SHRIRAM Mutual Fund
GOALS ANEK, MUTUAL FUND EK

Application Form for **SHRIRAM GOLD ETF PASSIVE FOF**

An open-ended Fund of Fund Scheme investing in units of Gold ETFs

Scheme Code: SHRI/O/O/FOD/26/04/0011

511-512, Meadows, Sahar Plaza,
J. B. Nagar, Andheri (East),
Mumbai - 400 059
Website : www.shriramamc.in

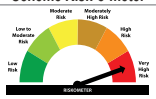
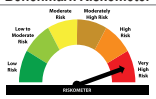
New Fund Offer opens on:	September 11, 2026
New Fund Offer closes on:	September 24, 2026
Scheme Re-opens for continuous sale and repurchase on:	September 30, 2026

The above product labelling assigned during the New Fund Offer (NFO) is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made.

This product is suitable for investors who are seeking:

- Long term capital appreciation
- Investment in units of various Gold ETFs which further invests in physical Gold

There is no assurance that the investment objective of the Scheme will be achieved

Scheme Risk-o-meter	Benchmark Riskometer
	
The risk of the Scheme is very high risk	The risk of Domestic Price of Physical Gold (Benchmark) is very high risk

Application No.

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

The upfront commission on investment made by the investor, if any, shall be paid to the ARN Holder (AMFI registered distributor) directly by the investor, based on the investor's assessment of various factors including service rendered by the ARN Holder.

Applicable only if ARN is mentioned but EUIN box is left blank: "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." Applicable only if RIA Code is mentioned: "I / We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the SEBI-Registered Investment Adviser whose code is mentioned herein."

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)

Sole /First Applicant/Minor* — Date of Birth

PAN/PEKRN* — Enclose (Please ✓) O KYC Acknowledgement Letter — KYC Id No.* — AADHAAR No.#

Name of GUARDIAN (In case First/Sole applicant is minor / CONTACT PERSON- DESIGNATION/ PoA HOLDER (In case of Non-Individual Investor) — Date of Birth

PAN/PEKRN* ☐ KYC Proof Attached (Mandatory) | Relationship with Minor applicant: O Natural guardian O Court applicant guardian — KYC Id No.* — AADHAAR No.#

2nd APPLICANT (Name should be as per Aadhaar) — Date of Birth

PAN/PEKRN* — Enclose (Please ✓) O KYC Acknowledgement Letter — KYC Id No.* — AADHAAR No.#

3rd APPLICANT (Name should be as per Aadhaar) — Date of Birth

PAN/PEKRN* — Enclose (Please ✓) O KYC Acknowledgement Letter — KYC Id No.* — AADHAAR No.#

*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 ✓)	☐ Anyone or Survivor	☐ Single	☐ Joint	(Default option is Anyone or Survivor)				
Tax Status (Please ✓)	☐ Resident Individual	☐ NRI/PIO	☐ Trust	☐ HUF	☐ Bank FIs	☐ Sole Proprietorship	☐ NRO	☐ Other
	☐ Minor	☐ Company/Body Corporate		☐ FIIs	☐ Partnership Firm	☐ AOP/BOI	☐ 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 -

City — State — Pincode

Tel. Off. — Resi. — Mobile^

E-mail^

Overseas Correspondence Address (Mandatory for NRI/FII Applicant)

City — Country — Pincode

^ Primary Holder's own email address and mobile number to be provided
In case family member's Mobile no / Email ID provided, then please provide the family description as per the code given below. Family description code

Values : <Family Code>

Family Code	Family Description	Family Code	Family Description	Family Code	Family Description
SE	Self	DS	Dependent Siblings	PM	PMS
SP	Spouse	DP	Dependent Parents	CD	Custodian
DC	Dependent Children	GD	Guardian	PO	POA

4. COMMUNICATION (Please ✓)

☐ Opt-in facility to receive physical copy of the scheme - wise annual report or abridged summary there of.
☐ 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.

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

SHRIRAM Mutual Fund
GOALS ANEK, MUTUAL FUND EK

Shriram Gold ETF Passive FOF

Application No.

