



# COMMON APPLICATION FORM

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** (BLUE) investors understand that their principal will be at low risk (YELLOW) Investors understand that their principal will be at medium risk (BROWN) investors understand that their principal will be at high risk Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

**EUIIN is mandatory for all the transactions, executed through the Distributor - both for "ADVISORY" as well "EXECUTION ONLY" transactions.**

**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	EUIIN	Date, Time / ISC and Number as per Time Stamping Machine

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 EUIIN 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 notwithstanding the advice of inappropriateness 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	
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**1. FOR EXISTING UNIT HOLDER'S OF SAHARA MUTUAL FUND PLEASE PROVIDE FOLIO NO.** (Proceed to 4,8)

**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 Applicant / Minor / Karta of HUF / Non Individual / (Mr. / Ms. / M/s.) \_\_\_\_\_ Date of Birth of Minor (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.) \_\_\_\_\_

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. 24)

**3. 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

**4. MANDATORY DETAILS (Pl. Quote PAN for all applicants / KYC Ack.) (Refer inst. no. 6 & 7)**

Applicant	Permanent Account Number (PAN)	KYC acknowledgement [Pl. ✓]	Occupation of the 1st Applicant [Pl. ✓]	5. Mode of Holding [Pl. ✓]
Sole / 1st Applicant / Guardian / PoA	_____	Submitting now <input type="checkbox"/> Already submitted <input type="checkbox"/>	1. <input type="checkbox"/> Business 2. <input type="checkbox"/> Professional 3. <input type="checkbox"/> Agriculturist 4. <input type="checkbox"/> Private sector service 5. <input type="checkbox"/> Retired 6. <input type="checkbox"/> Student 7. <input type="checkbox"/> Housewife 8. <input type="checkbox"/> Public / Govt. service 9. <input type="checkbox"/> Forex Dealer 10. <input type="checkbox"/> Others (pl.specify) _____	1. Single <input type="checkbox"/> 2. Joint* <input type="checkbox"/> 3. Either or Survivor/s <input type="checkbox"/> (*Default in case not indicated when applicants are more than one)
2nd Applicant	_____	Submitting now <input type="checkbox"/> Already submitted <input type="checkbox"/>		
3rd Applicant	_____	Submitting now <input type="checkbox"/> Already submitted <input type="checkbox"/>		

**6. 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) \_\_\_\_\_

**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

**7. 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

**8. INVESTMENT AND PAYMENT DETAILS** Please submit one cheque / DD for each scheme (REFER TABLE "SCHEME NAME") PLEASE SEE PAGE 15.

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) <input type="text"/>

**9. 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)	End Month (mm/yyyy)	Frequency (✓)
<input type="text"/>	<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="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/> Payment Mechanism (✓)	<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 _____

**10. 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]
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**11. 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)

**12. 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.

**13. 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. 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 – 400051. **Phone:** (022) 39664100 • **Fax:** (022) 39664330 **Email:** saharemutual@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 - 560004, 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.

