

## COMMON APPLICATION FORM Appln No.

(All fields are mandatory for New Investors)
(For Existing Investors, furnishing of additional details is mandatory for the first time as part of KYC & FATCA norms.)

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	/MINOR/HUF/NON INDIVIDUAL /(Mr./Ms./M/s.)	
Country of Birth	Nationality	Country of Residence —
Am I / Are we, a tax resident of any	country other than India for tax purpose? if No,F	,Please tick (🟏) 🗌
If yes, please indicate all countries i	in which you are resident for tax purposes and the	the associated Tax Reference Numbers below.
	Country#	Tax Reference / Identification Number
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NAME OF SECOND APPLICANT	(Mr./Ms.)	Date of Birth (dd/mm/yyyy)
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Father's/ Spouse Name		
(Mandatory) Current Marital Statu	us: Single / Married	
Status/Category of 2 <sup>nd</sup> Applicant [P	1.Resident Individual 2. NRI 3. Other	ers (pl.specify)
Occupation of the 2 <sup>nd</sup> Applicant [Pl.		3. Agriculturist 4. Private Sector Service 5. Retired 6. Student
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☐ Not App	licable	Any Other Information
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Am I / Are we, a tax resident of any	country other than India for tax purpose? if No,P	,Please tick (🛩) 🗌
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lease tick if applicable: Politically E (for definition	Exposed Person (PEP n of PEP, please refer ins		_	□R	elated to	a Politi	cally E	xposed	I Person	(PEP)					
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ountry of Birth				Country of F	Residence										
ationality	tw., other than India	for toy number		Email-ID											
m I / Are we, a tax resident of any cou yes, please indicate all countries in w	•			• •	_	nca Ni	ımhars	halow							
Country#	vilicii you are residen		Address	issociateu i	ax Neiere	iice inc	IIIIDEIS	Delow.	Tax Re	ference	/ Ider	ntific	ation	Numb	er
to include UOA colored increases in a		-1-14 110 4													
to include USA, where investor is a	chtzen / greencard no	older of USA													
MODE OF OPERATION															
☐ Single ☐ Joint* ☐ Either or S	. ,	•	Default in c	ase not indi	cated wh	en appl	icants	are mo	re than	one)					
POWER OF ATTORNEY (POA) (De	etails MANDATORY	)													
me of POA Holder											D D	M	М	ΥΥ	Υ
itus: Resident Individual	☐ NRI/PIO ☐ 0	Others (Please S	pecify)					(	Gender:	☐ Male	Fe	emale	•		
closed: Proof of KYC P	Proof of Identity & Add	dress 🗌 PAN	Card Cop	y PAN	(Mandato	ory)									
erseas Address of Power of Attor	ney Holder (if applic	cable)									_				
							$\frac{\perp}{\Box}$	+		+	+		+		
Nitu	State			Country						Din/7in	<del> </del>				
City						1010				Pin/Zip					
CONTACT DETAILS (Please Providence		<u> </u>			<u> </u>			<u> </u>	<u> </u>						
If the Applicant is Sole Proprietorship Firm, Pl	lease provide the name of	Sole Properietor. If H	UF, Please pr	ovide the nam	e of Karta I	n case of	other N	on-Indivi	duals, Plea	ase provide	e the de	tails of	Contac	t Persor	٦.
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INVESTMENT	AND PAY	MENT DETAIL	S Please submit one	cheque / DD for e	ach scheme (REFE	R TABLE "SCHE	ME NAME")	) Please Se	e Page 14 &19.					
Scheme Name			Plan / C	Option			Sub Optio	on						
Cheque / DD No.	Net Amount (	₹)	Bank & Branch	Name & City		Mode of Payme	nt : Chequ	e / DD 🗌 /	RTGS 🗌 / NEFT 🗍	ECS / Fund Transfer				
						@ For NRI(s) S		und:	Account Type @ (SE	B/ CA/ NRE/ NRO/ FCNR)				
SIP ENROLM	ENT DETA	LS				Banker's Certifica	te is manda	tory for appl	ications in case of De	mand Drafts. (Ref. instr. no.5)				
OBTAIN & FILL IN	REGISTRATION	CUM ECS MANDA	ATE FORM SEPARATE	Selected S	SIP Date (pleas	e ( ✓ ) only one)	5th /	15th /	25th • No. o	of SIP Installments				
SIP Amount	y	olment Start Month od (mm/yyyy)		End M (mm/y			Frequenc	sy ( 🗸 )	Monthly	Quarterly				
Payment Mechan	nism ( 🗸 )	Option 1: Debit thro	ugh ECS / Direct Debit f	facility (Tick this box	c, obtain & fill in re	gistration cum E0	CS mandate	e form sepa	rately) (Refer SIP ins	struction no. 6B & 6C)				
		Option 2: Through P	Post Dated Cheques - To	otal Cheques		Chec	que Nos. fro	os. from						
Drawn On Bank			Branch	Name				City						
NOMINATION	N DETAILS	(MANDATOR)	Y FOR SINGLE	HOLDING) (R	efer form instructi	on no. 12)		MANI	DATORY - NON INTE	ENTION TO NOMINATE				
I/We					4	and Market College	hereby	1/W	e DO NOT WISH to r	nominate.				
			unt to my/our credit in the made to such nominee s					L (App	licable for investors v	vho do not wish to nominate)				
Name	& Address of	he Nominee	Gu	ıardian Name & Ad	ddress (in case no	ninee is a minor)		of Birth	Relationship	Signature of Nominee /				
							(IT	minor)	with the Applicant	Guardian [Optional]				
DEBOSITORY	ACCOUNT D	ETAILS / Pofor	r Instruction No. 1	145 & 14b\ //w	TO A DE INTENDES	TO BE HELD IN	DEMAT FO	DM\						
		•		, · ·					matches with that of	the account held with the				
