

# APPLICATION FORM

Please read instructions before filling this form  
All sections to be completed in ENGLISH in BLACK /  
BLUE Coloured Ink and in BLOCK LETTERS.



<b>Sponsor:</b> Samco Securities Limited <b>Trustee Company:</b> Samco Trustee Private Limited <b>Investment Manager:</b> Samco Asset Management Private Limited	<b>Samco Mutual Fund</b> 1003 - A, Naman Midtown, Senapati Bapat Marg, Prabhadevi (W), Mumbai - 400 013.	<b>Application No.</b>
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DISTRIBUTOR INFORMATION				
Distributor Code	Sub-Broker Code	Internal Sub-Broker Code	EUIN	RIA CODE <sup>A</sup>
ARN -ARN-64917	ARN -	INTERNAL CODE	E434563 <small>EUIN IDENTIFICATION NO.</small>	

\*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. For Direct investments, please mention 'Direct' in the column 'Distributor Code'.

<sup>A</sup>I/We, have invested in the below mentioned scheme of Samco Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

SIGNATURE (s)		
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

**MODE OF HOLDING** (In case of Demat Purchase Mode of Holding should be same as in Demat Account)  Single  Joint  Anyone or Survivor (Default)

**1. APPLICANT INFORMATION (Mandatory) to be filled in block letters** (Refer Instruction No.II)

Folio No.  (For Existing unit holders)

**NAME OF SOLE /1ST APPLICANT**  Mr. / Ms. / M/s.

PAN  CKYC No.  Date of Birth  DD/MM/YYYY

Mailing address

City  State  Pin code

Mobile No.  Email ID

I/We hereby declare that the email address and the mobile number provided on the application form belongs to (Please tick ✓) any one from the below options) -  
 Self  Spouse  My dependents  My Childrens

Please note: In the event that the mobile number or the email id provided herein above does not appear to be that of the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

LEI Code  Valid upto  DD/MM/YYYY (Legal Entity Identifier Number is Mandatory for Redemption. Transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. XXII)

**GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Individual Investors)**

Mr. / Ms.

Relationship with Minor/Designation  PAN  CKYC No.

**SECOND APPLICANT**

Mr. / Ms.

PAN  CKYC No.

**THIRD APPLICANT**

Mr. / Ms.

PAN  CKYC No.

**UNIT HOLDING OPTION**  Physical Mode  Demat Mode (Mandatory to provide the demat details in case mode of holding tick as demat mode)

**CDSL/NSDL** DP ID NO.:  Depository Participant Name:

Beneficiary A/C No.  (Please Note: Demat Account Details of First / Sole Applicant (Name should be as per demat account)  
(Please Note: Please attach copy of Client Master List.)

**TAX STATUS (Applicable for First / Sole Applicant)**

Resident Individual  FIIs  NRI - NRO  HUF  Club / Society  PIO  Body Corporate  Minor  Government Body  
 Trust  NRI - NRE  Bank & FI  Sole Proprietor  Partnership Firm  QFI  Provident Fund  Others

**MANDATORY PROOF OF DATE OF BIRTH FOR MINORS (Any One) & Relationship Proof**

Birth Certificate  Marksheet (HSC/ICSE/CBSE)  School Leaving Certificate  Passport  Others



## ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Application No.

Received from: Mr. / Ms. / M/s  an application for  
units of **Samco Flexi Cap Fund** Plan:  Regular  Direct Option: **Growth**  
vide Cheque No  Dated  Amount (₹)   
Drawn on Bank   
Branch   
Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

**Collection Center's Stamp & Receipt Date and Time**

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**OVERSEAS APPLICANT DETAILS**

ADDRESS (Mandatory for NRI/FII applicant\*)

Country  Zip Code  For NRI applicants  Indian  Overseas

**E-MAIL COMMUNICATION (Please tick ✓)**

Default communication mode is through 'email'. If email address is not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option below:  Annual Report  Abridged Annual Report  Other Statutory Information

**2. KYC DETAILS (Mandatory - Refer Instruction No XI for details)**

**OCCUPATION (Please tick ✓)**

**First Applicant:**  Business  Service  Professional  Agriculturist  Housewife  Student  Defence  
 Bureaucrat  Forex Dealer  Unlisted Company  Body Corporate  Listed Company  Others

**Second Applicant:**  Business  Service  Professional  Agriculturist  Housewife  Student  Defence  
 Bureaucrat  Forex Dealer  Unlisted Company  Body Corporate  Listed Company  Others

**Third Applicant:**  Business  Service  Professional  Agriculturist  Housewife  Student  Defence  
 Bureaucrat  Forex Dealer  Unlisted Company  Body Corporate  Listed Company  Others

**GROSS ANNUAL INCOME (Please tick ✓)**

**First Applicant:**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lac  > 25 Lacs - 1 Crore  > 1 Crore  
OR Net worth (Mandatory for Non - Individuals) ₹  as on  (DD/MM/YYYY) (Not older than 1 year)

