

Sponsor: Samco Securities Limited
Trustee Company: Samco Trustee Private Limited

Samco Mutual Fund 1003 – A, Naman Midtown, Senapati

COMMON APPLICATION FORM

Please read instructions before filling this form

HEXASHIELD TESTED INVESTMENTS	Investment Manager: Samco Asset Man Private Limited	agement Bapat Marg, Prabhadevi Mumbai - 400 013	(W), All sections to be o	completed in ENGLISH in BLACK / BLUE Coloured Ink and in BLOCK LETTERS.
1. Distributor Info	rmation		Application N	lo.
Distributor Code	Sub-Broker Code	Internal Sub-Broker Code	EUIN*	RIA CODE [^]
ARIARN-64917	7 ARN -	INTERNAL CODE	E434563	
eft blank by me/us as this trans	JIN of the person who has advised the investor. If Is saction is executed without any interaction or ad- ed by the employee/relationship manager/sales p	vice by the employee/relationship manager/s		
	id directly by the investor to the AMFI registered rect' in the column 'Distributor Code'.	Distributors based on the investors' assessm	nent of various factors including the se	ervice rendered by the distributor. For Direct
	w mentioned scheme of Samco Mutual Fund under tion, to the SEBI Registered Investment Advisor (R			n data feed / portfolio holdings / NAV etc. in

ARIARN-64917	ARN -	INTERNAL CODE	E434563	
left blank by me/us as this transaction is in-appropriateness, if any, provided by the Upfront commission shall be paid directl investments, please mention 'Direct' in th	s executed without any interaction or a e employee/relationship manager/sales ly by the investor to the AMFI registered e column 'Distributor Code'.	dvice by the employee/relationship manage person of the distributor/sub broker". d Distributors based on the investors' assess	er/sales person of the above distribu	confirm that the EUIN box has been intentionall tor/sub broker or notwithstanding the advice on the service rendered by the distributor. For Direction data feed / portfolio holdings / NAV etc. in
		(RIA) bearing the above mentioned registrat		
Signature (s)	SOLE / FIRST APPLICANT	SECOND APPL	ICANT	THIRD APPLICANT
Mode of Holding				(0.1.1)
(In case of Demat Purchase Mode		,	Joint Anyone or Survivor	
	(Mandatory) to be filled in bloo			(Refer Instruction No.II)
Folio No.	1	isting unit holders) Ge	ender Male Female	Transgender
Name of Solo / 1st Applicant	Mr. / Ms. / M/s.			
PAN	CKYC No.		Date of B	irth DDDMMYYYYY
Mailing address		1		
City		State		Pin code
Mobile No.		Email ID		
The Email ID belongs to (Mandator	, , , , , , , , , , , , , , , , , , ,	Spouse Dependents		Custodian Guardian
The Mobile No. belongs to (Manda		Spouse Dependents		Custodian Guardian
communication in this regard to the		ded herein above does not appear to l	oe that of the unit holder's, then t	he AMC shall send suitable (Legal Entity Identifier Number is Mandatory for
LEI Code		Valid upto	D D M M Y Y Y Y	transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. XX
Guardian Details (In case	e First / Sole Applicant is minor) /	Contact Person- Designation / POA H	Holder (In case of Non- Individua	l Investors)
Mr. / Ms.		Relationship w	vith Minor/Designation	
PAN	CKYC No.		Gender	Male Female Transgende
Mobile No.		Email ID		
The Email ID belongs to (Mandator The Mobile No. belongs to (Manda	· · · · · · ·	Spouse Dependents Dependents		Custodian Guardian Custodian Guardian
Date of Birth Proof for	minors (Any One)			
Birth Certificate Marksho	eet (HSC/ICSE/CBSE) School	ol Leaving Certificate Passport	Others	
		_		
Second Applicant				
Mr. / Ms.				
PAN	CKYC No.		Gender	Male Female Transgende
SSAMCO MUTUAL FUND HEXASHIBITORINVESTMENTS			ACKNO	OWLEDGEMENT SLII (To be filled by the investor
Received from: Mr. / Ms. / M/s			Applicat	ion No.
		Plan: Regular	Direct Option: Grow	
an application for units of Sam			J Diffect Option. Grow	
vide Cheque No	Dated D D M			
Drawn on Bank				
Branch				

