





PAN No. of Guardian (Mandatory)  KYC acknowledgement [Pl. ✓]  Submitting now /  Already submitted

**(MANDATORY) OTHER KYC DETAILS**

Gross Annual Income Details (Please tick(✓)):  Below ₹ 1 Lac /  ₹ 1-5 Lacs /  ₹ 5-10 Lacs /  ₹ 10-25 Lacs /  ₹ 25 Lacs -1 Crore /  > 1 Crore

OR Net-worth in  Net-worth should not be older than 1 year

as on (date)

Please tick if applicable:  Politically Exposed Person (PEP) (for definition of PEP, please refer instruction '6A').  
 Not Applicable

Related to a Politically Exposed Person (PEP)  
 Any Other Information

Country of Birth

Country of Residence

Nationality

Email-ID

Am I / Are we, a tax resident of any country other than India for tax purpose? if No, Please tick (✓)

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Country#	Address	Tax Reference / Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

# to include USA, where investor is a citizen / greencard holder of USA

**MODE OF OPERATION**

Single  Joint\*  Either or Survivor(s)  On Behalf of Minor (\*Default in case not indicated when applicants are more than one)

**POWER OF ATTORNEY (POA) (Details MANDATORY)**

Name of POA Holder

Status:  Resident Individual  NRI/PIO  Others (Please Specify)  Gender:  Male  Female

Enclosed:  Proof of KYC  Proof of Identity & Address  PAN Card Copy PAN (Mandatory)

Overseas Address of Power of Attorney Holder (if applicable)

City  State  Country  Pin/Zip

**CONTACT DETAILS (Please Provide your contact details even if you have already submitted your KYC acknowledgement)**

If the Applicant is Sole Proprietorship Firm, Please provide the name of Sole Proprietor. If HUF, Please provide the name of Karta In case of other Non-Individuals, Please provide the details of Contact Person.

Name

Tel

STD Code  Office  Residence  Fax

Email-ID  Mobile

**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

**Details of Beneficial Ownership (Please tick applicable category). Details to be provided as on date of application. (Refer instruction 25)**

Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association / Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor
Ownership per cent	>25%	>15%	>15%	>=15%	

In case of any change in the beneficial ownership, the investor will be responsible to intimate SAHARA AMC / its Registrar / KRA as may be applicable immediately about such change.

Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)

Sr.No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Please attach self attested copy of PAN / Passport (proof of photo identity) along with application form]

**ACKNOWLEDGEMENT**  
 (To be filled by investor)

as Normal Investment  / or through SIP

Received from Mr. / Ms. / M/s  an application for purchase of units of , (scheme) subject to realisation of cheque(s)/demand draft(s).

₹ (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 Receipt Date and Time**

Cheque/DD is subject to realisation

**INVESTMENT AND PAYMENT DETAILS** Please submit one cheque / DD for each scheme (REFER TABLE "SCHEME NAME") Please See Page 13 & 14.

Scheme Name		Plan / Option	Sub Option
Cheque / DD No.	Net Amount (₹)	Bank & Branch Name & City	Mode of Payment : Cheque / DD <input type="checkbox"/> / RTGS <input type="checkbox"/> / NEFT <input type="checkbox"/> ECS <input type="checkbox"/> / Fund Transfer <input type="checkbox"/>
		@ For NRI(s) Source of Fund: <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR Account Type @ (SB/ CA/ NRE/ NRO/ FCNR)	

**SIP ENROLMENT DETAILS**

Banker's Certificate is mandatory for applications in case of Demand Drafts. (Ref. instr. no.5)

OBTAIN & FILL IN REGISTRATION CUM ECS MANDATE FORM SEPARATELY | Selected SIP Date (please (✓) only one)  5th /  15th /  25th • No. of SIP Installments

SIP Amount (in ₹)	Enrolment Period	Start Month (mm/yyyy) <input type="text"/>	End Month (mm/yyyy) <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, obtain & fill in registration cum ECS mandate form separately) (Refer SIP instruction no. 6B & 6C) <input type="checkbox"/> Option 2: Through Post Dated Cheques - Total Cheques _____ Cheque Nos. from <input type="text"/> To <input type="text"/>				
Drawn On Bank _____	Branch Name _____		City _____	

**NOMINATION DETAILS (MANDATORY FOR SINGLE HOLDING)** (Refer form instruction no. 12)

MANDATORY - NON INTENTION TO NOMINATE

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.

I / We DO NOT WISH to nominate. (Applicable for investors 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 Applicant	Signature of Nominee / Guardian [Optional]

**DEPOSITORY ACCOUNT DETAILS ( Refer Instruction No. 14a & 14b) (UNITS ARE INTENDED TO BE HELD IN DEMAT FORM)**

Refer instructions for details and SID for risk factors associated with listing of units. 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 Participant Name (DP): \_\_\_\_\_ Please (✓)  National Securities Depository Limited  Central Depository Services (India) Limited

Beneficiary Account Number: \_\_\_\_\_ DP ID  CLIENT ID  (16 digit beneficiary A/c No. to be mentioned above)

**TRANSACTION CHARGES :** Pursuant to SEBI circular vide no. Cir / IMD /DF/ 13 / 2011 dated 22 August, 2011 a transaction charge per subscription of ₹ 10,000/- and above will be charged from the investors by the AMC and paid to the distributors as follows : a) existing investors : ₹ 100/- per subscription b) new investor : ₹ 150/- per subscription c) Transaction charge if any will be deducted by the AMC from the subscription Amount and paid to the Distributor and the balance shall be invested d) No Transaction charge on subscription below ₹ 10,000/-. e) No transaction charge on direct investments. f) Transaction charges shall be applicable on purchases / subscriptions relating to new inflows only.

**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 distribution cost or any other cost), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
  - The ARN holder has adequately explained the appropriateness of the scheme to me / us & I/We are fully convinced that there is no mis-selling to me/us & that I/We are fully responsible for making this investment.
  - Upfront commission, if any will be paid to the AMFI registered and empanelled (with Sahara Mutual Fund) ARN Holder, directly by the Investor.
  - The information as desired under FATCA/Foreign tax laws provided by me / us, required to be shared with relevant tax authority is true and correct to the best of my knowledge.
- Date / /

1st applicant/ Guardian (Signature) POA Signature	2nd applicant (Signature)	3rd applicant (Signature)
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**SAHARA ASSET MANAGEMENT COMPANY PRIVATE LIMITED** Corporate Office : 2nd Floor, Parinee Crescenzo, Bandra-Kurla Complex, Bandra (East), Mumbai – 400 051. Phone: (022) 39664100 • Fax: (022) 39664330 Email: saharamutual@saharamutual.com

• Website: www.saharamutual.com  
**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.

