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NURTURING TRUST, SHAPING DREAMS Tick ✓ Sponsor Bank Code HDFC0000	060	U	tility Code	HDFCO	5695000027	7040
CREATE I/We hereby authorize SHRIRAM MUTUAL FUND		to det	oit (tick 🗸) S	B/CA/CC/S	B-NRE/SB-NRC	D/Other
MODIFY Bank a/c number CANCEL						
with Bank Name of Customers Bank IFSC			or MICF	۲		
an amount of Rupees In words				F		
FREQUENCY I Mthly I Qtly I H-Yrly I Yrly As & when presented		DEBIT TY	PE 🗆 Fixe	d 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 au Period	thorizing to debit	my account	t as per lates	t Schedule	of charges of th	ie Bank.
From D D M M Y Y Y Y Signature Primary Account Holder	Signature	of Account H	lolder	Signa	ature of Account H	lolder
To D D M M Y Y Y Y A Name as in Bank Records	2 Name as	s in Bank Rec	ords	3Nan	ne as in Bank Reco	ords

I/We hareby 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 l/we use in the ordinary course. I/We hereeby declare that, irrespective of my/our registration of the above mobile in the provider 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).

Common 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 avo oid any unauthorized use

SI	P/ Micro SIP via ECS/NACI	H (Debit Clearing) in se	elect cities or vi	ia Direct I	Debit/Standing In	structio	n in se	lect bank	S/CA/ <s branches="" only.<="" th=""></s>								
	INFORMATION (Investors				· ·				JSE ONLY (TIME STAMP)								
ARN	ARN Name	Sub-Broker ARN / Bank Branch Code	Internal for Sub-A Employ	Code Agent/	Employee Uni Identication Nui (EUIN)	que											
ARN-																	
I / We hereby conrm that employee / relationship m		intentionally left blank le above distributor or	by me / us as notwithstandin	ng the adv	ice of in-approp				t any interaction or advice by led by the employee / relations								
Sig	jn Here		Sign Her	re		Sign Here											
First/Sole Ap	plicant/Guardian		Second App	olicant		Third Applicant											
Transaction Charges for A	Applications through Distrib	utors only (Please tick	(✓) any one)					D	ate DDMMYYY								
	irst time invest or across M s Transaction Charge and p		or)		confirm that I ar Rs. 100 deductil		•		n Mutual Funds. rge and payable to the Distribu								
receive transaction Chargerecoverable in 3-4 installing	ges, the same are deductib nents. Units will be issued a be paid directly by the inv	ble as applicable from against the balance of t	the installment he installment	t amount amounts	and payable to t invested.	he Dist	ributor.	In such	and your Distributor has opte cases Transaction Charge wil sment of various factors inclue								
Systematic investment P the Trustee of SHRIRAM same. I/ We have not rea	lan (SIP) and of NACH/EC 1 Mutual Fund for SIP app ceived nor been induced b of trail commission or any	S (Debit Clearing) / Di lication under of the fo y any rebate or gifts,	rect Debit / Sta ollowing Scher directly or indi	anding Ins me(s)/ Pla rectly, in	struction facilities an(s) / Option(s) making this inve	and ag and ag stment	gree to gree to . The A	abide by abide by RN hold	erms & conditions of enrolment y the same. I /We hereby apply y the terms and conditions of ler has disclosed to me/us all nutual Funds from amongst wh								
Applicable to PEKRN Ho No. (PEKRN) issued by k	lders : I, the first / sole hold	and that my existing inv							y a single PAN Exempt Refere aggregate investments exceed								
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Please (✓) any one. In the	absence of indication of th	e option the form is lial	ole to be reject	ed.													
NEW REGISTRATION		CHANGE IN I	BANK ACCOU	NT		CA	NCELL	ATION									
INVESTOR DETAILS																	
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SHRIRAM Application No.	S/CA
Nutual Fund	Date//
NURTURING TRUST, SHAPING DREAMS CK-6, 2nd Floor, Sector-II, Salt Lake City, Kolkata-700 091	Stamp, Signature & Date
Website : www.shriramamc.in	_
Received from Mr. / Ms. / M/s.	

"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"

S. No.	Scheme/Plan/Opti	on/	Sub-o	opti	on	SIP	Ins	talln	nen	t (₹))	SIP Date						Free	eque	ncy	SIP Top Up (Optional)								Sta	art l	lon	th/	Year	r E	End Month/Year #							
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*Default freequency. # There is no maximum duration for enrolment. Mandatory enclosure (if 1st installment is not by cheque) Blank Cancelled cheque Copy of chect The name of the First/sole applicant must be pre-printed on the cheque. In case the Bank needs to imput a specific date in their system (refer guide to investing through SIP) \$ Top up amount should be in multiples of Rs. 500 only. ^A Quarterly SIP offers Top up Frequency at yearly intervalsonly. Incase of dividend option amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.															neque	·.																										
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