

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 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												

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 NIFTY 1D RATE LIQUID ETF
Plan : Regular * Direct **Option :** Growth
 * Default Plan

Investment Amount (Rs.)	DD Charges if any (Rs.)	Net Amount (in words) _____								
Mode of Payment (Please ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> 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>	D	D	M	M	Y	Y	Y	Y	IFSC Code
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 NIFTY 1D RATE LIQUID ETF A/C xxxxxx" (Investor PAN) or "SHRIRAM NIFTY 1D RATE LIQUID ETF 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"/> 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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Not order than 1 year								
Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 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"/> 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/Pawing - <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

Scheme Name : SHRIRAM NIFTY 1D RATE LIQUID ETF
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 Ltd., (SEBI Registration No. : INR00002813)
 New No. 10, Old No. 178, M.G.R. Salai, Nungambakkam, Chennai - 600 034, Email eng_sh@camsonline.com, Website : www.camsonline.com

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 :

Residential Registered Office Business

Address Type of 2nd Holder :

Residential Registered Office Business

Address Type of 3rd Holder :

Residential Registered Office Business

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

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	PAN	Relationship	% of Share*	Date of Birth	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)

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/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
-----------------------------------	------------------	-----------------