SHRIRAM ONE TIME AUTHOR	RISATION FORM FOR NACH/ECS/DIRECT D	EBIT/STANDING INSTRUCTION
≥ J Mutual Fund UMRN		Date D D M M Y Y Y Y
NURTURING TRUST, SHAPING DREAMS Tick ✓ Sponsor Bank Code	HDFC000060	Utility Code HDFC05695000027040
CREATE I/We hereby authorize SHF	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	☐ 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 c	harges by the Bank whom I am authorizing to debit	my account as per latest Schedule of charges of the Bank.
Period	3,	,
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	s in Bank Records 3. Name as in Bank Records

* 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 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 I/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).

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

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.

Common Enrolment Form for SIP / Micro SIP



Enrolment Form no. : S/CA/

SIP/ Micro SIP via ECS/NACH (Debit Clearing) in select cities or via Direct Debit/Standing Instruction in select banks / branches only.

	INI ORWATION (IIIVesto	rs applying under Direct P	'lan must mention "Dir	ect" 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 Uniqui Identication Numb (EUIN)			
ARN-							
I / We hereby conrm that employee / relationship r	at the EUIN box has bee manager/ sales person of		by me / us as this is otwithstanding the ad	vice of in-appropriat		saction without any interaction or advice by s, if any, provided by the employee / relation	
Si	gn Here		Sign Here			Sign Here	
First/Sole A	Third Applicant						
Transaction Charges for	Applications through Distr	ibutors only (Please tick (✓) any one)	•		Date D D M M Y Y	Y
	First time invest or across is Transaction Charge and	Mutual Funds. I payable to the Distributo				sting investor in Mutual Funds. ransaction Charge and payable to the Distrib	utor)
receive transaction Char recoverable in 3-4 installi	ges, the same are deduc ments. Units will be issued Il be paid directly by the i	tible as applicable from the displayment against the balance of the	ne installment amount ie installment amounts	and payable to the invested.	Distri	0,000 or more and your Distributor has opte ibutor. In such cases Transaction Charge wavestors' assessment of various factors inclu	ill be
Systematic investment F the Trustee of SHRIRAI same. I/ We have not re commissions (in the forr the Scheme is being rec	Plan (SIP) and of NACH/E M Mutual Fund for SIP a eceived nor been induced n of trail commission or a ommended to me/us.	ECS (Debit Clearing) / Direction under of the fold by any rebate or gifts, day other mode), payable	ect Debit / Standing In lowing Scheme(s)/ P irectly or indirectly, in to him/them for the dif	nstruction facilities a lan(s) / Option(s) ar making this investr fferent competing So	and agr nd agr ment. cheme	ation and the terms & conditions of enrolmen gree to abide by the same. I /We hereby app ree to abide by the terms and conditions of The ARN holder has disclosed to me/us all es of various mutual Funds from amongst w	ly to f the I the hich
No. (PEKRN) issued by		y and that my existing inve				er and hold only a single PAN Exempt Refere vill not result in aggregate investments excee	
Plan" and also conrm the		eme through "Direct Plan"				neme related documents pertaining to the "D Mutual Fund/SHRIRAMAMC/Trustee shall no	
Please (✓) any one. In the	e absence of indication of	the option the form is liab	le to be rejected.				
☐ NEW REGISTRATIO	N	☐ CHANGE IN B	ANK ACCOUNT		CAN	NCELLATION	
INVESTOR DETAILS							
	Investor) / Folio No. (For	Existing Investor)				SIGNATURE	
Aplication No. (For New	,	Existing Investor)				SIGNATURE	
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"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/Option/Sub-option	SIP Insta	llment (₹)	SII	P Dat	te	Freeque	ncy	SIP Top Up (Optional)			Star	t M	onth	/Yea	ır E	nd	Mon	th/	Year #				
	Scheme_	Amount Rs.		☐ 1st	□ 5		☐ Month	ıly*	Top-up amount \$															
1.	Plan	Cheque No_		□ *15th	□ 2	20th	☐ Quart	erly	₹				M	М	/ Y	Y		M	Λ	Υ	Y			
	Option	Cheque Dat	e	Any other	er Da	у□□	ם		Top-up Frequency ^A □ Half-yearly □ Yearly															
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2.	Plan	Cheque No_		□ *15th	1 □ 2	20th	☐ Quart	erly	₹				M	М	Y	Y		M	ΛΥ	Υ	ΥΥ			
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3.		Cheque No_		□ *15th		20th	☐ Quart	•	' '					М	МУ	/ Y	YY	alr	M	ЛҮ	Υ	YY		
0.	Plan			☐ 25th Any othe	ar Day	νПГ		епу					Г				- -			Ш				
	Option	Cheque Dat							Top-up Frequency A ☐ Half-yearly ☐ Yearly									_	_					
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 imput a specific date in their system (refer guide to investing through SIP) \$ Top up amount should be in multiples of Rs. 500 only. Auguarterly 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. DEMAT ACCOUNT DETAILS NSDL CDSL																								
	ptional)		DP Nan	ne		IVOD	_																	
In	vestor opting to hold units in demat for		DP ID					T	$\overline{\top}$	-														-
	ovide a copy of the DP statement to memat details as stated in the application		Benefici Account					T	$\overline{\Box}$	۱г	Т	Τ	Τ	Τ			\top	Τ	Т			Г		\Box
	ve hereby authorise SHRIRAM Mutual count by ECS (Debit Clearing) / Direct		RIRAM As	set Mana							norise	ed s	erv	ice p	rovi	ders,	to	debit	t my	/our	r fol	lowi	ng	bank
BANK DETAILS																								
Ва	ank Name																\Box		\perp					
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Ac	count Number												Ī				T		Т					
91	Digit MICR Code		—	⟨Please	e ente	er the 9	9 digit numb	er th	nat appear	s af	ter th	e cl	nequ	ıe nu	mbe	er)								
Ac	count Type (Please ✓) ☐ Savings ☐	Current	☐ NRO	☐ NRE		FCNF	R 🗌 Othe	rs (p	olease spe	cify))													
	count holder Name																\top		Τ		Τ			
	We hereby confirm and declare as unde	or:																						
	,		ith the ter		o m ditid	ana af	OTM Facili	h. C	ahamaa mal	oto	d doo		- mt-	of th		a b a ma	_	n d 4k			. 0		litio	of
en Th	We have read, understood and agree to prolment for Systematic Investment Plar the ARN holder has disclosed to me/us themes of various mutual Funds fror	n (SIP). s all the co	mmissior	ns (in the	form	of tra	il commiss	ion	or any oth															
	plicable to SIP Top-up facility (not availa																							
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.																								
PI	ease write SIP Enrolment Form no. / Fo	olio no. on t	he reverse	of the ch	eque).					_						=		_					
	Ist Account Holder's Signature As in Bank Records)		Si (As	2nd Account Holder's Signature (As in Bank Records) 3rd Account Holder's Signature (As in Bank Records)																				
For Office Use only (Not to be filled in by Investor)																								
Re	corded on						Scheme	e Co	de			Ι	Ι				\Box		\perp		Ι	Ι	Ι	\perp
Re	corded by						Credit A	ссо	unt Numbe	er							$\underline{\square}$		\perp					
SIP	/Micro SIP application for																							
S.	Scheme Name		Plan / Opt	ion	_ N	Net Am	ount Paid (₹)		-							ent de	tails	6						
No	•								Cheque/D (in ca						•	Bank & Branch								
1						_						_	_	_	_		_	_						
2																								

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CK-6, 2nd Floor, Setor II, Salt Lake City, Kolkata - 700 091
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