**Second Applicant:**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lac  > 25 Lacs - 1 Crore  > 1 Crore  
OR Net worth (Mandatory for Non - Individuals) ₹  as on  (DD/MM/YYYY) (Not older than 1 year)

**Third Applicant:**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lac  > 25 Lacs - 1 Crore  > 1 Crore  
OR Net worth (Mandatory for Non - Individuals) ₹  as on  (DD/MM/YYYY) (Not older than 1 year)

**For Individuals (Please tick ✓)**

	First Applicant	Second Applicant	Third Applicant
I am Politically Exposed Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am Related to Politically Exposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For Non-Individual Investors (Companies, Trust, Partnership etc.)**

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company :  Yes  No (If No, please attach mandatory UBO Declaration)

Foreign Exchange / Money Charger Services  Yes  No Gaming / Gambling / Lottery / Casino Services  Yes  No

Money Lending / Pawning  Yes  No

**3. FATCA/CRS DETAILS - Non Individual Investors should mandatory fill separate FATCA/CRS details form (Refer Instruction No.XVIII)**

Place & Country of Birth	Sole / First Applicant / Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA		
	Country #	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)	Country #	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)	Country #	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)

#Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & it's Identification type e.g: TIN etc.

**4. POWER OF ATTORNEY (POA) - If investment is being made by a Constitutional Attorney, please submit notarised copy of POA**

POA NAME  Mr. / Ms. / M/s. PAN

**5. NOMINATION DETAILS (Please tick ✓)**

I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed / purchased by me / us.  
OR  
 I/We wish to register my/our Nominee as per below details: (Mandatory for new Folios of Individuals where mode of holding is single)

Name of Nominee	Date of Birth (If Nominee is minor)	Allocation (%)	Name of Legal Guardian/Parent (If Nominee is minor)	Relationship with Nominee

CHECKLIST: Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public)

Documents	Individual	Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FII	PIO
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓	
Trust Deed						✓			
Bye-laws			✓						
Partnership Deed				✓					
Overseas Auditor Certificate								✓	
Notarised POA					✓				
Proof of Address									✓
Copy of PAN Card / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Acknowledgement	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓	✓	✓

**6. LUMP SUM/NEW SIP-INVESTMENT DETAILS\*** Choice of Scheme/Plan/Option For SIP Investment Auto-Debit Form is mandatory (Refer Instruction No.VI)

Scheme **Samco Flexi Cap Fund** Plan:  Regular  Direct Option: **Growth**

**7. BANK ACCOUNT DETAILS**

(Refer Instruction No.IV)

Account No.  Account Type (Please ✓):  SB  Current  NRO  NRE  FCNR  
 Bank Name   
 Bank Address   
 City  Pin  IFSC CODE  MICR CODE

**8. PAYMENT DETAILS**

Mode of Payment (Please ✓):  RTGS/NEFT/Fund Transfer  Demand Draft  Cheque  One time Mandate  
 Cheque No.  Date  Gross Amount ₹   
 Net Amount ₹  DD Charges ₹   
 Bank Details:  Same as above (Please tick (✓) if yes)  Different from above (Please tick (✓) if it is different from above and fill in the details below)  
 Bank/Branch & City   
 Account No.  Account Type (Please ✓):  SB  Current  NRO  NRE  FCNR

**9. SYSTEMATIC TRANSACTION REGISTRATION DETAILS****Systematic Investment Plan (SIP)** (For SIP investment it is mandate to submit SIP Mandate Registration Form)

Scheme **Samco Flexi Cap Fund** Plan:  Regular  Direct Option: **Growth**  
 Installment amount (in figures): ₹  Installment amount (in words):   
 SIP Frequency: (Please ✓):  Monthly  Quarterly  Half Yearly Debit Date:   
 SIP Period: From Date  To Date  Or No. of Installments:  Or Perpetual:

**Systematic Withdrawal Plan (SWP)**

Scheme **Samco Flexi Cap Fund** Plan:  Regular  Direct Option: **Growth**  
 Amount (in figures): ₹  Amount (in words):   
 SWP Frequency: (Please ✓):  Monthly  Quarterly  Half yearly  Yearly Option Debit Date:  1  5  10  15  25  
 SWP Period: From Month  To Month

**10. DECLARATION AND SIGNATURE(S)**

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to Samco 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 further declare, I am / we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents.

I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with PMLA/KYC/FATCA norms. I/We hereby, further agree that the Fund can directly credit all the redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

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. I/We further agree that the Fund/AMC can send us all types of SMS relating to the products offered by them.

Applicable to investors who have not opted for nomination facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by Samco Mutual Fund.

**Applicable to NRI only:** I/We confirm that I am / we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (i) (Including amount of Additional Purchase Transaction made in future)

Repatriation  Non Repatriation

Date : <input type="text"/>	<b>SIGNATURE (s)</b>	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
Place : <input type="text"/>				