

COMMON APPLICATION FORM Appln No.

(All fields are mandatory for New Investors)

(For Existing Investors, furnishing of additional details is mandatory for the first time as part of KYC & FATCA norms.)

Sahara Tax Gain Fund			d	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					5	Sahara Super 20 Fund						:	Sahara Star Value Fund																		
Sahara Liquid Fund					aha und		Sho	rt T	erm	Во	nd		Sahara Gilt Fund					;	Sahara Income Fund						Sahara Interval Fund																	
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Country of Birth		
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	country other than India for tax purpose? if N	the associated Tax Reference Numbers below.
ii yes, piease indicate all countries i	Country#	Tax Reference / Identification Number
	ound,	Tax Noto Shooy Nation Name of
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NAME OF SECOND APPLICANT	(Mr./Ms.)	Date of Birth (dd/mm/yyyy)
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Father's/ Spouse Name		
(Mandatory) Current Marital Statu	s: Single / Married	
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PAN No. (Mandatory)	KYC acknowledger	nent [PI. ✓] Submitting now
(MANDATORY) OTHER KYC DETAIL	_S	
Gross Annual Income Details (Pleas	e tick(✓)):□ Below ₹1 Lac /□ ₹ 1-5 La	cs / □ ₹ 5-10 Lacs / □ ₹ 10-25 Lacs / □ ₹ 25 Lacs -1 Crore / □ > 1 Crore
	orth should not be older than 1 year	
Please tick if applicable: Politicall (for defini	y Exposed Person (PEP) tion of PEP, please refer instruction '6A').	Related to a Politically Exposed Person (PEP)
☐ Not Appl	licable	Any Other Information
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NAME OF THIRD APPLICANT (M	r./Ms.)	Date of Birth (dd/mm/yyyy)
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		^	YC acknowledgement [Pl. ✓] 🔲 Submitt	ing now/ Already Submitted
(MANDATORY) OTHER KYC DETAI	LS			
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yes, please indicate all countries Country#	in which you are resider		nd the associated Tax Reference Num dress	Tax Reference / Identification Number
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to include USA, where investor is	s a citizen / greencard h	older of USA		
ODE OF OPERATION				
☐ Single ☐ Joint* ☐ Either	or Survivor(s)	ehalf of Minor (*Defa	ault in case not indicated when applicated	ants are more than one)
OWER OF ATTORNEY (POA)	. ,	,		
	(Details MANDATON)	1		
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atus: Resident Individual		Others (Please Spec		Gender: Male Female
	Proof of Identity & Ad	_	ard Copy PAN (Mandatory)	
erseas Address of Power of At	ttorney Holder (if appli	caple)		
City	State		Country	Pin/Zip
ONTACT DETAILS (Please Pr	ovide your contact det	tails even if you ha	ve already submitted your KYC ac	knowledgement)
If the Applicant is Sole Proprietorship Fin	m, Please provide the name of	f Sole Properietor. If HUF,	Please provide the name of Karta In case of ot	her Non-Individuals, Please provide the details of Contact Person.
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ANK PARTICULARS (It is mandal ink Account No. CR Code (9 digit) Ink Name Inch Address Details of Beneficial Ownership Category Wenership per cent	(Please tick applicable Inlisted company >25%	category). Details to	Account Type : Savings IFSC Code (11 digit for RTG) City Description Unicorporated Association / Bot >15%	ction no. 5) Current NRE NRO FCNR S & NEFT) PIN ion. (Refer instruction 25) ody of Individuals Trust >=15% Foreign Investor
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INVESTMENT AND PAYMENT DETAILS Please submit one cheque / DD for each scheme (REFER TABLE "SCHEME NAME") Please See Page 14 &19.													
Scheme Name		Plan	/ Option		Sub (Option							
Cheque / DD No.	Net Amount (₹)	Bank & Brand	ch Name & City		Mode of Payment : Cheque / DD _ / RTGS _ / NEFT _ ECS _ / Fund Transfer [
					@ For NRI(s) Source NRE NRO								
SIP ENROLMENT DETAILS Banker's Certificate is mandatory for applications in case of Demand I													
OBTAIN & FILL IN REGISTRATION CUM ECS MANDATE FORM SEPARATELY Selected SIP Date (please (✓) only one) 5th / 25th • No. of SIP Installments													
SIP Amount (in ₹)													
Payment Mechanism (✓) Option 1: Debit through ECS / Direct Debit facility (T ick this box, obtain & fill in registration cum ECS mandate form separately) (Refer SIP instruction no. 6B & 6C) Option 2: Through Post Dated Cheques - Total Cheques Cheque Nos. from To													
Drawn On Bank Branch Name City													
NOMINATIO	N DETAILS (N	IANDATORY FOR SINGL	E HOLDING) (R	efer form instructi	on no. 12)	MAND	ATORY - NON INTEN	ITION TO NOMINATE					
		receive the amount to my/our credit in the settlements made to such nomined				, 17 we	DO NOT WISH to no cable for investors wh	minate. io do not wish to nominate)					
Nam	e & Address of the	Nominee	Guardian Name & Ad	dress (in case no	minee is a minor)	Date of Birth	Relationship	Signature of Nominee /					
						(if minor)	with the Applicant	Guardian [Optional]					
DEPOSITORY	ACCOUNT DET	TAILS (Refer Instruction No	o. 14a & 14b) (UNI	TS ARE INTENDED	TO BE HELD IN DEMA	FORM)							
	or details and SID for	risk factors associated with listing of u					matches with that of th	ne account held with the					
Depository Participa	ant Name (DP) :		Please(✓)	National Securiti	es Depository Limited	Centra	l Depository Services	(India) Limited					
Beneficiary Account	Number :	CI	DP ID N			6 digit beneficiary	A/c No. to be mention	ned above)					
by the AMC and pa subscription Amoun	CLIENT ID CLIENT ID (16 digit beneficiary A/c No. to be mentioned above) TRANSACTION CHARGES: Pursuant to SEBI circular vide no. Cir / IMD /DF/ 13 / 201 1 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 belo w ₹ 10,000/ e) No transaction charge on direct investments. f) Transaction charges shall be applicable on purchases / subscriptions relating to new inflows only.												
DECLARATIO	N (Please √whi	chever is applicable.)											
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, 1. 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 reb ate 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 willin gness to make payments referred above through participation in ECS /Direct Debit Clearance. If the transaction is delayed or not ef fected at all, for reasons of incomplete or incorrect information on my/our p art 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 servi ce 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													
1st applicar Guardian (Sign POA Signatu	ature)		2nd applicant (Signature)			3rd applica (Signature							
0	•					•	0						

SAHARA ASSET MANAGEMENT COMPANY PRIVATE LIMITED Corporate Office: 97-98,9th Floor, Atlanta, Nariman Point, Mumbai-400 021. Tel: 022 22047197 / 98.

- Fax: (022) 22047199 Email: saharamutual@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 - 560 004, 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.