



SAHARA MUTUAL FUND

COMMON APPLICATION FORM

Serial No: **CAF**

DISTRIBUTOR INFORMATION		FOR OFFICE USE ONLY	
Name & Broker Code/ARN	Sub-Agent/Broker Code	Investor Service Center	Date, Time and Number as per Time Stamping Machine
ARN-56003			

Upfront commission, if any will be paid by me/us to the AMFI registered and empanelled (with Sahara Mutual Fund) ARN Holder, directly.

1. EXISTING UNIT HOLDER'S INFORMATION Folio No. (Please proceed to section 3 & 5)**2. APPLICANT INFORMATION** (To be filled in BLOCK letters. Use one box for one alphabet, leaving one box blank between name and surname)Full Name of Sole / First Investor / Minor / Karta of HUF / Non Individual / (Mr. / Ms. / M/s.) Date of Birth (dd/mm/yyyy) Document for proof of Date of Birth (DOB) and Relationship with Minor : ☐ Birth certificate ☐ School Leaving Certificate ☐ Passport ☐ Others (Please state) Relationship with Minor [Pl. ✓] ☐ Mother ☐ Father ☐ Legal Guardian ☐Full Name of Guardian (in case of Minor) / Contact Person (In case of non-individual investors) / PoA Holder's name (Mr./Ms.) Date of Birth (dd/mm/yyyy) Second Applicant's Name (Mr./Ms.) Date of Birth (dd/mm/yyyy) Third Applicant's Name (Mr./Ms.) Date of Birth (dd/mm/yyyy) Address in full (DO NOT REPEAT NAME) of Applicant/Parent OR Guardian of Minor/Indian address in case 1st Applicant is NRI/FII (Post Box No. alone is not sufficient) Dist. City Pin State: STD Code Tel. Fax Mobile (10 Digit) Email-ID Preferable mode of communication E-mail ☐ Yes ☐ No (Refer instruction no. 24)**Mode of Holding [Pl. ✓]** 1. ☐ Single 2. ☐ Joint* 3. ☐ Either or Survivor/s (*Default in case not indicated when applicants are more than one)**MANDATORY FOR INVESTMENT BY NRI(s)/FII(s)** (Please provide full address, Post Box No. alone is not sufficient)Overseas Address City Country Pin/ZIP 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 or subscription have been remitted from abroad through approved banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account. Please (✓) ☐ Repatriation basis ☐ Non-Repatriation basis**3. MANDATORY DETAILS** (Please Quote PAN for all applicants / KYC Ack.) (Refer Form instruction no. 6 & 7)

Occupation of the 1st Applicant [Pl. ✓]

1. ☐ Business 2. ☐ Professional 3. ☐ Agriculturist 4. ☐ Private sector service 5. ☐ Retired 6. ☐ Student 7. ☐ Housewife 8. ☐ Public / Govt. service 9. ☐ Forex Dealer 10. ☐ Others (pl.specify) **Status/Category of the 1st Applicant [Pl. ✓]** 1. ☐ Resident Individual 2. ☐ On behalf of minor 3. ☐ HUF 4. ☐ Body Corporate 5. ☐ AOP/BOI 6. ☐ Partnership Firm 7. ☐ Proprietorship Firm 8. ☐ Company ☐ Listed ☐ Unlisted 9. ☐ Trust 10. ☐ Society 11. ☐ NRI 12. ☐ FII 13. ☐ Government Body 14. ☐ Financial Institution 15. ☐ Banks 16. ☐ Others (pl.specify) **4. Bank Particulars** (It is mandatory to furnish bank particulars failing which application shall be rejected) (Refer Form instruction no. 5)Bank Account No. Account Type : ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNRMICR Code (9 digit) IFSC Code (11 digit for RTGS & NEFT) Bank Name Branch Address City Pin **5. INVESTMENT AND PAYMENT DETAILS** Please submit one cheque / DD for each scheme (REFER TABLE "SCHEME NAME")Scheme Name Plan / Option Sub Option Cheque / DD No. Net Amount (Rs.) Bank & Branch Name & City Mode of Payment ☐ Cheque / DD ☐ RTGS ☐ NEFT ☐ ECS ☐ Fund Transfer ☐ Account Type @ (SB/ CA/ NRE/ NRO/ FCNR) Banker's Certificate is mandatory for applications in case of Demand Drafts. (Ref. instr. no.5) @ For NRI(s) Source of Fund: ☐ NRE ☐ NRO ☐ FCNRACKNOWLEDGEMENT
(To be filled by investor)as Normal Investment ☐ or through SIP ☐ or through STP ☐ or through Switches ☐Received from Mr. / Ms. / M/s an application for purchase of units of, (scheme) subject to realisation of cheque(s)/demand draft(s).Rs. (in Figures) Cheque/ DD No. Dated Bank Name Bank Branch

In case of Sahara Tax Gain Fund based on the production of this acknowledgement, the investor may claim tax exemption under Sec.80C of the IT Act till the statement of account is issued provided the payment instrument is encashed and the application and other documents are found to be in order.

