

SAHARA MUTUAL FUND

COMMON APPLICATION FORM

Serial No: CAF

DISTRIBUTOR		FOR OFFICE USE ONLY																		
Name & Broker Code/ARN	Sub-A	Agent/Broker Code		Investor Service Center Date, Time and Number as per Time Stamping Machin								Number as per Time Stamping Machine								
Prudent CAS Ltd 9992	ВНА 270	VESH MODH 30																		
Upfront commission, if any will be paid	_	_	nd empan	elled (with	Sahara	Mutual	Fund) A	RN H	lolder,	direc	tly.									
1. EXISTING UNIT HOLDER'	S INFORMAT	ION Folio No.						(Plea	ise pro	ceed	to se	ction	3 & 5	5)						
2. APPLICANT INFORMATIO						all invest	ments fai	iling w	hich ap	plicati	on wi	II be r	ejecte	ed) (Re	efer l	(IM in	stru	ction	no. 3	3 & 8)
(To be filled in BLOCK letters. Use one box Full Name of Sole/1st Applicant/Minor/Kart	•	•				r in case	e of Pron	rietor	shin Fi	rm: (M	lr./Ms	/M/s)			Г	ate o	f Bir	th		
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Full Name of Guardian (in case of Minor) /	Contact Person (I	n case of non-individu	ual investo	rs) (Mr./Ms .)								Re	lation	ship	with	Mir	or [F	9. 🗸	<u>'</u>
											М	other		Fath	er 🗌] Le	gal	Guar	dian	
Second Applicant's Name (Mr./Ms.)																				
Third Applicant's Name (Mr./Ms.)					Щ					<u> </u>										
Address in full (DO NOT REPEAT NAME)	of Applicant/Parent	OR Guardian of Mino	r/Indian ad	ldress in ca	se 1st App	olicant is	NRI/FII	(Post E	Box No	. alone	is n	ot suf	ficient	t) 				1		
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Dist. STD Code Tel.		City	Eav [<u> </u>		Pin	 	Mobile	(10 Di-	qit)	<u>_</u>	tate:		Т	Ţ	Т	T	ı		\exists
Email-ID			Fax _			Prefera	able mod		(10 Dig ommun	•	E-ma	ail [Yes	\dashv	No (Refer	inst	ructio	on no). 23)
Mode of Holding [Pl. ✓]	1. Single	2. Joint*	3.	Fithe	r or Surv	,			in cas				_							
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City				Country									Pin/Z	ZIP [
Applicable to NRIs only: I / We confirm that approved banking channels or from funds in						nereby co Please			funds atriation					een r Repatri				abroa	ad th	rough
3. MANDATORY DETAILS	,													•				0 7\		
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5. INVESTMENT AN	ID PAYM	ENT DETAILS (Refer to	KIM for instructio	n) Pl ea	ise submit one cheque / DD for e	each s	cheme (REFER 1	ABLE "SCHE	EME NAME")		
Scheme Name		Pla Opt				Sub Optio	on				
Cheque /DD No. Net Amoun (Rs.)						k & Bra	anch		Account Type @ (SB/CA/NRE/NRO/FCNR)		
Allotment of units is subject to Please mention the application			•		r NRI(s) Source of Fund: NRI count provided above pertain to my		NRO FCI bank account in		ect Remittances e Yes	from abroad	
6. SIP ENROLMEN	T DETAIL	S - Selected SIP Dat	te (please (🗸)	only o	one) 5th / 15th /	25th	No. of SIF	Installments			
SIP Amount (in Rs.)	Enrolment Period	Start Month M M – Y	ΥΥΥ	End	d Month M – Y Y Y	Υ	Frequency F	Please (🗸)	Monthly	Quarterly	
Payment Mechanism (🗸)	Option	1: Debit through ECS / Direct	this bo	ox and fill up SIP ECS / Direct Deb	oit facili	ty form) (Refer SI	P instruction i	no. 6)			
(Please refer to KIM)	Option	2: Through Post Dated Cheque	es - Total Cheque	s	Cheq	ue Nos	s. from		To		
Drawn On Bank		Bra	anch Name				City				
7. NOMINATION DE	TAILS (Re	efer instruction no. 4 of KIM)									
I/Weevent of my/our death indicate Fund / Trustee.	ed against th	e Name(s) of the Nominee(s).	I/We also under	stand th	hat all payments and settlements r						
Add	Name & Address of the Nominee				Guardian Name & Address (in case nominee is a mino			Relation with the		Date of Birth (if minor)	
