





CK-6, 2nd Floor, Sector-II, Saltlake City, Kolkata-700 091  
Website : www.shriramamc.com

**This product is suitable for investors who are seeking\*:**

- Long term capital appreciation with a 3 years lock in and tax benefit
- Investment in diversified portfolio of predominantly equity & equity-related securities.
- Moderately High risk

Investors understand that their principal will be at **Moderately High Risk**

Name & ARN Code	Sub Broker Code / ARN	Internal code for sub Agent/Employee	EUIN	Bank Serial No./Bank Stamp/ Receipt Date
<b>ARN- 48012</b>			<b>E053085</b>	

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

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

**4. COMMUNICATION (Please ✓)**

- 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			

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



**SHRIRAM LONG TERM EQUITY FUND**

Application No. \_\_\_\_\_

CK-6, 2nd Floor, Sector-II, Salt Lake City, Kolkata-700 091  
Website : www.shriramamc.com

Date _____ / _____ / _____
Stamp, Signature & Date

Received from Mr. / Ms. / M/s. \_\_\_\_\_  
an application for purchase of units of **SHRIRAM LONG TERM EQUITY FUND** for Rs. \_\_\_\_\_ on 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"

**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.**

**Scheme Name :** SHRIRAM LONG TERM EQUITY FUND  
**Plan :**  Regular **Option :** \*  Growth  Dividend **Mode of dividend :**  Payout

Investment Amount (Rs.)	DD Charges if any (Rs.)	Net Amount (in words)

Mode of Payment (Please ✓)  
 Cheque  DD  Funds Transfer  RTGS/NEFT Rs. (amt. in Rs.) \_\_\_\_\_ (in words) \_\_\_\_\_

Drawn on Bank \_\_\_\_\_

Branch & City \_\_\_\_\_ Account No. \_\_\_\_\_

Cheque / DD No. \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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 IFSC Code \_\_\_\_\_

\*A/c Type -  S/B  NRE\*  Current  NRO  FCNR\* | \*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 :-"SHRIRAM LONG TERM EQUITY FUND A/C xxxxxx" (Investor PAN) or "SHRIRAM LONG TERM EQUITY FUND A/C XXXXXX" (Name of the Firstholder)**

**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"/> Below 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"/> Below 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"/> Below 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 Ownship (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 LONG TERM EQUITY FUND  
**Plan :**  Regular **Option :** \_\_\_\_\_ **Sub Option :** \_\_\_\_\_  
**Cheque / DD No.** \_\_\_\_\_ **Date :** \_\_\_\_\_ **Amount Rs. :** \_\_\_\_\_  
**Bank and Branch :** \_\_\_\_\_

**REGISTRAR & TRANSFER AGENTS**  
 Computer Age Management Services Pvt. 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 :**

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	Relationship	% of Share*	Date of Birth (in case of Minor)	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)

I/We do not wish to nominate anybody on my/our behalf.

Signature of the declarant

**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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# Enrolment Form for SIP / Micro 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

Enrolment Form no. : S/

SIP/ Micro 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)
<b>ARN- 48012</b>				<b>E053085</b>

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Item No. 3a)  
 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.

Sign Here	Sign Here	Sign Here
First/Sole Applicant/Guardian	Second Applicant	Third Applicant

Transaction Charges for Applications through Distributors only (Refer Item No. 16 and please tick (✓) any one)

<input type="checkbox"/> I confirm that I am a First time invest or across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
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If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to Rs.10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts invested.  
 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/SHRIRAMAMC/Trustee 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 (Refer Item No. 11)
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## INVESTOR DETAILS

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

Sole/1st Applicant (As per Aadhaar)  SIGNATURE (Refer Item No. 3(c))

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

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

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

Second Applicant (As per Aadhaar)

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

Third Applicant (As per Aadhaar)

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

# Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer Item No. 15 and 16.

Scheme  **SHRIRAM LONG TERM EQUITY FUND**

(Investors applying under Direct Plan must mention "Direct" against the Scheme name).

Plan  **REGULAR** Option

Each SIP/ Micro SIP Amount (Rs.)  Frequency \*  Monthly  Quarterly (\*Default Frequency) [Refer Item No. 6(iv)]

## ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Date :	SHRIRAM MUTUAL FUND Administrative Head Office : CK-6, 2nd Floor, Sector-II, Salt Lake City, Kolkata-700 091	Enrolment Form No. : S/
Received from Mr./Ms./M/s. <input type="text"/>	'SIP/Micro SIP' application for	ISC Stamp & Signature
Scheme / Plan / Option <input type="text"/>		
Total Amount (Rs.) <input type="text"/>	Please Note : All purchases are subject to realisation of cheques	

"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"

SIP/Micro SIP Date  1st  5th  \*15th  20th  25th  Any other day (Please Specify)

[Default : 15th\*] [Refer Item No. 6(iv)]

SIP/Micro SIP Period Start From  End On\*\*  \*\*Please refer Item No. 6(ii) and 7(b)

First SIP/ Micro SIP Transaction via Cheque No.  Cheque Dated  Amount @ (Rs.)

Mandatory Enclosure (if 1st Installment is not by cheque)  Blank cancelled cheque  Copy of cheque  @ The first cheque amount should be same as each SIP Amount.  
The name of the first / sole applicant must be pre-printed on the cheque.

DEMAT ACCOUNT DETAILS*	NSDL	CDSL
(Optional - refer instruction 10)		
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 <input type="text"/>	<input type="text"/>
	DP ID <input type="text"/>	<input type="text"/>
	Beneficiary Account No. <input type="text"/>	<input type="text"/>

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 ✓)  Savings  Current  NRO  NRE  FCNR  Others (please specify) \_\_\_\_\_

Account holder Name as in Bank Account

SIP Top-up (Optional) (Refer Item No. 7e) (Please ✓ to avail this facility) Top-up Amount (Rs.)  (The amount should be in multiples of Rs. 500 only)  
SIP Top-up Frequency :  Half-yearly  Yearly (Quarterly SIP offers top-up frequency at yearly intervals only).

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)	<input type="text"/>	2nd Account Holder's Signature (As in Bank Records)	<input type="text"/>	3rd Account Holder's Signature (As in Bank Records)	<input type="text"/>
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For Office Use only (Not to be filled in by Investor)

Recorded on <input type="text"/>	Scheme Code <input type="text"/>
Recorded by <input type="text"/>	Credit Account Number <input type="text"/>