Received from: Mr. / Ms. / M/s		Арр
an application for units of Samco	Plan: Regular Direct	Option: G
vide Cheque No	Dated □ <th></th>	
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)

					Email I	D					
The Email ID belongs to	(Mandatory Please ✔)	Self	[Spouse	Dep	endents	POA	Custodia	in [Guardia	n
The Mobile No. belongs	to (Mandatory Please	✓) Self	[Spouse	Dep	endents	POA	Custodia	in [Guardia	n
Third Applican	+										
Mr. / Ms.	•										
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Physical Mode	Demat Mode (Mar	idatory to prov	ide the d	emat details in ca	ase mode of	holding tick as d	lemat mode)				
CDSL						NSDL	N				
Beneficiary A/C No.					1 1 1						
Depository Participa	nt Name						Sole A		Note: Demat A ame should be		
								(Note: Ple	ase attach co	py of Client M	aster List.)
	olicable for First / Sole					1			7 -		
Resident Individual		RI - NRO	HUF			Club / Society		Minor _	Governme	nt Body	Trust
NRI - NRE	Bank & FI	Proprietor	snip Firm	Partnersh	nip Firm	QFI	Provident Fund	<u></u> □ 01	thers		
Overseas Addr	ess				Address	for Communic	ation (for NRI applica	nts)	Indian	Overse	as
Address (Mandatory for	NRI/FII applicant*)										
				Cour	ntry			Zip C	ode	1 1	
Email Commu	nication (Please ti	ck ✔)									
Default communication	_		ress is no	t provided then p	lease 'Opt-ir	n' to receive belov	v documents in physic	al copy by	ticking the	option belo	w:
Annual Report	Abridged Annual Repo	rt Other	Statutory	Information							
2. KYC Details	(Mandatory - Refer Ins	struction No X	I for deta	nils)							
First Applicant:	Business	Service		Professional							
i ii ot Applioditt.						Agriculturiet	Housewife	1 9	tudent	Defe	nce
	Bureaucrat	Forex De	ealer _	Unlisted Comp		Agriculturist Body Corporate	Housewife Listed Company		tudent thers	Defe	nce
Second Applicant:	Bureaucrat Business	Forex De	ealer	=	pany E	•		y		Defe	
Second Applicant:				Unlisted Comp	pany E	Body Corporate	Listed Company	y 🗍 o	thers		
Second Applicant: Third Applicant:	Business	Service Forex D Service	ealer	Unlisted Comp	pany E	Body Corporate Agriculturist	Listed Company	y	tudent		nce
	Business Bureaucrat	Service Forex D	ealer	Unlisted Comp Professional Unlisted Comp	pany E	Rody Corporate Agriculturist Body Corporate	Listed Compan	y	thers tudent	Defe	nce
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For Individuals (Please tick 🗸)													
			First Ap	plicant:		Seco	nd Applicant			Third Applic	eant		
I am Politically E	xposed Person												
I am Related to I	Politically Expos	sed											
Not Applicable													
For Non-I	ndividual Ir	nvestors (Please tick ∨	')									
Is the company a Foreign Exchar Charger Servic	nge / Money	ny or Subsidiar	No G			Listed Company ottery / Casino		`		attach mandato nding / Pawni	ry UBO Declaration) ing Yes No		
3. FATCA/	CRS Detail	S - Non Indi	ividual Inve	stors should	d mandator	y to fill separa	te FATCA/CRS	details fo	rm	(Refer In	struction No.XVIII)		
Sole / First Applicant			st Applicant /	Guardian		2nd Applica	ant		3rd Applicant POA				
Place & Country of Birth		.	1-1	4: T									
	Country #	Tax Payer Ref ID No	Identifica (TIN or other, I		Country #	Tax Payer Ref ID No	(TIN or other, please :		Country #	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)		
#Pleas	se indicate all co	untries, other th	nan India, in wh	ich you are a r	esident for ta	x purpose, associ	ated Taxpayer Iden	tification Nu	ımber & it's	Identification typ	pe e.g: TIN etc		
		(DO 1)											
4. Power o	of Attorney	(POA) If i	nvestment is	being made l	oy a Constitu	itional Attorney,	please submit no	tarised cop	by of POA				
POA NAME M	r. / Ms. / M/s.								PAN	1			
5. Nomina	tion Detail	S (Please ticl	k √)										
							or folio in the event of arge by the AMC/Mu				all payment and settlements		
											ointment of nominee(s) and nt authority, based on the		
value of asse	ts held in the mutu	ual fund folio.											
Nominee deta	ils		Nor	minee 1			Nominee 2			Nomi	nee 3		
Name													
Address													
Address													
PAN													
Date of Birth													
Relationship													
Proportion (%)*												
Name and the Address of the Guardian (to be furnished in case													
the nominee is		Jase											
Signature of G	Guardian / Nomi	inee											
*(%) by which the	units will be sh	nared by each r	nominee (% to	aggregate to	o 100%)	1							
Signature (s	"Should be	e signed by all ur	nit holders inclu	ding joint holde	rs, irrespective	of mode of holding	"						
	SOLE / FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT									ANT			

