



**SHRIRAM**  
Mutual Fund

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

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

**Application Form for SHRIRAM EQUITY AND DEBT OPPORTUNITIES FUND**

Name & ARN Code	Sub Broker Code / ARN	Internal code for sub Agent/Employee	EUIN	Bank Serial No./Bank Stamp/ Receipt Date
Bonanza - 0186				

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. In case purchase/subscription amount is Rs. 10,000/- or more and the investor's Distributor has opted to receive "Transaction Charges" the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested.

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.

Signatures	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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**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 PERSONAL DETAILS**

Name of First / Sole Applicant / Minor*	Mr. Ms. M/s. _____
(as appearing in ID proof)	M A N D A T O R Y _____ Date of Birth (Mandatory in case of Minor) D D / M M / Y Y Y Y
PAN (Attach Proof)	M A N D A T O R Y _____ KYC Compliance Status (if yes, attach proof, if No, attach KYC Application form) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Second Applicant	_____
PAN (Attach Proof)	M A N D A T O R Y _____ KYC Compliance Status (if yes, attach proof, if No, attach KYC Application form) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Third Applicant	_____
PAN (Attach Proof)	M A N D A T O R Y _____ KYC Compliance Status (if yes, attach proof, if No, attach KYC Application form) <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Guardian*	_____
PAN (Attach Proof)	M A N D A T O R Y _____ KYC Compliance Status (if yes, attach proof, if No, attach KYC Application form) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Relationship with Minor (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian

KYC is mandatory for all investors except investors residing in the state of Sikkim and Micro SIP applicants  
\*If the first/sole applicant is a Minor, then please provide details of Natural/Legal Guardian. \*(In case first applicant is a minor)/contact person name (in case of non-individual)

Mode of Holding (Please <input checked="" type="checkbox"/> )	<input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default option is Anyone or Survivor)
Occupation (Please <input checked="" type="checkbox"/> )	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others _____
Status (Please <input checked="" type="checkbox"/> )	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank Fls <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"/> Fls <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  )**

<input type="checkbox"/> 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.
<input type="checkbox"/> 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 checked="" type="checkbox"/> ) <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 EQUITY AND DEBT OPPORTUNITIES 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 EQUITY AND DEBT OPPORTUNITIES FUND for Rs. _____ on date _____
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**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 EQUITY AND DEBT OPPORTUNITIES FUND

Plan :  Regular \*  Direct

Option : \*  Growth  Dividend

Mode of dividend :  Payout \*  Re-investment

\* Default Plan / option / mode of dividend. Please refer to Item 7 of of page 7.

Investment Amount (Rs.)	DD Charges if any (Rs.)	Net Amount (in words)
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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 <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> IFSC Code	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

\*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 EQUITY AND DEBT OPPORTUNITIES FUND A/C xxxxxx" (Investor PAN) or "SHRIRAM EQUITY AND DEBT OPPORTUNITIES FUND A/C XXXXXX" (Name of the Firstholder)**

**9. 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				<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y						
2				<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y						
3				<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
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.	Signature of the declarant
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**10. DECLARATION**

I / We have read and understood the contents of the SID and Key Information Memorandum of the Scheme. 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

Scheme Name : SHRIRAM EQUITY AND DEBT OPPORTUNITIES FUND

Plan :  Regular  Direct (Please ✓ any one). Option : \_\_\_\_\_ Sub Option : \_\_\_\_\_

Cheque / DD No. \_\_\_\_\_ Date : \_\_\_\_\_ Amount Rs. : \_\_\_\_\_

Bank and Branch : \_\_\_\_\_

**REGISTRAR & TRANSFER AGENTS**  
 Computer Age Management Services Pvt. Ltd., (SEBI Registration No. : INR00002813)  
 New No. 10, Old No. 178, M.G.R. Salai, Nungambakkam, Chennai - 600 034  
 Email enq\_sh@camsonline.com, Website : www.camsonline.com