Sr. No: **CAF**

Collection Centre's Receipt Date and Time

Cheque/DD is subject to realisation

6. SIP ENROLMENT DETAILS - Selected SIP Date (please (✓) only one) ☐ 5th / ☐ 15th / ☐ 25th No. of SIP Installments

SIP Amount (in Rs.)	Enrolment Period	Start Month (mm/yyyy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	End Month (mm/yyyy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Frequency (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Payment Mechanism (✓) <input type="checkbox"/> Option 1: Debit through ECS / Direct Debit facility (Tick this box and fill up SIP ECS / Direct Debit facility form) (Refer SIP instruction no. 19)				
<input type="checkbox"/> Option 2: Through Post Dated Cheques - Total Cheques _____ Cheque Nos. from <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Drawn On Bank _____ Branch Name _____ City _____				

7. NOMINATION DETAILS (MANDATORY FOR SINGLE HOLDING) (Refer instruction no. 12 of KIM)

I/We _____ hereby nominate the under mentioned person to receive the amount to my/our credit in the event of my/our death indicated against the Name of the Nominee. I/We also understand that all payments and settlements made to such nominee shall be a valid discharge by the AMC / Mutual Fund / Trustee.

MANDATORY for Joint holders
<input type="checkbox"/> We DO NOT WISH to nominate. (Applicable for Joint Holders who do not wish to nominate)

Name & Address of the Nominee	Guardian Name & Address (in case nominee is a minor)	Date of Birth (if minor)	Relationship with the nominee	Signature of Nominee / Guardian [Optional]

8. SWITCHES (Please mention target folio No. if it is not the one mentioned overleaf) FOLIO NO.

_____ or _____ or [Pl. ✓] ☐ (Please note that switch can be done either in units or in amount only and not both.)

Amount Rs. _____ No. of units _____ Entire Balance _____

From Scheme Name _____ Option _____

To Scheme Name _____ Option _____

9. SYSTEMATIC TRANSFER PLAN (STP) (Refer instruction no. 19 of KIM) STP Date (Monthly/Quarterly option) (✓) only one ☐ 1st ☐ 5th ☐ 25th

Fixed Amount (in Rs.)	Enrolment Period	Start Month (mm/yyyy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	End Month (mm/yyyy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Frequency (✓) <input type="checkbox"/> Daily / <input type="checkbox"/> Weekly / <input type="checkbox"/> Monthly / <input type="checkbox"/> Quarterly
From Scheme Name _____ Option _____ To Scheme Name _____ Option _____				

10. DEPOSITORY ACCOUNT DETAILS (Refer Instruction No. 13a)

Please provide details only if Units are intended to be held in demat form. Refer KIM instructions for details and risk factors associated with listing of units in the SID. Please ensure that the sequence of names as mentioned in this Application Form matches with that of the account held with the Depository Participant.

Depository Name Please tick (✓)	<input type="checkbox"/> National Securities Depository Limited (NSDL)	<input type="checkbox"/> Central Depository Services (India) Limited (CDSL)
Depository Participant Name (DP)		
DP ID	I N	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Beneficiary Account Number	(16 digit beneficiary A/c No. to be mentioned above)	

11. DECLARATION (Please ✓ whichever is applicable.)

- ☐ I/We have read and understood the contents of the Scheme Information Document (SID)/ Statement of Additional Information (SAI) / Key Information Document (KIM) and Addendum(s) thereto of the respective scheme(s) and agree to abide by the terms, conditions, rules and regulations of the scheme(s) as applicable from time to time. I/We hereby declare that I / We are making this investment of the scheme for investment from our own funds on my/our personal behalf and are not beneficiaries of any fund obtained in contravention of Prevention of Money Laundering Act or any guidelines issued from time to time and subsequent amendments thereto including the section on "Prevention of Money Laundering", I/We hereby apply to the Trustee of Sahara Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We have not received and will not receive nor will be induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.
- ☐ (Applicable for SIP Investors only). I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS /Direct Debit Clearance. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part or circumstances beyond the control of AMC/its service provider, I/We would not hold the Asset Management Company responsible in any manner. I/We hereby authorize Sahara Mutual Fund and their authorised service providers, to get my/our above bank account debited by ECS / Direct Debit towards the collection of monthly payments on due SIP dates as opted by me/us. In the event of any changes in the bank particulars, I/We will submit a fresh mandate along with a cancellation request for the earlier mandate well in advance. I/We have read and agreed to the terms and conditions mentioned in KIM / SID / SAI.
- ☐ The details of the bank account provided above pertain to my / our bank account in my / our name.
- ☐ 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. Date / / 2011.

