

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 /DD No.	Net Amount (Rs.)	Bank & Branch
		Account Type @ (SB/CA/NRE/NRO/FCNR)

Allotment of units is subject to realisation of Cheque/DD. No cash payments are accepted. @ For NRI(s) Source of Fund: NRE NRO FCNR Direct Remittances from abroad
 Please 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	End Month	Frequency Please (✓)
.....		MM - YY	MM - YY	<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. 6) <input type="checkbox"/> Option 2: Through Post Dated Cheques - Total Cheques _____ Cheque Nos. from _____ To _____			
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 (please (✓) only one) 1st 5th 25th of the months

Fixed Amount (in Rs.)	Enrolment Period	Start Month	End Month	Frequency Please (✓)
		MM - YY	MM - YY	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
From Scheme Name	Option	To Scheme Name _____ Option _____		

10. 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.

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 / /2009

Sole / First Unitholder / Guardian (Signature)	Second Unitholder (Signature)	Third Unitholder (Signature)
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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.