PAN/PEKRN      Enclose (Please✓) O KYC Acknowledgement Letter	AADHAAR No.#
3rd APPLICANT (Name should be as per Aadhaar)	Date of Birth
PAN/PEKRN      Enclose (Please✓) O KYC Acknowledgement Letter	AADHAAR 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"/> 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"/> FIIs <input type="checkbox"/> Partnership Firm <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Society

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

 <p>CK-6, 2nd Floor, Sector-II, Salt Lake City, Kolkata-700 091 Website : www.shriramamc.com</p>	<p>Application No. CA</p> <p>Date _____/_____/_____</p>
<p>Received from Mr. / Ms. / M/s. _____</p>	<p>Stamp, Signature &amp; Date</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"

**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
Tel. Off.	Resi.
E-mail ^	Mobile ^
Overseas Correspondence Address (Mandatory for NRI/FII Applicant)	
City	Country
Pincode	

^Primary Holders own email address and mobile number to be provided

**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 (Mandatory for credit via NEFT/RTGS)
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

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					

<b>Shriram Asset Management Company Ltd.</b> CK-6, 2nd Floor, Setor II, Salt Lake City, Kolkata - 700 091 Tel : (033) 2337 3012, Fax : (033) 2337 3014, Email id : info@shriramamc.com	<b>Computer Age Management Services Pvt. Ltd.</b> 178 / 10, M. G. Road, Nungambakkam, Chennai 600 034 Email : eng_sh@camsonline.com, Website : www.camsonline.com
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**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 Favours Scheme Name \$	Plan / Option*	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"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment					
2.	Amount Invested (in words) Rupees _____ Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____						
3.	Shriram	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment					
	Amount Invested (in words) Rupees _____ Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____						
	Shriram	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Payout <input type="checkbox"/> Re-Investment					
	Amount Invested (in words) Rupees _____ Drawn on Bank / Branch : _____ A/c No. _____ A/c Type # _____						

# (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.

\$ 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 option for Growth Option and processed accordingly.

In case of valid applications received without indicating any choice of option under Dividend Option, it will be considered as option for Dividend Reinvestment Option and processed accordingly, except ELSS Scheme/s.

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

**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 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 OR Net worth (Mandatory for Non - Individuals) _____ as on [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Not order 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	<b>For Individuals</b> [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 <b>For Non Individuals</b> [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

**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 :**

Residential  Registered Office  Business

**Address Type of 2nd Holder :**

Residential  Registered Office  Business

**Address Type of 3rd Holder :**

Residential  Registered Office  Business

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

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

I/We \_\_\_\_\_ do hereby nominate the undermentioned Nominee(s) to receive the units to my/our credit in the folio no. in the event of my/our death. I/We also understand that all payments made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

No.	Nominee(s) Name	PAN	Relationship	% of Share*	Date of Birth				Nominee(s) Signature				
1					D	D	M	M	Y	Y	Y	Y	
2					D	D	M	M	Y	Y	Y	Y	
3					D	D	M	M	Y	Y	Y	Y	
No.	Name of the Guardian (In case of Nominee is Minor)											Guardian(s) Signature	
1													
2													
3													

\* If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

<input type="checkbox"/> I/We do not wish to nominate anybody on my/our behalf.	<b>Signature of the declarant</b>
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**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