



ONE TIME AUTHORISATION FORM FOR NACH/ECS/DIRECT DEBIT/STANDING INSTRUCTION

UMRN

Date

Tick Sponsor Bank Code Utility Code

CREATE I/We hereby authorize **SHRIRAM MUTUAL FUND** to debit (tick) SB CA CC SB-NRE SB-NRO Other
MODIFY Bank a/c number
CANCEL

with Bank Name of Customers Bank IFSC or MICR

an amount of Rupees In words ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Folio No. Phone No.

Reference Email ID

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

Period
From
To
1. _____ 2. _____ 3. _____

* This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.
* I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.
I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof. I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

Instructions to fill OTA

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (maximum length - 20 Alpha Numeric Characters)
2. Date in DD/MM/YYYY format.
3. Tick on box to select type of actions to be initiated.
4. Tick on box to select type of actions to be affected.
5. Customer's legal account number, left padded with zeroes. (Maximum length - 35 Alpha Numeric Characters)
6. Name of the Bank and Branch.
7. IFSC/MICR code of customer bank. (Maximum length - 11 Alpha Numeric Characters)
8. Amount payable for service of maximum amount per transaction that could be processed, in words.
9. Amount figures, similar to the amount mentioned in words (Maximum length - 13 digits Numeric, in paisa)
10. Mention Loan Account number.
11. Type of loan in Reference Box.
12. Tick on box to select frequency of transaction.
13. Validity of mandate with dated in DD/MM/YYYY format.
14. Names of customer/s and signatures as well as seal of Company (where required). (Maximum length of Name 40 alpha Numeric Characters)
15. Undertaking of customer.
16. Telephone no. with STD code of customer or 10 digit mobile number of customer.
17. Mail of customer.
18. End date cannot be more than 30 years from the date of mandate.

S. No.	Scheme/Plan/Option/Sub-option	SIP Installment (₹)	SIP Date	Frequency	SIP Top Up (Optional)	Start Month/Year	End Month/Year #
1.	Scheme _____ Plan _____ Option _____	Amount Rs. _____ Cheque No. _____ Cheque Date _____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> *15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th Any other Day <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ _____ ₹ _____ Top-up Frequency ^A <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y
2.	Scheme _____ Plan _____ Option _____	Amount Rs. _____ Cheque No. _____ Cheque Date _____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> *15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th Any other Day <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ _____ ₹ _____ Top-up Frequency ^A <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y
3.	Scheme _____ Plan _____ Option _____	Amount Rs. _____ Cheque No. _____ Cheque Date _____	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> *15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th Any other Day <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Top-up amount \$ _____ ₹ _____ Top-up Frequency ^A <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly	M M Y Y Y Y	M M Y Y Y Y

*Default frequency. # There is no maximum duration for enrolment. Mandatory enclosure (if 1st installment is not by cheque) Blank Cancelled cheque Copy of cheque. The name of the First/sole applicant must be pre-printed on the cheque.

In case the Bank needs to input a specific date in their system (refer guide to investing through SIP)

\$ Top up amount should be in multiples of Rs. 500 only. ^AQuarterly SIP offers Top up Frequency at yearly intervals only.

In case of dividend option amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains.

DEMAT ACCOUNT DETAILS*	NSDL	CDSL
(Optional) Investor opting to hold units in demat form may provide a copy of the DP statement to match the demat details as stated in the application form.	DP Name _____ DP ID _____ Beneficiary Account No. _____	_____

I/we hereby authorise SHRIRAM Mutual Fund/SHRIRAM Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP/ Micro SIP payments.

BANK DETAILS

Bank Name	_____															
Branch Name	_____												Bank City	_____		
Account Number	_____															
9 digit MICR Code	_____			11 digit IFSC Code	_____										(Mandatory for credit via NEFT/RTGS)	
Account Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others (please specify) _____										
Account holder Name as in Bank Account	_____															

I / We hereby confirm and declare as under :

I/ We have read, understood and agree to comply with the terms and conditions of OTM Facility, Scheme related documents of the Scheme and the terms & conditions of enrolment for Systematic Investment Plan (SIP).

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various mutual Funds from amongst which the Scheme is being recommended to me/us.

Applicable to SIP Top-up facility (not available under Micro SIP) :

I/We hereby agree to avail the top-up facility for SIP and authorize my bank to execute the NACH/ECS/Direct Debit/Standing Instruction for a further increase in installment from my designated account.

Please write SIP Enrolment Form no. / Folio no. on the reverse of the cheque.

1st Account Holder's Signature (As in Bank Records)	_____	2nd Account Holder's Signature (As in Bank Records)	_____	3rd Account Holder's Signature (As in Bank Records)	_____
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For Office Use only (Not to be filled in by Investor)

Recorded on	_____	Scheme Code	_____
Recorded by	_____	Credit Account Number	_____

SIP/Micro SIP application for

S. No.	Scheme Name	Plan / Option	Net Amount Paid (₹)	Payment details	
				Cheque/DD No./UTR No. & Date (in case of NEFT/RTGS)	Bank & Branch
1					
2					
3					

Shriram Asset Management Company Ltd. CK-6, 2nd Floor, Setor II, Salt Lake City, Kolkata - 700 091 Tel : (033) 2337 3012, Fax : (033) 2337 3014, Email id : info@shriramamc.in	Computer Age Management Services Ltd. 178 / 10, M. G. Road, Nunganbakkam, Chennai 600 034 Email : eng_sh@camsonline.com, Website : www.camsonline.com
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