SHRIRAM Mutual Fund
Nurturing Trust, Shaping Dreams

Shriram Asset Management Company Limited

APP No.:

TRANSACTION SLIP

Please use separate transaction slip for each scheme. This Form is for use of Existing Investors only. To be filled in CAPITAL LETTERS

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No.7)

Folio/Account No:

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
Bonanza - 0186			

*Please sign below in case the EUIN is left blank/not provided.
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.

SIGN HERE | First / Sole Applicant / Guardian | Second Applicant | Third Applicant

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

2. Investor Details (Refer Instruction No.5,6 & 13)

	Name	PAN No / PEKRN.	KYC Acknowledgement Copy
Name of First applicant			☐
Name of Guardian (In case of Minor)			☐
Name of Second Applicant			☐
Name of Third Applicant			☐

3. Unitholding Option - ☐ Demat Mode ☐ Physical Mode

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Ref. Instruction No.10) Demat Account details are compulsory if demat mode is opted above.

National Securities Depository Limited	Depository participant Name _____ DP ID No. I N Beneficiary Account No.	Central Depository Securities Limited	Depository participant Name _____ Target ID No.

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

4. Additional Purchase (Refer Instruction No.4.2 & 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Cheque/ DD No. _____ Cheque/ DD Date _____ DD Charge Rs. _____ Cheque/ DD Net Amount Rs. _____

Bank Name: _____ Branch: _____ City _____

Scheme _____ Plan _____ Option _____

5. Redemption (Refer Instruction No.4.3 & 4.4)

☐ Partial Redemption
Amount: Rs _____ or Units: _____

OR

☐ Full Redemption

Scheme _____ Plan _____ Option _____

*Please specify the bank details in which you wish to receive the redemption proceeds.

*Bank Account No: _____ Bank Name: _____

(Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

6. Switch (Refer Instruction No. 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

☐ Partial Switch
Amount: Rs _____ or Units: _____

OR

☐ Full Switch

From Scheme _____ Plan _____ Option _____

To Scheme _____ Plan _____ Option _____

Switch over application needs to be submitted only at Designated Investor Service Centre (DISC) of Shriram Mutual Fund.

DECLARATION

I/We would like to invest in Shriram_____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Shriram Asset Management Company Limited (SAMCO) liability. I understand that the SAMCO may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree SAMCO can debit from my folio for the service charges as applicable from time to time. 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. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. I/We hereby confirm that I /We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada. Applicable for NRI Investors: I confirm that I am resident of India. 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 normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

SIGN HERE

Sole / 1st applicant/Guardian/ Authorised Signatory | 2nd applicant | 3rd applicant

ACKNOWLEDGEMENT SLIP (To be filled by the investor)

APP No.:

Folio/Account No:

Received from Mr./Mrs. _____

☐ Additional Purchase ☐ Redemption ☐ Switch