Sole / First Unitholder Guardian / POA (Signature)	Second Unitholder (Signature)	Third Unitholder / (Signature)

SAHARA ASSET MANAGEMENT COMPANY PRIVATE LIMITED Corporate Office : 97-98, 9th Floor, Atlanta, Nariman Point, Mumbai - 400 021.
Phone: (022) 675 20121-27 • **Fax:** (022) 66547855 **Email:** saharamutual@saharamutual.com • **Website:** www.saharamutual.com

Registrar & Transfer Agent: KARVY COMPUTER SHARE PVT. LTD. (KARVY) (Unit : Sahara Mutual Fund)

21, Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034 Ph: 040 - 44677112 / 040 - 44677122 • 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.



SYSTEMATIC INVESTMENT PLAN (SIP) Registration Cum Mandate Form for ECS / Direct Debit Facility



DISTRIBUTOR INFORMATION

Name & Broker Code/ARN

Sub-Agent/Broker Code

ARN-56003

Serial No: SIP

INVESTOR AND SIP DETAILS

Application No.

(Existing Investors Folio No)

Sole / First Investor / Minor Name (Mr./Ms.)

Date of Birth (dd/mm/yyyy)

Full Name of Guardian (in case of Minor) / PoA Holder's name (Mr./Ms.)

Relationship with Minor [Pl. ✓]

Mother ☐ Father ☐ Legal Guardian ☐

Second Applicant's Name (Mr./Ms.)

Date of Birth (dd/mm/yyyy)

Third Applicant's Name (Mr./Ms.)

Date of Birth (dd/mm/yyyy)

I/We hereby give my/our consent to receive all communication such as Account Statement, Transaction update, Half yearly portfolio, Annual Report and any other related data/information by Email.

PI (✓) ☐ Email-ID

DETAILS OF PHOTO IDENTIFICATION DOCUMENT (Please refer to instruction no. 20 & 21 of Terms & Conditions)

Applicant	Type / Nature of Photo ID	Issuing Authority	ID No.	Type / Nature of self attested Proof of address and attestation by ARN holder
Sole / 1st Applicant				
Second Applicant				
Third Applicant				

INVESTMENT AND PAYMENT DETAILS (Refer to instruction no. 20 & 21 of Terms & Conditions)

SIP Date (✓) ☐ 5th / ☐ 15th / ☐ 25th

Scheme Name	Plan / Option	Sub Option
SIP Amount (in Rs.)	Enrolment Period	Start Month (mm/yyyy)
End Month (mm/yyyy)	Frequency Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
First SIP transaction via Cheque No.	Cheque Dated	Amount (in Rs.)

I/ We hereby authorise Sahara Mutual Fund/ Sahara Asset Management Company Private Limited and their authorised service provider to debit my/ our following bank account by ECS (Debit Clearing)/ Direct Debit for collection of SIP payment.

PARTICULARS OF BANK ACCOUNT

Bank Account No.	Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
Account Holders Name as in Bank account	
MICR Code (9 digit)	(Please enclose copy of cancelled cheque) [Mandatory]
IFSC Code (11 digit for RTGS & NEFT)	
Bank Name	
Bank City	

I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS/Direct debit. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part, I/we would not hold the user institution responsible. I/We also inform Sahara Mutual Fund / Sahara Asset Management Company Private Limited about any changes in the bank account. I/We have read and understood conditions mentioned overleaf, and agree to the Terms and Conditions mentioned in the Scheme Information Document (s).

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. Date / /

1st applicant/ Guardian Signature (As in Bank Records)	
2nd applicant / Signature (As in Bank Records)	
3rd applicant / Signature (As in Bank Records)	

BANKERS ATTESTATION

Certified that the Signature of Account Holder and details of the bank account are correct as per details. We accept the Mandate.

Signature of authorised official of bank (Bank's stamp and date)

Verification request to be retained by the customer bank

The Branch Manager,

Bank

Branch

Sub: Mandate Verification for account no.

This is to inform you that I/We have registered with Sahara Mutual Fund through their authorised Service provider for the RBI's Electronic Clearing Service (Debit Clearing)/Auto Debit facility and that my payment towards my investment in Sahara Mutual Fund shall be made from my / our above mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit account mandate form to get it verified & executed. Please debit my/our account for verification charges, if any. Thanking you,

1st applicant/ Guardian (Signature)	2nd applicant (Signature)	3rd applicant (Signature)
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Acknowledgement Slip

Received from Mr./Ms./M/s.....
Address.....
SIP / Auto Debit Application under (Scheme)
along with first SIP cheque no. dated..... drawn on (Bank / Branch)
for Rs.

Serial No: SIP

Seal, Signature & Date

PLEASE TURN OVER