511-512, Meadows, Sahar Plaza, J. B. Nagar, Andheri (East), Mumbai - 400 059
Website : www.shriramamc.in

Date____/____/____

Stamp, Signature & Date

Received from Mr. / Ms. / M/s._____

an application for purchase of units of **Shriram Gold ETF Passive FOF** for Rs._____on date D D / M M / Y Y Y Y

"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"

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 ☐)	☐ Savings ☐ NRE ☐ Current ☐ NRO ☐ FCNR	
9 digit MICR Code	11 digit IFSC Code		
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 ☐ Yes ☐ 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 GOLD ETF PASSIVE FOF **Type of Investment (✓)** ☐ Lumpsum ☐ SIP

LUMPSUM

Plan : ☐ Regular * ☐ Direct **Option :** ☐ Growth ☐ Income Distribution cum Capital Withdrawal option **Mode of IDCW :** ☐ Payout* ☐ Re-investment

* Default Plan

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 D D M M Y Y Y Y	IFSC Code	

A/c Type - ☐ S/B source of funds ☐ NRE ☐ Current ☐ NRO ☐ FCNR* | *Kindly provide photocopy of the payment Instrument or Foreign Inward Remittance Certificate (FIRC) evidencing

Cheque/D.D. to be crossed "Account Payee" only and should be drawn payable to :-"SHRIRAM GOLD ETF PASSIVE FOF **A/C xxxxxx" (Investor PAN) or** "SHRIRAM GOLD ETF PASSIVE FOF **A/C XXXXXX" (Name of the Firstholder)**

SIP (SIP Registration details)

Scheme/Plan/Option/Sub-option	SIP Installment (`)#	SIP Date	Frequency	SIP Top Up (Optional)	Start Month/Year	End Month/Year #
Scheme _____ Plan _____ Option _____	Amount Rs. _____ Cheque No. _____ _____ Cheque Date _____	Any date between 1st & 28th * ☐☐	☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	Top-up amount $ ₹ _____ Top-up Frequency ^A ☐ Half-yearly ☐ Yearly	M M Y Y Y Y	M M Y Y Y Y

*Default frequency 15th. 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. A Quarterly SIP offers Top up Frequency at yearly intervals only.

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

(OR)# ☐ My existing OTM registered to be used for initial & subsequent SIP instalments

UMRN / Bank A/C No.

Scheme Name : SHRIRAM GOLD ETF PASSIVE FOF

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. : INR000002813)
New No. 10, Old No. 178, M.G.R. Salai, Nungambakkam, Chennai - 600 034, Email enq_sh@camsonline.com, Website : www.camsonline.com

9. KYC DETAILS (Mandatory)

Sole/First Applicant	☐ Private sector service ☐ Housewife	☐ Public sector service ☐ Student	☐ Government Services ☐ Forex Dealer	☐ Business ☐ Other *(Please Specify)*	☐ Professional	☐ Agriculturist	☐ Retired
Second Applicant	☐ Private sector service ☐ Housewife	☐ Public sector service ☐ Student	☐ Government Services ☐ Forex Dealer	☐ Business ☐ Other *(Please Specify)*	☐ Professional	☐ Agriculturist	☐ Retired
Third Applicant	☐ Private sector service ☐ Housewife Student	☐ Public sector service ☐ Forex Dealer	☐ Government Services ☐ Other *(Please Specify)*	☐ Business	☐ Professional	☐ Agriculturist	☐ Retired

Gross Annual Income [Please tick (✓)]

Sole/First Applicant	☐ Below 1 Lac	☐ 1-5 Lac	☐ 5-10 Lacs	☐ 10-25 Lacs	☐ >25 Lacs - 1Crore	☐ >1 Crore OR Net Worth
	OR Net worth (Mandatory for Non - Individuals)_____as on Not older than 1 year					
Second Applicant	☐ Below 1 Lac	☐ 1-5 Lac	☐ 5-10 Lacs	☐ 10-25 Lacs	☐ >25 Lacs - 1Crore	☐ >1 Crore OR Net Worth _____
Third Applicant	☐ Below 1 Lac	☐ 1-5 Lac	☐ 5-10 Lacs	☐ 10-25 Lacs	☐ >25 Lacs - 1Crore	☐ >1 Crore OR Net Worth _____