	mention tar		r [PI. 🗸] 🔲 (F		note that switch can be done either	r in unit	Folio No.	nly and not bo	oth.)		
Amount Rs. From Scheme Name		No. of units	Entire Balance Option								
To Scheme Name			Option							_	
9. SYSTEMATIC TR	ANSFER	PLAN (STP) (Refer inst	ruction no. 7 of K	IM)	STP Date (please (🗸) onl	lly one)	1st 5	th 25th	of the months		
Fixed Amount (in Rs.)	Enrolment Period	Start Month M M - Y	YYY	En	d Month M — Y Y	Υ	Frequency F	Please (🗸)	Monthly	Quarterly	
From Scheme Name		Option			To Scheme Name			Option .			
respective scheme(s) and agr scheme for investment from o time to time and subsequent a above and agree to abide by making this investment. I/We I rules, regulations or any statut [Applicable for SIP Investor Direct Debit Clearance. If the provider, I/We would not hold account debited by ECS / Dimandate along with a cancella. The ARN holder has disclose amongst which the Scheme is	stood the core to abide bur own funds imendments in the terms and urther declare or legislations only). I/We transaction the Asset M. ect Debit tow tion request d to me/us a	ntents of the Scheme Informat y the terms , conditions, rules on my/our personal behalf an thereto including the section of d conditions, rules and regulat e that the amount invested by n or any other applicable laws e hereby declare that the par is delayed or not effected at anagement Company responsi vards the collection of monthly for the earlier mandate well in all the commissions (in the fo mended to me/us.	and regulations o d are not benefici n "Prevention of N ions of the Schen me/us in the Scho or any notificatior ticulars given abc all, for reasons ble in any manne y payments on d advance. I/We ha rm of trail comm e / /200	f the so aries o Money L ne. I/We eme is as, direct ve are of inco er. I/We ue SIP ave rea ission o	Interest of Additional Information (Scheme(s) as applicable from time to fany fund obtained in contraventionaundering", I/We hereby apply to the have not received and will not rederived through legitimate sourcestions issued by any governmental correct and express my/our willing implete or incorrect information on the hereby authorize Sahara Mutual dates as opted by me/us. In the dand agreed to the terms and contrained the modely, payable to him the modely in the factor of the modely.	o time. on of Prothe True eceive r and is or statu gness t n my/or Fund a event on	I/We hereby decl evention of Mone stee of Sahara M nor will be induce not held or desig itory authority fror o make payment ur part or circum nd their authoris of any changes in mentioned in KII the different com	are that I /We by Laundering utual Fund for d by any reba ned for the pu n time to time s referred ab stances beyo ed service pro n the bank pa M / SID.	are making this Act or any guid runits of the Sc ate or gifts, direct arpose of contration of the control of th	investment of the elines issued from heme as indicated tity or indirectly, in vention of any act, ticipation in ECS / of AMC/its service ny/our above bank will submit a fresh	
Sole / First Unitholder / Guardian (Signature)			Second Unitholder (Signature)				Third Unitholder (Signature)				



SAHARA ASSET MANAGEMENT COMPANY PRIVATE LIMITED

Corporate Office: 97-98, 9th Floor, Atlanta, Nariman Point,

Mumbai - 400 021.

Phone: (022) 675 20121-27 • Fax: (022) 66547855

Email: saharamutual@saharamutual.com • Website: www.saharamutual.com

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

21, Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500 034 Ph: 040-23420802, 23342454 • 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.

SMS MUTUAL to 59090