6. Lumpsum/New SIP-Investment Details* Choice of Sche	eme/Plan/Option For SIP Investment Auto-Debit Form is ma	ndatory (Refer Instruction No.VI)					
Scheme	Plan:	Regular Direct Option: Growth					
7. Bank Account Details							
Account No Bank Name	Account Type (Please ✔): SB Bank Address	Current NRO NRE FCNR					
City Pin IFS	CC CODE	MICR CODE					
8. Payment Details							
Cheque No Date D Net Amount ₹	D M M Y Y Y Y Gross A DD Cha	above and fill in the details below)					
Account No	Account Type (Please ✔):	SB Current NRO NRE FCNR					
9. Systematic Transaction Registration Details							
	estment it is mandate to submit SIP Mandate Regis						
Scheme	Plan:	Regular Direct Option: Growth					
	tallment amount (in words)						
SIP Frequency: (Please ✓):		allments OR Perpetual:					
Systematic	tic Transfer Plan (STP)						
From Scheme Plan: Regular Direct (Option: Growth To Scheme	Plan: Regular Direct Option: Growth					
Amount (in figures): ₹ STP Frequency: (Please ✔):	Daily Weekly (Monday to Friday) Day of Tra	nsfer: Fortnightly					
Monthly Quarterly Debit Date: 1 7 10 15	25 STP Period: From D D M M Y Y	Y Y To D D M M Y Y Y Y					
10.Declaration and Signature(s)							
Having read and understood the contents of the Scheme Information Document (SID) of the son who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We I conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorite legitimate sources and is not held or designed for the purpose of contravention of any act governmental or statutory authority from time to time. It is expressly understood that I/We have ee/Fund would not be responsible if the investment is ultra vires thereto and the investment	hereby apply to Samco Mutual fund for units of such Schem ised to invest the amount & that the amount invested by me s, rules, regulations or any statute or legislation or any othe ave the express authority from our constitutional documents	ne as indicated above and agree to abide by the terms and e/us in the above mentioned Scheme(s) is derived through or applicable laws or notifications, directions issued by the					
I/We undertake that these investments are my/our own and acknowledge that AMC reserves I/We hereby, further agree that the Fund can directly credit all the redemption amount to my							
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/Or	rigin and I/We hereby confirm that the funds for subscription						
channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Ple Repatriation Non Repatriation	ase (ü) (Including amount of Additional Purchase Transaction	on made in future)					
Date D D M M Y Y Y							
Place							
Signature (s) SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT					