

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

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
------------	-----------------------------------	------------------	-----------------

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.
-----------	--	--

2. APPLICANT(S) DETAILS (Please refer to instruction No. II (b) & (IV) (Name should be as per Aadhaar) (Mandatory Information)
Date of Birth

Sole /First Applicant/ Minor* <input type="text"/>		<input type="text"/>	
PAN/PEKRN* <input type="text"/>		Enclose (Please✓) O KYC Acknowledgement Letter	
KYC Id No.* <input type="text"/>		AADHAAR No.# <input type="text"/>	
Name of GUARDIAN (In case First/Sole applicant is minor / CONTACT PERSON- DESIGNATION/ PoA HOLDER (In case of Non-individual Investor) <input type="text"/>		Date of Birth <input type="text"/>	
PAN/PEKRN* <input type="checkbox"/> KYC Proof Attached (Mandatory) Relationship with Minor applicant: <input type="checkbox"/> Natural guardian <input type="checkbox"/> Court applicant guardian		AADHAAR No.# <input type="text"/>	
KYC Id No.* <input type="text"/>		Date of Birth <input type="text"/>	
2nd APPLICANT (Name should be as per Aadhaar) <input type="text"/>		AADHAAR No.# <input type="text"/>	
PAN/PEKRN <input type="text"/>		Date of Birth <input type="text"/>	
KYC Id No.* <input type="text"/>		AADHAAR No.# <input type="text"/>	
3rd APPLICANT (Name should be as per Aadhaar) <input type="text"/>		Date of Birth <input type="text"/>	
PAN/PEKRN <input type="text"/>		AADHAAR No.# <input type="text"/>	
KYC Id No.* <input type="text"/>		Date of Birth <input type="text"/>	

*If the first/sole applicant is a Minor, then please provide details of Natural/Legal Guardian. # If Aadhaar No. is applied for please enclose proof of enrolment.

Mode of Holding (Please ✓)	<input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default option is Anyone or Survivor)
Tax Status (Please ✓)	<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"/> Flls <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 - <input type="text"/>	
City <input type="text"/>	State <input type="text"/> Pincode <input type="text"/>
Tel. Off. <input type="text"/>	Resi. <input type="text"/> Mobile <input type="text"/>
E-mail <input type="text"/>	
Overseas Correspondence Address (Mandatory for NRI/FII Applicant) <input type="text"/>	
City <input type="text"/>	Country <input type="text"/> Pincode <input type="text"/>

4. COMMUNICATION (Please ✓)

- ☐ 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.
- ☐ 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 <input type="text"/>	
Branch Address <input type="text"/>	
Bank Branch City <input type="text"/>	State <input type="text"/> Pincode <input type="text"/>
Account No. <input type="text"/>	A/C. Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
9 digit MICR Code <input type="text"/>	11 digit IFSC Code <input type="text"/> (Mandatory for credit via NEFT/RTGS)
Please attach a cancelled cheque OR a clear photo copy of a cheque	

6. ■ UNITS IN DEMAT MODE (Please ✓) ■ NSDL ■ CDSL

DP ID <input type="text"/>	Beneficiary Account No./Client ID <input type="text"/>
DP Name <input type="text"/>	

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.

ACKNOWLEDGEMENT SLIP (To be filled in by the Sole / First Applicant)

Date <input type="text"/>
Stamp, Signature & Date

Received from Mr. / Ms. / M/s.
 an application for purchase of units of **SHRIRAM HYBRID EQUITY FUND** for Rs. on date

"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"

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 HYBRID EQUITY FUND

Plan : ☐ Regular ☐ Direct * ☐ Growth ☐ DividendMode of dividend : ☐ Payout ☐ Re-investment

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

Investment Amount (Rs.)	DD Charges if any (Rs.)	Net Amount (in words)
-------------------------	-------------------------	-----------------------

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 DDMMYYYY IFSC Code

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 HYBRID EQUITY FUND A/C xxxxxx" (Investor PAN) or "SHRIRAM HYBRID EQUITY FUND A/C XXXXXX" (Name of the Firstholder)****9. KYC DETAILS (Mandatory)**

Occupation Please (✓)

Sole/First Applicant	<input type="checkbox"/> Private sector service	<input type="checkbox"/> Public sector service	<input type="checkbox"/> Government Services	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Other (Please Specify)			
Second Applicant	<input type="checkbox"/> Private sector service	<input type="checkbox"/> Public sector service	<input type="checkbox"/> Government Services	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Other (Please Specify)			
Third Applicant	<input type="checkbox"/> Private sector service	<input type="checkbox"/> Public sector service	<input type="checkbox"/> Government Services	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Other (Please Specify)			

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> Below 1-5 Lac	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1Crore	<input type="checkbox"/> >1 Crore OR Net Worth
	OR Net worth (Mandatory for Non - Individuals) as on					Not order than 1 year
Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> Below 1-5 Lac	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1Crore	<input type="checkbox"/> >1 Crore OR Net Worth
Third Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> Below 1-5 Lac	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1Crore	<input type="checkbox"/> >1 Crore OR Net Worth

Others [Please tick (✓)]

Sole/First Applicant	For Individuals [Please tick (✓)] <input type="checkbox"/> I am Politically Exposed Person (PEP)* <input type="checkbox"/> I am Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
	For Non Individuals [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form: (i) Foreign Exchange/Money changer services - <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Gaming/Gambling/Lottery/Casino Services - <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Money Lending/Pawning - <input type="checkbox"/> Yes <input type="checkbox"/> No
Second Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)* <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable
Third Applicant	<input type="checkbox"/> Politically Exposed Person (PEP)* <input type="checkbox"/> Related to Politically Exposed Person (RPEP) <input type="checkbox"/> Not applicable

10. FATCA AND CRS DETAILS FOR INDIVIDUALS (Including Sole Proprietor) (Mandatory)Non Individual Investors should mandatorily fill separate **FATCA Form** (The below information is required for all applications guardian).

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant/Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please Specify)
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please Specify)
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please Specify)

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No [Please tick ()]

If "Yes" please fill for All countries (Other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/Resident /Green Card Holder /Tax Resident in the respective countries.

	Country of Tax Residency	Tax identification number or Functional Equivalent	Identification Type (TIN or other please specify)	Country of Citizenship / Nationality
First Applicant/Guardian				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Second Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Third Applicant				Reason : A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

☐ Reason A : The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.☐ Reason B : No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected)☐ Reason C : Others, please state the reason thereof:

Address Type of Sole/1st Holder :

Address Type of 2nd Holder :

Address Type of 3rd Holder :

☐ Residential ☐ Registered Office ☐ Business☐ Residential ☐ Registered Office ☐ Business

FATCA Form for Non Individual is available on the website of AMC i.e. www.shriramamc.com or at the CAMS Investor Service

Scheme Name : SHRIRAM HYBRID EQUITY 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. : INR000002813)

New No. 10, Old No. 178, M.G.R. Salai, Nungambakkam, Chennai - 600 034, Email enq_sh@camsonline.com, Website : www.camsonline.com

11. 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				D	D	M	M	Y	Y	Y	Y	
2				D	D	M	M	Y	Y	Y	Y	
3				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	
---	-----------------------------------	--

12. DECLARATION

I/We have read, understand and hereby agree to abide by the Scheme information Document/ Key information Memorandum of the Scheme(s), Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Director Taxes notified Rules 114 F to 114 H, as part of the Income Tax Rules, 1962. 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/NRNR 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