



# SYSTEMATIC INVESTMENT PLAN (SIP)

Registration Cum Mandate Form For ECS / Direct Debit Facility

Serial No. :

Common Application No.

|                      |  |                                       |                         |                            |
|----------------------|--|---------------------------------------|-------------------------|----------------------------|
| Sahara Tax Gain Fund | Sahara Growth Fund   | Sahara Midcap Fund                    | Sahara Wealth Plus Fund | Sahara Infrastructure Fund |
| Sahara R.E.A.L Fund  | Sahara Banking & Financial Services Fund   | Sahara Power & Natural Resources Fund | Sahara Super 20 Fund    | Sahara Star Value Fund     |
| Sahara Liquid Fund   | Sahara Short Term Bond Fund  | Sahara Gilt Fund                      | Sahara Income Fund      | Sahara Interval Fund       |
| Sahara Classic Fund  | Please refer to the Key Information Memorandum of the schemes for risk levels of schemes depicted by Riskometer. |                                       |                         |                            |

| DISTRIBUTOR INFORMATION (Investors applying under Direct option must state 'DIRECT' in the ARN Code Column) |          |                  |                      |      | FOR OFFICE USE ONLY                                      |
|---|----------|------------------|----------------------|------|--|
| ARN Name  | ARN Code | Sub - Agent Code | Sub-Agent's ARN Code | EUIN | Date, Time / ISC and Number as per Time Stamping Machine |
| South Gujarat ARN: 54854  |          |                  |                      |      |  |

In case of ANY EXCEPTIONAL CASE, where there is NO INTERACTION by the Employee / Sales person / Relationship Manager of the Distributor / Sub broker with respect to the transaction, the adjacent DECLARATION is desired from the investor/s.

☐ I/We hereby confirm that the EUIN Box has been intentionally left blank by me/us as this is an execution only transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or not with standing the advice of in-appropriateness, if any provided by the employee/relationship manager/sales person of the distributor/sub broker

|  |  |                                |  |                               |  |
|--|--|--------------------------------|--|-------------------------------|--|
| Sole / First Unitholder / Guardian / POA Signature |  | Second Unit Holder's Signature |  | Third Unit Holder's Signature |  |
|--|--|--------------------------------|--|-------------------------------|--|

EXISTING INVESTOR FOLIO NUMBER

|  |                            |
|--|----------------------------|
| Sole / First Investor / Minor Name (Mr./Ms.) | Date of Birth (dd/mm/yyyy) |
| <input type="text"/>                         | <input type="text"/>       |

|  |   |
|--|---|
| Full Name of Guardian (in case of Minor) / PoA Holder's name (Mr./Ms.) | Relationship with Minor [Pl. ✓]   |
| <input type="text"/>   | Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> |

|                                   |
|-----------------------------------|
| Second Applicant's Name (Mr./Ms.) |
| <input type="text"/>              |

|                                  |
|----------------------------------|
| Third Applicant's Name (Mr./Ms.) |
| <input type="text"/>             |

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

## KYC DETAILS

| Applicant                             | Permanent Account Number (PAN) | KYC acknowledgement [Pl. ✓]             |  |
|---------------------------------------|--------------------------------|---|--|
| Sole / 1st Applicant / Guardian / PoA | <input type="text"/>           | Submitting now <input type="checkbox"/> | Already submitted <input type="checkbox"/> |
| 2nd Applicant                         | <input type="text"/>           | Submitting now <input type="checkbox"/> | Already submitted <input type="checkbox"/> |
| 3rd Applicant                         | <input type="text"/>           | Submitting now <input type="checkbox"/> | Already submitted <input type="checkbox"/> |

## INVESTMENT AND PAYMENT DETAILS (Refer to KIM for instruction) (REFER TABLE "SCHEME NAME")

SIP Date (✓) ☐ 5th / ☐ 15th / ☐ 25th

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

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,

|  |  |                                |  |                               |  |
|--|--|--------------------------------|--|-------------------------------|--|
| Sole / First Unitholder / Guardian / POA Signature |  | Second Unit Holder's Signature |  | Third Unit Holder's Signature |  |
|--|--|--------------------------------|--|-------------------------------|--|

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 ₹ .....

Seal, Signature & Date

PLEASE TURNOVER

I/We hereby authorise Sahara Mutual Fund/ Sahara Asset Mgmt. Co. Pvt. Ltd & 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                               |   |                |                                       |                                  |                              |                              |                               |

1) 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. 2) I/We will also inform Sahara Mutual Fund / Sahara Asset Management Company Private Limited about any changes in the bank account. 3) 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. 4) 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. 5) I/We have read and understood conditions mentioned overleaf, and agree to the Terms and Conditions mentioned in the Scheme Information Document (s). Date / /

|  |  |
|--|--|
| 1st applicant/<br>Guardian Signature<br>(As in Bank Records) |  |
| 2nd applicant /<br>Signature<br>(As in Bank Records)         |  |
| 3rd applicant /<br>Signature<br>(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

