



SAHARA MUTUAL FUND

COMMON APPLICATION FORM

Serial No: _____

DISTRIBUTOR INFORMATION	
Name & Broker Code/ARN	Sub-Agent/Broker Code

FOR OFFICE USE ONLY	
Investor Service Center	Date, Time and Number as per Time Stamping Machine

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 (It is mandatory to submit self attested / verified copy of PAN proof for all investments failing which application will be rejected) (Refer KIM instruction no. 3 & 8)

(To be filled in BLOCK letters. Use one box for one alphabet, leaving one box blank between name and surname)

Full Name of Sole/1st Applicant/Minor/Karta of HUF/Non-individual/Partner in case of Partnership Firm/Proprietor in case of Proprietorship Firm: (Mr./Ms./M/s) _____ Date of Birth (dd/mm/yyyy) _____

Full Name of Guardian (in case of Minor) / Contact Person (in case of non-individual investors) (Mr./Ms.) _____ Relationship with Minor [PI. ✓] _____

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

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

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. 23)

Mode of Holding [PI. ✓] 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.) (Refer Form instruction no. 6 & 7)

Occupation of the 1st Applicant [PI. ✓]

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 [PI. ✓] 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. ☐ Fils 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 ☐ FCNR

MICR Code (9 digit) _____ IFSC Code (11 digit for RTGS & NEFT) _____

Bank Name _____

Branch Address _____

City _____ Pin _____

Investors can now avail the facility of registration of multiple Bank Account and may submit the Multiple Bank Account Registration Form for this purpose.

ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

as Normal Investment ☐ / or through SIP ☐ / or through STP ☐ / or through Switches ☐

Serial No: _____

Received from Mr. / Ms. / M/s _____ ☐ PAN submitted ☐ KYC Ack. submitted

Address _____

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.

Collection Centre's Stamp &
Receipt Date and Time

Cheque/DD is subject to realisation

5. INVESTMENT AND PAYMENT DETAILS (Refer to KIM for instruction) Please submit one cheque / DD for each scheme (REFER TABLE "SCHEME NAME")

Scheme Name		Plan / Option		Sub Option	
Cheque / Demand Draft No		Net Amount (Rs.)		Bank & Branch	Account Type @ (SB/CA/NRE/NRO/FCNR)

Banker's Certificate is mandatory for applications in case of Demand Drafts. (Ref. instr. no.2 on pg 10)

@ For NRI(s) Source of Fund: ☐ NRE ☐ NRO ☐ FCNRPlease mention the application no. on the reverse of the Cheque / DD. The details of the bank account provided above pertain to my / our bank account in my / our name ☐ Yes ☐ No**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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	End Month (mm/yyyy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Frequency (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Payment Mechanism (✓) (Please refer to KIM)	<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. 10) <input type="checkbox"/> Option 2: Through Post Dated Cheques - Total Cheques _____ Cheque Nos. from <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Drawn On Bank _____	Branch Name _____		City _____	

7. NOMINATION DETAILS (Refer instruction no. 4 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(s) of the Nominee(s). I/We also understand that all payments and settlements made to such nominee shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Name & Address of the Nominee	Guardian Name & Address (in case nominee is a minor)	Relationship with the holder	Date of Birth (if minor)

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. 7 of KIM)STP Date (Monthly/Quarterly option) (✓) only one ☐ 1st ☐ 5th ☐ 25th

Fixed Amount (in Rs.)	Enrolment Period	Start Month (mm/yyyy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	End Month (mm/yyyy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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. DECLARATION (Please 4 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.

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 / /

Sole / First Unitholder / Guardian (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.

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SMS
MUTUAL
to 59090

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.