Sole/First Applicant	**For Individuals** [Please tick (✓)] I am Politically Exposed Person (PEP)* I am Related to Politically Exposed Person (RPEP) Not applicable **For Non Individuals** [Please tick (✓)] (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form: (i) Foreign Exchange/Money changer services - ☐ Yes ☐ No (ii) Gaming/Gambling/Lottery/Casino Services - ☐ Yes ☐ No (iii) Money Lending/ Pawing - ☐ Yes ☐ No
Second Applicant	☐ Politically Exposed Person (PEP)* ☐ Related to Politically Exposed Person (RPEP) ☐ Not applicable
Third Applicant	☐ Politically Exposed Person (PEP)* ☐ Related to Politically Exposed Person (RPEP) ☐ 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			☐ Indian ☐ U.S. ☐ Others *(Please Specify)*_____
Second Applicant			☐ Indian ☐ U.S. ☐ Others *(Please Specify)*_____
Third Applicant			☐ Indian ☐ U.S. ☐ 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 ☐ B ☐ C ☐
Second Applicant				Reason : A ☐ B ☐ C ☐
Third Applicant				Reason : A ☐ B ☐ C ☐

☐ 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 hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)*

Nomination Details

	Mandatory Details						Additional Details ****	
	Name of nominee	Share of nominee (%)***	Relationship	Postal Address	Mobile / Telephone No. & E-mail	Identity Number ***	D.O. B. of nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								

*Joint Accounts:

1) I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows; (please tick, as appropriate)

☐ Name of nominee(s) ☐ Nomination: Yes / No

2) I hereby authorize _____(nominee number __) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to ___% of assets in the account / folio or Rs._____

(strike off portions that are not relevant)

3) This nomination shall supersede nay prior nomination made by me / us, if any.

☐ I/We do not wish to nominate anybody on my/our behalf.

Name(s) of holder(s)		Signature(s) of holder	Witness Signature*
Sole / First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

*Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holde(s) through name deletion The surviving holder(s) shall inherit the asses as owners
Demise of all joint holders sinultaneously - having nominess	Nominee
Demise of all joint holders sinultaneously - not having nominess	Legal heir(s) of the youngest holder

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of % shall be transferred to the first nominee mentioned in the nomination form (see table in “Transmission aspects”).
***Provided only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the documents is not required. In case of NRI / OCI / PIO, Passport number is accptable.
**** to be furnished only in following conditions / circumstances:
• Date of Birth (DoB) : please provide only if the nominee is minor.
• Guardian : It is optional for you to provide, if the nominee is minor.

12. DECLARATION

I/We have read, understand and hereby agree to abide by the Scheme information Document/ Key information Memorandum of the Scheme(s), I / We have understood the information requirements of this Form (read along with the FATCA& CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. 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 declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. 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.

I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s)

Applicable to Foreign Resident's Residing in India:- I/ We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/ We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations.

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

SHRIRAM Mutual Fund
GOALS ANEK, MUTUAL FUND EK

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

UMRN | Office use only | Date D D M M Y Y Y Y

Choose (✓)
☑ CREATE
☒ MODIFY
☒ CANCEL

Sponsor Bank Code | Office use only | Utility Code | Office use only

I/We hereby authorize **SHRIRAM MUTUAL FUND** to debit (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c No.:

With Bank: Bank Name & Branch | IFSC | MICR

an amount of Rupees Amount in Words | ₹

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☐ As when presented (default)

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Folio No. | Mobile No.

Application No. | Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD
From D D M M Y Y Y Y
to D D M M Y Y Y Y
or ☐ ~~Until Cancelled~~

Sign Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder

1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records

- 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 40 years from the date of mandate.