

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	
ARN-64917		E434563		

\*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		<input type="checkbox"/>	
Name of Guardian (In case of Minor)		<input type="checkbox"/>	
Name of Second Applicant		<input type="checkbox"/>	
Name of Third Applicant		<input type="checkbox"/>	

3. Unitholding Option - <input type="checkbox"/> Demat Mode <input type="checkbox"/> 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. <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Beneficiary Account No. _____	I	N									Central Depository Securities Limited Depository participant Name _____ Target ID No. _____		
I	N												
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> 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)			
<input type="checkbox"/> Partial Redemption	OR	<input type="checkbox"/> Full Redemption	
Amount: Rs _____ or Units: _____			
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)			
<input type="checkbox"/> Partial Switch	OR	<input type="checkbox"/> Full Switch	
Amount: Rs _____ or Units: _____			
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 / 1 <sup>st</sup> applicant/Guardian/ Authorised Signatory	2 <sup>nd</sup> applicant	3 <sup>rd</sup> applicant

ACKNOWLEDGEMENT SLIP (To be filled by the investor)		APP No.:
		Folio/Account No: _____

Received from Mr./Mrs. \_\_\_\_\_  
 Additional Purchase  Redemption  Switch