ONE TIME AUTHO	RISATION FORM FOR NACH/ECS/DIRECT D	EBIT/STANDING INSTRUCTION
SHRIRAM UMRN UMRN		Date DDMMYYYY
Tick ✓ Sponsor Bank Code	HDFC000060	Utility Code HDFC05695000027040
CREATE I/We hereby authorize SH	RIRAM MUTUAL FUND	to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other
MODIFY Bank a/c number CANCEL		
with Bank Name of Customers Bank	IFSC	or MICR
an amount of Rupees In words		₹
FREQUENCY Mthly Qtly H-Yrly	y □ Yrly □ As & when presented	DEBIT TYPE ☐ Fixed Amount ☐ Maximum Amount
Folio No.	Phone No.	
Reference	Email ID	
I agree for the debit of Mandate processing	charges by the Bank whom I am authorizing to debit	my account as per latest Schedule of charges of the Bank.
Period From DDMMYYYY	Signature Primary Account Holder Signature	of Account Holder Signature of Account Holder
To DDMMYYYYY 1	Name as in Bank Records 2. Name as	in Bank Records 3. Name as in Bank Records

^{*} This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.

* I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the previder customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof. I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

Name & ARN Code

Application Form for **SHRIRAM LONG TERM EQUITY FUND** (An Open Ended Equity Linked Saving Scheme with a Statutory Lock in of 3 years and Tax Benefit)



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

New Fund Offer Opens on : December 17, 2018 New Fund Offer Closes on : January 18, 2019

EUIN

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

Internal code for sub Agent/Employee



Sub Broker Code / ARN

Application No. Investors understand that their principal will be at Moderately High Risk

Bank Serial No./Bank Stamp/ Receipt Date

ARN- 48012					E053085	
factors including service rendered Applicable only if ARN is mentiona advice by the employee/relationshi person of the distributor/sub broke my/our investments under Direct F	by the ARN Holder. ed but EUIN box is left by p manager/sales person er." Applicable only if RIA Plan of all Schemes mar	blank: "I/We hereby conf n of the above distributor/ A Code is mentioned: "I / naged by you, to the SEI	rm that the EUIN b sub broker or notwit We hereby give yo BI-Registered Inves	ox has been intentionally left b hstanding the advice of in-approu w my/our consent to share/pro tment Adviser whose code is n	lank by me/us as this transa priateness, if any, provided vide the transactions data fe tentioned herein."	seed on the investor's assessment of various action is executed without any interaction o by the employee/relationship manager/sales eed/portfolio holdings/ NAV etc. in respect o opted to receive transaction charges.
☐ I am a first time investor in mut	ual funds (Rs.150 will b	e deducted).	☐ I am an existing	g mutual funds investor (Rs.100) will be deducted).	
Signatures Fi	rst / Sole Applicant	t / Guardian		Second Applicant		Third Applicant
4 INVESTOR EVISTING FO	N IO NUMBER INFO	ODMATION (Disease	ill in very felie	Number and present to	Investment Details)	
1. INVESTOR EXISTING FO	DLIO NUMBER INFO	· · · · · · · · · · · · · · · · · · ·		e folio number mentioned v	· · · · · · · · · · · · · · · · · · ·	tion
. 3.10 1.10	logge refer to instrue				,	
2. APPLICANT(S) DETAILS (P Sole /First Applicant/	lease refer to instruc	tion No. II (b) & (IV) (N	ame should be as	s per Aadnaar) (Mandatory	mormation)	Date of Birth
Minor* LLLLL PAN/PEKRN*		Enclose	 Please√) O KYC Acl	knowledgement Letter	AA	ADHAAR No.#
	KYC	C Id No.*				
Name of GUARDIAN (In case First/So	ole applicant is minor / CONT.	TACT PERSON- DESIGNATIO	V PoA HOLDER (In cas	se of Non-Individual Investor)		Date of Birth
PAN/PEKRN* KYC Proof Att	ached (Mandatory) Relati	tionship with Minor applican	: O Natural guardian	O Court applicant guardian	A	ADHAAR No.#
		C Id No.*				
2nd APPLICANT (Name should	be as per Aadhaar)					Date of Birth
PAN/PEKRN		Enclos	e (Please√) O KYC	Acknowledgement Letter	A	ADHAAR No.#
O LARRILIOANT (II)		C ld No.*				
3rd APPLICANT (Name should b	be as per Aadhaar)					Date of Birth
PAN/PEKRN			e (Please√) O KYC	Acknowledgement Letter	A	ADHAAR No.#
		C ld No.*				
*If the first/sole applicant is a Mode of Holding (Please ✓)						nclose proof of enrolment.
Tax Status (Please ✓)	Resident Indiv		☐ Joint	(Default option is Anyone HUF Bank FIs	Sole Proprietors	hip NRO Other
rax olalus (r lease *)		Company/Body Cor		FIIs Partnership Fire		Society
3. MAILING ADDRESS (P	lease provide Full	Address, P.O. Box	No. may not be	e sufficient, Overseas Ir	vestors will have to	provide Indian Address)
Local Address of 1st Applica	ant -					
City		State				Pincode
Tel. Off.		Resi.			Mobile	
E-mail						
Overseas Correspondence Ac	Idress (Mandatory for	NRI/FII Applicant)				
City		Country				Pincode
4. COMMUNICATION (Plea	se √)					
I/We wish to receive Accour	nt Statement/Annual R			Jpdates or any other Statutor	y Information via E-mail/SI	MS alerts in lieu of Physical Documents.
☐ I/We would like to know mor	·	· · ·				
5. BANK ACCOUNT DETAI	LS - MANDATORY	(For multiple banks	registration ple	ease submit the Multiple	Bank Registration For	m)
Name of the Bank						
Branch Address Bank Branch City			Stata			Pincode
Bank Branch City			State	A/C Type /Plea	an () Covings DA	
Account No.		11 digit IFCC	Codo	A/C. Type (Plea	<u> </u>	NRE Current NRO FCNR
9 digit MICR Code	h ODl	11 digit IFSC			(Mandatory for C	redit via NEFT/RTGS)
Please attach a cancelled c	neque OR a clear pr	noto copy of a cnequ				
ACKNOWLEDGEMENT SL	IP (To be filled in b		•			
SHRIRAM		SHI	KIKAM LONG TI	ERM EQUITY FUND	Annlineti N	
Mutual Fund CK-6, 2nd Floor, Sector-II, Sa	alt Lake City Kolkata	a_700 001			Application No.	Date / /
Website: www.shriramamc.c		. 100 001				Date// Stamp, Signature & Date
Received from Mr. / Ms. / M/s						1,7 0 444 444
an application for purchase of un	its of SHRIRAM LONG	TERM EQUITY FUND f	or Rs	on date DD / M	M / Y Y Y	

"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 a												
mention in the Application Form match with that of the account held with the DP.												
7. POWER OF ATTORNEY (POA)												
POA Name												
PAN KYC Yes 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 :												
Plant. Exegular Option. Editowith Editowith Mode of dividend. Erayout												
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.)												
Drawn on Bank												
Branch & City Account No. Account No.												
Cheque / DD No. Date D M M Y Y Y Y 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 xxxxxxx" (Investor PAN) or												
"SHRIRAM LONG TERM EQUITY FUND A/C XXXXXX" (Name of the Firstholder)												
9. KYC DETAILS (Mandatory)												
Occupation Please (✓)												
Sole/First Private sector service Public sector service Government Services Business Professional Agriculturist Retired												
Applicant Housewife Student Forex Dealer Other (Please Specify) Second Private sector service Public sector service Government Services Business Professional Agriculturist Retired												
Applicant												
Third ☐ Private sector service ☐ Public sector service ☐ Government Services ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired Applicant ☐ Housewife Student ☐ Forex Dealer ☐ Other (Please Specify)												
Gross Annual Income [Please tick (✓)] Sole/First □ Below 1 Lac □ Below 1-5 Lac □ 5-10 Lacs □ 10-25 Lacs □ >25 Lacs - 1 Crore □ >1 Crore OR Net Worth												
Sole/First Below 1 Lac Below 1-5 Lac 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore 1 > 1 Crore OR Net Worth Applicant OR Net worth (Mandatory for Non - Individuals) as on Not order than 1 year												
Second												
Applicant Below 1 Lac Below 1-5 Lac 5-10 Lacs 10-25 Lacs >25 Lacs - 1Crore >1 Crore OR Net Worth												
Third Applicant Below 1 Lac Below 1-5 Lac 5-10 Lacs 10-25 Lacs >25 Lacs - 1Crore >1 Crore OR Net Worth												
Others [Please tick (✓)]												
Sole/First For Individuals [Please tick (✓)] □ I am Politically Exposed Person (PEP)* □ I am Related to Politically Exposed Person (RPEP) □ Not applicable												
Applicant For Non Individuals [Please tick ()] (Please attach mandatory Ultimate Beneficial Ownship (UBO) declaration form:												
(i) Foreign Exchange/Money changer services - Yes No (ii) Gaming/Gambling/Lottery/Casino Services - Yes No (iii) Money Lending/Pawing - Yes No Second Region (PER)* Related to Politically Exposed Person (PER) No to applicable.												
Second Applicant Politically Exposed Person (PEP)* Related to Politically Exposed Person (RPEP) Not applicable												
Third Applicant Politically Exposed Person (PEP)* Related to Politically Exposed Person (RPEP) Not applicable												
Scheme Name: SHRIRAM LONG TERM EQUITY FUND												
Plan : ☐ Regular Option :												
Cheque / DD NoDate :Amount Rs. :												

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

No Individual Investors should mandatorly fill secarate FATCA Form (The below information is required for all applications guardian. Place(City of Birth	10. FATCA AND CRS DE		,	<u> </u>	, , , , , , , , , , , , , , , , , , ,															
Enst Applicant	Non Individual Investors sh					equired for	all appl													
Second Applicant		Place/Cit	ty of Birth	Cot	intry of Birth															
The property of the property																				
Are you as to readent (e. are you assessed for Tray) in any other country of citizenship / Net in the special countries (Other In Resident in the respective country of the policy in which you are a Resident for its purpose to. New rey you are a CitizensResident (Seen Card Holder Tita Resident in the respective country of Tax Residents of Tax Identification number or Residency Functional Equitivated (TIN or other please specify) First Applicant Guardian Residency Functional Equitivated Identification Type Country of Citizenship / Nationality Reseason: A B C C Reseason: A B C C Reseason: A B C C Reseason: A B C C C C C C C C C C C C C C C C C C											(Please Specify)									
If "ser' 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 (Ficen Card Holder / Tax Resident) or XI Tax Indian/Indian (Tax Indian I	Third Applicant					_ _	ndian	U.S.	Oth	ers (Pleas	se Spe	cify)								
Residency Functional Equitivalent (TIN or other please specify) Reason: A B C									/Green	Card Holde	er /Tax F	Resident	in the resp	ective countrie						
Reson A B C Third Applicant A B C Third Applicant Reson A B C Third Applicant A C C C C C C C C C		-					С	ountry	of Citizen	ship / Nationality										
Reason S : 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 S : 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: 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: No Tin Registered Office Business Residential Registered Office Busines	First Applicant/Guardian							Reas	on:	A 🗌	В		С	С						
Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its readents. Reason B: No Thi 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 thereoro. Address Type of Sole/inst Holder: Residential Registered Office Business Residential Registered Office Business Residential Registered Office Business Residential Registered Office	Second Applicant							Reas	on:	Α 🗌	В		С							
Reason B: No TN 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: Notes, please state the reason thereof; Address Type of Sole/1st Noder: Address Type of Sole/1st Noder: Residential Registered Office Business Residential Registe	Third Applicant							Reas	on:	Α 🗌	В		C 🗆							
Residential Registered Office Business Residential Registered Office Business Residential Registered Office Business Reflect Action for Non Individual is variable to me two shallows the website of AMC i.e. www.shrramanc.com or at the CAMS Investor Service It. NOMINATION DETAILS (Minor / HUF / POA Holder / Non Individuals Gannot Nominate) We	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)																			
do hereby nominate the undermentioned Nominee(s) to receive the units to my/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 receiverency, 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 Relationship % of Share* Date of Birth (in case of Minor) Nominee(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian(s) Signature No. Name of the Guardian (in case of Nominee is Minor) Guardian (i	☐ Residential ☐ Register	Residential Registered Office Business Residential Registered Office Business Residential Registered Office Business																		
Monimer Moni	11. NOMINATION DETAI	LS [Minor / HUF	/ POA Holder /	Non Individua	als Cann <u>ot Nomi</u> n	ate]														
No. Name of the Guardian (In case of Nominee is Minor) Caudian(s) Signature	credit in the folio no. in the	•										,		•						
No. Name of the Guardian (In case of Nominee is Minor) Name of the Guardian (In case of Nominee is Minor) Signature But a comparison of the Guardian (In case of Nominee is Minor) Signature of the declarant Comparison of the Guardian (Signature) It we do not wish to nominate anybody on my/our behalf. Signature of the declarant Signature of the declarant Comparison of the Scheme (S), Foriegn Account Tax Complaince Act (FATC and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Director Taxes notified Rules114 F to 114 H, as part of the Incometax Rules, 1962. In 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. It have been underly a condition of Proceeds of crime' as defined in "The Prevention of Money Laundering Act, 2002" and If undertaking. If We have not received nor been induced by any rebate or gifts, direct or indirectly in making this investment. It We authorize the Fund to disclose details of my/our account and all my/our transactions to the intermediary whose stamp appears on the applicat form. If 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 med us. Applicable to NRIs only: Uncertified the scheme is have been remitted from abroad through approved banking chann or from funds in my/our Non-Resident fixed in Nationality Organ and Iwa hereby confirm that the funds for subscription have been remitted from abroad through approved banking chann or from funds in my/our Non-Resident fixed in Nationality Organ and Iwa hereby confirm that the funds for subscription have been remitted from abroad through approved banking chann or from funds in my/our Non-Resident fixed on the purplication basis In None Reportant on the scheme is made by me I us on: In Repatiation basis In None Reportant on the purplication basis In None Reportant on the purplication bas	No.	Nominee(s)	Name		Relationship	% of S	hare*	Date of Bi	rth (in ca	ase of Min	or)	Nomi	nee(s) Si	ignature						
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No. Name of the Guardian (In case of Nominee is Minor) Name of the Guardian (In case of Nominee is Minor) Guardian(s) Signature	2							D D M	MY	V V	V									
No. Name of the Guardian (In case of Nominee is Minor) Guardian(s) Signature 1 2 3 1 If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s) We have read, understand and hereby agree to abide by the Scheme information Document/ Key information Memorandum of the Scheme(s), Foriegn Account Tax Complaince Act (FATT and Common Reporting) Standards (CRS) under FATCA & CRS provision of the Central Board of Director Taxes notified Rules114 F to 114 H, as part of the Incometax Rules, 1962. Inhereby 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. It 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 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, director indirectly in making this investment. I / We authorize the Fund to disclose details of mylour account and up/our transaccions to the intermediary whose stamp appears on the application. If any in making this investment is make the facts of this undertaking. I/We have not received nor been induced by any rebate or gifts, director indirectly in making this investment. I / We authorize the Fund to disclose details of mylour account and up/our transaccions to the intermediary whose stamp appears on the application. If any indirectly are such a subscription have been remitted from abroad through approved banking chann or from funds in mylour Non-Resident External / Ordinary Account/FCNR/NR/RSR account. In 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 Furfrom amongst which the Scheme is be																				
1 Pit 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								DDN	I IVI Y	YY	Υ									
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	No.		Name of the G	uardian (In c	ase of Nominee is	Minor)						Guardian(s) Signature								
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*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	3																			
I/We do not wish to nominate anybody on my/our behalf. Signature of the declarant I/We do not wish to nominate anybody on my/our behalf.		ro is not montions	d than the claim	will be settled	d oqually amonast	all the ind	icated	nominoo(s	1											
I/We have read, understand and hereby agree to abide by the Scheme information Document/ Key information Memorandum of the Scheme(s), Foriegn Account Tax Complaince Act (FATC and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Director Taxes notified Rules114 F to 114 H, as part of the Incometax Rules, 1962. I/N 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 / Nereby 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/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 in making this investment. I / We 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/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 chann 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 Furfrom amongst which the Scheme is being recommended to me/us.					a equally amongst			,		ant										
I/We have read, understand and hereby agree to abide by the Scheme information Document/ Key information Memorandum of the Scheme(s), Foriegn Account Tax Complaince Act (FATC and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Director Taxes notified Rules114 F to 114 H, as part of the Incometax Rules, 1962. I/I 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 / 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/I 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 in making this investment. I / We 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/I confirm that I arm/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 chann 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 Repatri																				
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	and Common Reporting Sta hereby apply to the Shriram hereby confirm and certify t undertake to provide all nec- or indirectly in making this in form. I/We also authorize th confirm that I am/we are Nor or from funds in my/our Non- Investment in the scheme is The ARN holder has disclos-	Indards (CRS) undards (CRS) undards (CRS) undards (Mutual Fund for all hat the source of the sesary proof/ docurivestment. I / We ause Fund to disclose 1-Resident of Indiar Resident External / made by me / us oued to me/us all the	er FATCA & CRS flotment of units o neese funds is not mentation, if any, r uthorize the Fund o details as neces n Nationality/Origin or I Pepatriation commissions (in t	provision of the free Scheme, and directly / indirectly /	e Central Board of D as indicated above a ctly a result of "proc stantiate the facts of alls of my/our accound's and investor's b by confirm that the fu Account. epatriation basis.	irector Tax and agree eeds of cr this under t and all m ankers for nds for su	tes notife to abide me" as aking. In y/our tra the pur oscription	fied Rules1 by the terr defined in We have n ansactions rpose of eff on have bee	14 F to ms, cond "The Proof received to the infecting penalthen in the infection of the inf	114 H, as ditions, rule evention o yed nor be- termediary ayments t ed from ab	part of the part o	the Incor regulatio y Launde ced by a stamp a us. Applio rough ap	netax Rulins of the Sering Act, ny rebate ppears on cable to N proved ba	es, 1962. I/W Scheme. I / W 2002" and I/w or gifts, directl the applicatio RIs only: I/W anking channel						
First / Sole Applicant / Guardian Second Applicant Third Applicant					Signature															
	First / Sole A	pplicant / Guardia	in		Second Applic	cond Applicant							Third Applicant							

Misos be has been topy to have intentional to the high intentional topy to the high intentional top to the high intentional to

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 / Internal Code Employee Unique for Sub-Agent/ Identication Number (EUIN) Bank Branch Code Employee ARN-48012 E053085 Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Item No. 3a) I / We hereby conrm 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. First/Sole Applicant/Guardian Second Applicant Third Applicant Transaction Charges for Applications through Distributors only (Refer Item No. 16 and please tick (✓) any one) Date I confirm that I am a First time invest or across Mutual Funds. I confirm that I am an existing investor in Mutual Funds (Rs. 150 deductible as Transaction Charge and payable to the Distributor) (Rs. 100 deductible as Transaction Charge and payable to the Distributor) 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 conrm 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. CANCELLATION (Refer Item No. 11) ☐ NEW REGISTRATION ☐ CHANGE IN BANK ACCOUNT **INVESTOR DETAILS** Aplication No. (For New Investor) / Folio No. (For Existing Investor) SIGNATURE (Refer Item No. 3(c)) Sole/1st Applicant (As per Aadhaar) KYC# (Mandatory) PAN# □ Proof Attached [Please tick (✓)] or PEKRN# Name of Guardian (As per Aadhaar) (in case Applicant is minor) PAN# KYC# (Mandatory) ☐ Proof Attached [Please tick (✓)] PEKRN# Second Applicant (As per Aadhaar) PAN# KYC# (Mandatory) □ Proof Attached [Please tick (✓)] or PEKRN# Third Applicant (As per Aadhaar) KYC# (Mandatory) PAN# ☐ Proof Attached [Please tick (✓)] or PEKRN# # Please attach Proof. If PAN/PEKRN/KYC is already validated please don't attach any proof. Refer Item No. 15 and 16 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.) * Monthly Quarterly (*Default Frequency) [Refer Item No. 6(iv)] ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) SHRIRAM MUTUAL FUND Enrolment Administrative Head Office : CK-6, 2nd Floor, Sector-II, Salt Lake City, Kolkata-700 091 Date: Form No : S/ ISC Stamp & Signature Received from Mr /Ms /M/s 'SIP/Micro SIP' application for Scheme / Plan / Option

"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"

Please Note: All purchases are subject to realisation of cheques

Total Amount (Rs.)

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 M M Y Y Y Y End On** M M Y Y Y Y Y **Please refer Item No. 6(ii) and 7(b)																																		
First SIP/ Micro SIP Transaction via Cheque No. Cheque Dated DDMMYYYYY 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.																																		
DEMAT ACCOUNT DE	TAILS	3*									N	SDL													CDS	SL								
(Optional - refer instructi	er instruction 10) DP Name												_		=	_																		
Investor opting to hold provide a copy of the D demat details as stated in	P sta	temen	t to m	natch	the		ID neficia count		=													Ι	L					\perp						
I/we hereby authorise S account by ECS (Debit 0	e hereby authorise SHRIRAM Mutual Fund/SHRIRAM Asset Management Company Limited and their authorised service providers, to debit my/our following count by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP/ Micro SIP payments.														ving	bank																		
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SIP Top-up (Optional) (Refer Item No. 7e))		(Plea	se √	to av	ail this	s facil	ity)		-		unt (R		 ⁄:□⊦	lalf-ye	early	- D Y	ear	,										Rs. 5			s only.		
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I/ We have read, unders enrolment for Systemati The ARN holder has di Schemes of various m	c Inve sclos	ed to r	t Plan me/us	(SIF). the co	ommi	ssion	ıs (iı	n the	fori	m of	trail o	om	missi	on or	any	oth																	
Applicable to SIP Top-up	facilit	y (not	availa	able ı	under	Micro	SIP)	:																										
I/We hereby agree to av from my designated acc Please write SIP Enrolm	ount.			-					-			cecute	e the	NAC	H/EC	S/Di	rect	Del	oit/S	Stand	ding	J Ins	truct	on f	or a f	furtl	her ii	ncre	ase	in ir	nstall	ment		
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