

☐ Additional Purchase ☐ Redemption ☐ Switch

TRANSACTION SLIP FOR SCHEMES OF SAHARA MUTUAL FUND

Please use separate transaction slip for each scheme. To be filled in CAPITAL LETTERS.

DATA ON REVERSE IS MANDATORY Please note product labelling at the time of investment.

(Investors should consult their financial advisers if in doubt about whether the product is suitable for them.)

Signatures of unit holders mandatory on both sides of the form

EUIN is mandatory for all the transactions. ex												(FOR OFFICE HOE ONL)	V()
DISTRIBUTOR INFORMATION (Inves			ust state Sub-Age				ode		•	- / 100	and Mar	(FOR OFFICE USE ONL)	
ARN Name	ARN Code	Sub - Agent Code	ARN C	ode	EU -0296			Da	te, Iim	ie / ISC a	and Nu	mber as per Time Stamping Mach	nine
Systematix Shares	64917												
In case of ANY EXCEPTIONAL CASE, where the sales person / Relationship Manager of the transaction, the adjacent DECLARATION is de	Distributor / Sub brok	er with respect to the	e: po th	I/We hereby c xecution only"tra erson of the abo ne employee/rela	onfirm ansactio ve dist ationshi	that ton with ributo p mar	he E hout or or nager	UIN Bo any into not with /sales	ox has eractio h stand persor	been in n or advi ding the n of the d	tention ce by to advice istribu	ally left blank by me/us as this he employee/relationship manager, of in-appropriateness,if any provi tor/sub broker"	is an /sales de by
Sole / 1st Unitholder / Guardian / POA Signature		2nd Unit Hold Signatu								3rd nit Holo Signatu			
Note:Furnishing of additional details there is any change in your KYC information Request form' and submit the same	is mandatory for ormation please (the first time as part	of KYC	& FATCA no	rms. " KYC (In ca Chan	ise ge	F	OLIO N	0.			
	at the Point of S	ervice of any KYC Re	egistration	on Agency"			_						
Investor Details													
		Name						PAN	No			KYC Acknowledgement C	Сору
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Name of Guardian (For Minor)(PC	A Holder)					Т		П	Τ	П			
Name of 2nd Applicant						Τ		П	Т	П	Τ		
Name of 3rd Applicant										П			
Additional Purchase (If the invest	tor wishes to inv	vest in Direct option	please	mention Dire	ect op	tion	aga	inst t	he sc	heme ı	name)		
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Cheque/DD/RTGS.NEFT No													
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I — ·	or Units :		OR										
Amount : Rs	·············	Option						0	ption				
Please specify the bank details in	which you wish		mption	proceeds, re									
Bank Account No.:	-		•	•	-								
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the Depository Participant.) Demat A						J. 101			51.50		01 11		
		Name				P	AN I	No./PI	EKRN	l.	ı	KYC Acknowledgement Co	ру
National Depository				Central		osit						-	
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Limited Beneficiary Accoun				imited.	Tar	get II) No). 					
Enclosures (Please tick any one	box): Clien	t Master List (CML)	Trai	nsaction cun	n Holo	ling	Stat	emen	t 🗌	Cance	elled [Delivery Instruction Slip (D	IS)
1st applicant/ Guardian (Signature)		2nd applica								pplican			
POA Signature		(Signature	e)						(Sig	nature)			
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ACKNOWLEDGEMENT SLIP (To	be filled by the i	nvestor)		Folio / Acc	ount	No:	Г		Τ				
Received from Mr./Mrs													

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Father's/ Spouse Name																													
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Is the entity involved in	/ providing	any o	or the	follov	wing	servi					_																		
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Father's/ Spouse Name																													
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SAHARA ASSET MANAGEMENT COMPANY PRIVATE LIMITED Corporate Office: 97-98, 9th Floor, Atlanta, Nariman Point, Mumbai- 400 021 Phone: 022-22047197 / 98 Email: saharamutual@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