Depository Participal				DI( () [	7 N-610	Dit I iit			! Dit : 0i	- Andrew Control				
Beneficiary Account				Please(√)	National Securiti	es Depository Limit	ied ———	Centi	al Depository Service	s (India) Limited				
Denominary 7 to ocurre			CLIEN	PID I N			(16 dig	git beneficiar	y A/c No. to be menti	oned above)				
by the AMC and pa	id to the distribu	tors as follows: a)	existing investors : ₹ 10	00/- per subscription	n b) new investor :	₹ 150/- per subscr	ription c) Tra	ansaction ch	arge if any will be de	be charged from the investors educted by the AMC from the ments. f) Transaction charges				
shall be applicable of				,	9,		,			,g				
DECLARATION	•													
scheme(s) and ag from our own fun amendments their and conditions, ruthe amount investigable laws o Applicable laws o Clearance. If the hold the Asset M Debit towards the the earlier mands the details of the Park of the ARN holder amongst which the The ARN holder Upfront commiss The information Date / /	gree to abide by the dot on my/our pere to including the ules and regulative ted by me/us in the analysment of any notification P Investors only transaction is deanagement Comercial of the collection of most more than the count period of the collection of most disclosed to the Scheme is becaused by the count of the collection of most disclosed to the scheme is becaused by the collection of most disclosed to the scheme is becaused by the collection of the col	ne terms, conditions sonal behalf and an section on "Preventions of the Scheme. I he Scheme is derive, directions issued by the section of the Scheme is derive, directions issued by the section of the	, rules and regulations of an on beneficiaries of an on f Money Laundering. We have not received a d through legitimate sou by any governmental or se re that the particulars gid at all, for reasons of i any manner. I/We heret the SIP dates as opted I and agreed to the terms in to my / our bank acccssions (in the form of tramelus.)	if the scheme(s) as a yf und obtained in or in. I/We hereby apply and will not receive roses and is not held statutory authority fri iven above are cornocomplete or incorn yo authorize Sahara by me/us. In the eve and conditions mei until me in the interest of the intere	pplicable from time I contravention of Pre to the Trustee of St or will be induced to or designed for the or the tot time. The tot method to the cet and express my eet information on r. Mutual Fund and the tot of any changes intioned in KIM / SID ne. bution cost or any cere fully convinced the policy for the cost or any cere fully convinced the policy for the cost or any cere fully convinced the policy for the cost or any cere fully convinced the policy for the cost or any cere fully convinced the policy for the cost or any cere fully convinced the policy for the cost or any cere fully convinced the policy for the cost of	time. I/We hereby wention of Money Li whara Mutual Fund y any rebate or gif purpose of contrave 'our willingness to ny/our part or circu. eier authorised sen n the bank particul / SAI. ther cost), payable at there is no mis-ser, directly by the I	declare that aundering if for units of the control of the control of any make paym make paym make provide ars, I/We with the to him for the control of the c	tit I We are in Act or any gith Act or any gith Act or any gith Act or any gith a condition of the Act of the	naking this investment idelines issued from as indicated above an n making this investm egulations or any stat d above through parti ontrol of AMC/its sen //our above bank acc esh mandate along w competing Schemes of We are fully responsib	m(s) thereto of the respective of the scheme for investment time to time and subsequent d agree to abide by the terms tent. I/We further declare that ute or legislation or any other cipation in ECS /Direct Debit vice provider, I/We would not ount debited by ECS / Direct with a cancellation request for of various Mutual Funds from le for making this investment.				
1st applican Guardian (Signa POA Signatu	ature)			2nd applicant (Signature)			;	3rd applica (Signatur						
9 -									9 -					

SAHARA ASSET MANAGEMENT COMPANY PRIVATE LIMITED Corporate Office: 97-98,9th Floor, Atlanta, Nariman Point, Mumbai-400 021. Tel: 022 22047197 / 98.

• Fax: (022) 22047199 Email: saharamutual@saharamutual.com

• Website: www.saharamutual.com

SAHARA MUTUAL FUND

Registrar & Transfer Agent: KARVY COMPUTER SHARE PVT. LTD. (KARVY) (Unit: Sahara Mutual Fund)
#59, 'SKANDA", Puttanna Road, Basavangudi, Bengaluru - 560 004, Ph: 080 - 26600785 / 26602852 Fax: 080 26600786
TOll Free No.: 18004254034/35 Email: service\_smf@karvy.com Note: All future communication in connection with the application should be addressed to the Registrar at the address given in this form, quoting full name of sole/first applicant, the application serial number, the name of the scheme/option, amount invested, date and the place of the AMC/ Collection Centre where the application was lodged/submitted.