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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.)		
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Am I / Are we, a tax resident of any of	country other than India for tax purpose? if No,	Please tick (🛩)	
If yes, please indicate all countries in	n which you are resident for tax purposes and t	the associated Tax Reference Numb	ers below.
	Country#	Т	ax Reference / Identification Number
# to include USA, where investor is			
NAME OF SECOND APPLICANT	(Mr./Ms.)		Date of Birth (dd/mm/yyyy)
			D D M M Y Y Y
Father's/ Spouse Name			
(Mandatory) Current Marital Statu	s: 🗌 Single 🖊 📃 Married		
Status/Category of 2 nd Applicant [PI	. ✓] 1.Resident Individual 2. NRI 3. Othe	ers (pl.specify)	
Occupation of the 2 nd Applicant [PI.			vate Sector Service 5. Retired 6. Student
	7. Housewife 8. Public / Govt. s		
PAN No. (Mandatory)		ent [PI. √] Submitting now / Already	y submitted
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Please tick if applicable: Politically (for definit	y Exposed Person (PEP) tion of PEP, please refer instruction '6A').	Related to a Political	ly Exposed Person (PEP)
🗌 Not Appl		Any Other Informatio	n
Country of Birth		Country of Residence	
Nationality		Email-ID	
Am I / Are we, a tax resident of any of	country other than India for tax purpose? if No,	Please tick (🛩)	
	n which you are resident for tax purposes and t	the associated Tax Reference Numb	
Country#	Addres	SS	Tax Reference / Identification Number
# to include USA, where investor is	a citizen / greencard holder of USA		
NAME OF THIRD APPLICANT (M	r./Ms.)		Date of Birth (dd/mm/yyyy)
Father's/ Spouse Name			D D M M Y Y Y
(Mandatory) Current Marital Statu	s: 🗌 Single 🖊 🗌 Married		
Status/Category of 3 rd Applicant [Pl.	. ✓] 1.Resident Individual 2.On behalf of r	ninor 3.NRI 4.Others (pl.specify)	
Occupation of the 3 rd Applicant [Pl.	✓] 1. □ Business 2. □ Professional 7. □ Housewife 8. □ Public / Govt. s		vate Sector Service 5. Retired 6. Student Others (pl.specify)
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INVESTMENT AND PAYMENT DETAILS Please submit one cheque / DD for each scheme (REFER TABLE "SCHEME NAME") Please See Page 14 & 19.

Scheme Name		Plan / Option			Sub	Option		
Cheque / DD No.	Net Amount (₹)	Bank & Branch Name	& City	Mode of	Payment : C	Cheque / DD 🗌 /		CS 🗌 / Fund Transfer 🗌
				@ For	NRI(s) Sourc	e of Fund:	Account Type @ (SB/	CA/ NRE/ NRO/ FCNR)
SIP ENROL	MENT DETAILS	3		Banker's	Certificate is I	mandatory for appli	ications in case of Dema	and Drafts. (Ref. instr. no.5)
OBTAIN & FILL IN	REGISTRATION CU	JM ECS MANDATE FORM SEPARATELY	elected SIP Date	e (please (✓) onl	y one)	5th / 15th /	25th • No. of S	SIP Installments
SIP Amount	Period	ent Start Month	End Month (mm/yyyy)		Fre	quency (🗸)	Monthly	Quarterly
Payment Mecha	nism (🗸)	ion 1: Debit through ECS / Direct Debit facility	(Tick this box, obtain &	fill in registration	cum ECS m	andate form sepa	rately) (Refer SIP instru	uction no. 6B & 6C)
	Opt	ion 2: Through Post Dated Cheques - Total Ch	eques	_	Cheque N	os. from	To	
Drawn On Bank		Branch Name				City		
NOMINATIO	N DETAILS (<u>M</u>	ANDATORY FOR SINGLE HOL	DING) (Refer form i	instruction no. 12)		MANI	DATORY - NON INTEN	FION TO NOMINATE
		receive the amount to my/our credit in the event and settlements made to such nominee shall b	·	0			e DO NOT WISH to nor licable for investors who	ninate. o do not wish to nominate)
Nam	e & Address of the	Nominee Guardia	n Name & Address (in	case nominee is a	minor)	Date of Birth (if minor)	Relationship with the Applicant	Signature of Nominee / Guardian [Optional]
DEPOSITORY	ACCOUNT DET	AILS (Refer Instruction No. 14a 8	4 14b) (UNITS ARE IN	TENDED TO BE H	eld in dem	AT FORM)		
Refer instructions for Depository Participa		risk factors associated with listing of units. Pleas	se ensure that the seque	ence of names as m	entioned in thi	is Application Form	matches with that of the	e account held with the
Depository Participa	ant Name (DP) :	F	Please(1) Nationa	I Securities Deposit	ory Limited	Centr	al Depository Services (India) Limited
Beneficiary Account	Number :	DP ID CLIENT ID	I N			(16 digit beneficiar	y A/c No. to be mention	ed above)
subscription Amour	aid to the distributors at and paid to the Dis	ant to SEBI circular vide no. Cir / IMD /DF/ 13 as follows : a) existing investors : ₹ 100- pe tributor and the balance shall be invested d) N griptions relating to new inflows only.	er subscription b) new ir	vestor : ₹ 150/- pe	r subscription	c) Transaction ch	arge if any will be ded	ucted by the AMC from the

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 particular 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 / 1

1st applicant/ Guardian (Signature) POA Signature	2nd applicant (Signature)	3rd applicant (Signature)	
&	 	 	

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

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

SAHARA MUTUAL FUND

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.