## TERMS AND CONDITIONS

**INVESTORS MAY KINDLY REFER TO THE COMMON SCHEME INFORMATION DOCUMENT / KEY INFORMATION MEMORANDUM BEFORE INVESTING**

**KYC is mandatory for all investments irrespective of the amount of investment. The investor is requested to approach the nearest AMC office or refer to the website [www.saharamutual.com](http://www.saharamutual.com) or any of the Karvy Investor Service Centres in this regard.**

### A. SIP payment through Electronic Service (Debit Clearing) of the Reserve Bank of India (RBI). List of cities for SIP Auto Debit facility - through ECS (Debit clearing)

Agra, Ahmedabad, Allahabad, Amritsar, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda (Vadodara), Belgaum, Bhilwara, Bhopal, Bhubaneswar, Bijapur, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Goa, Gorakhpur, Guwahati, Gwalior, Haldia, Hubli, Hyderabad, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Patna, Pondicherry, Pune, Raipur, Rajkot, Ranchi, Salem, Shimla, Shimoga, Sholapur, Siliguri, Surat, Thirupur, Tirupati, Trichur, Trichy, Trivandrum, Tumkur, Udaipur, Udipi, Varanasi, Vijaywada, Vizag.

### B. SIP payment through Direct Debit facility is available with: (As per arrangement made by the AMC from time to time) i) HDFC Bank Ltd / AXIS Bank Ltd / IDBI Bank Ltd / IndusInd Bank Ltd / Kotak Mahindra Bank - All Branches. ii) Bank of India and Punjab National Bank - Select Branches (\*) \* for list of branches, check website [www.saharamutual.com](http://www.saharamutual.com) or contact our Investor Service Centres (ISCs).

1. This facility is offered only to the investors having bank accounts in selected cities/Selected banks/Branches mentioned above.
2. Please submit the following documents at least 30 working days before the 1st SIP date for ECS (Debit Clearing)

**New Investors :** • Application form for the respective scheme(s) • 1st SIP Cheque • SIP ECS/Auto Debit Facility Form

**Existing Investors :** • 1st SIP Cheque • SIP ECS/Auto Debit Facility Form

\* The 1st SIP Cheque should be issued from the same bank account which is to be debited under ECS for subsequent installments. i.e. the 1st cheque should be drawn on the same bank account which is to be registered for ECS (Debit)

In case the 1st cheque is issued from an account which is different from ECS debit account, then a specimen cancelled cheque from ECS Debit account (as mentioned in the application form) should be submitted along with other requirements.[Other Terms and Conditions or as stated in the SIP registration cum mandate form.] 3. The cheques should be drawn in favor of the scheme/plan chosen e.g. "Sahara Growth Fund", "Sahara Tax Gain Fund - Dividend Option - Direct" and crossed "account payee only" and payable locally and drawn on any bank, which is situated at and is a member of bankers clearing house located at the place where the SIP application is submitted. Outstation cheque will not be accepted. 4. Please write the SIP Form Number/the first applicant's name on the reverse of the cheque accompanied by the SIP form 5. Return/ dishonored cheque will not be presented again for collection 6. The bank account provided for ECS (Debit) should participate in local MICR Clearing. 7. The names of cities in the list may be modified/ updated/ changed/removed at any time in future entirely at the discretion of Sahara Mutual Fund/Sahara Asset Management Company Private Limited without assessing any reasons or prior notice. If any name of city is removed, SIP instructions for investors in such cities via ECS (Debit) route will be discontinued without prior notice. In such a case, the AMC at its sole discretion may accept post dated cheque (PDC's) from the investors for the balance period. 8. MICR code starting and /or ending with 000 are not valid for ECS. 9. SIP Auto Debit facility is available only on specific dates of the month 5th, 15th or 25th. 10. The investor agrees to abide by the terms and conditions of ECS facilities of Reserve Bank of India (RBI). 11. Investor will not hold Sahara Mutual Fund/Sahara Asset Management Private Limited, its Registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of ECS/local holidays 12. Sahara Mutual Fund / Sahara Asset Management Company Private Limited, its Registrars and other service providers shall not be responsible nor liable for any damages/ compensation for any loss, damages etc. incurred by the investor. The investor assumes the entire risk of using these facilities and takes full responsibility. 13. Sahara Mutual Fund/Sahara Asset Management Company Private Limited reserves the right to reject any application without assigning any reason thereof. 14. Please read the Key Information Memorandum and Scheme Information Document (SID) of respective scheme(s) for applicable NAV, risk factors, load, minimum SIP amount and other information. 15. Investor can choose to change his/her/their bank account or discontinue this facility by giving 30 days written notice to any of our Investor Service Centers. 16. Allotment of units would be subject to realization of credit. 17. An investor can opt for monthly or quarterly frequency. 18. Only one SIP per month or per quarter is permitted per folio/ account. 19. The applicable NAV for the 1st installment (in respect of the 1st cheque) will be as per the date and time at which the same has been received at ISC. If the date of the subsequent SIP cheque/ installment is a non transaction day for the scheme, then the units shall be allotted on the next / following transaction day. 20. In case of SIPs, the transaction charge shall be applicable only if the total commitment through SIPs, amounts to ₹10,000/- and above. In such cases the transaction charge shall be recovered in four installments and paid to the distributor.

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

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**Sahara Mutual Fund**

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**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.