



Sponsor: Samco Securities Limited
 Trustee Company: Samco Trustee Private Limited
 Investment Manager: Samco Asset Management Private Limited

Samco Mutual Fund
 1003 - A, Naman Midtown, Senapati Bapat Marg, Prabhadevi (W), Mumbai - 400 013

SYSTEMATIC INVESTMENT PLAN (SIP)
 Mandate Registration Form

1. Distributor Information				Application No	S
Distributor Code	Sub-Broker Code	Internal sub broker code	EUIN*	RIA Code [^]	
ARN-64917	ARN-	INTERNAL CODE	E434563		

*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".
[^]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.

Sign Here

First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
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2. Unitholder Information

Name of First / Sole Applicant _____ PAN _____

Folio No. (For Existing Unit Holders) _____ CKYC No. _____

3. Investment Details (Choice of Plan [Please ✓])

Scheme _____ Plan: Regular Direct Target Scheme of Samco _____

Sub Option: Payout of IDCW Reinvestment of IDCW Transfer of IDCW (Specify in Target Scheme) Plan: Regular Direct Option: Growth

SIP Date Preferred Debit Date (Any day from 1st to 28th of the month) Monthly OR Quarterly OR Half Yearly

Enrolment Period From To OR Perpetual (Default) OR No. of Installments

First SIP Instalment via : Cheque No. Bank A/c No.

Drawn on Bank Branch

Each SIP Amount Amount in words

SIP Step UP FACILITY:

Fixed Amount	Variable (in Percentage)
Amount (Minimum 500/- in multiple of Re 1/-) <input type="text"/>	Percentage (Minimum 10% and in multiple of 5%) ₹ <input type="text"/>
Freeze # <input type="checkbox"/> Amount <input type="text"/> OR Month-Year <input type="text"/>	Freeze # <input type="checkbox"/> Amount <input type="text"/> OR Month-Year <input type="text"/>
Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

§ In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP. # Freeze the SIP Top-Up amount once it reaches a fixed predefined amount or maximum amount as mentioned in OTM.

4. Unit Holding Option Physical Mode (Default) Demat Mode (Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode)

CDSL / NSDL DP Name DP ID Beneficiary A/C No.

5. Declaration & Signature(s)

I/We declare that the particulars furnished here are correct. I/We authorize Samco Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Samco Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in Samco Mutual Fund by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.
 I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Samco Mutual Fund using this facility.

Date

Place

First / Sole Applicant	Second Applicant	Third Applicant
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ONE TIME BANK MANDATE
 (NACH/OTM/Direct Debit Mandate Form)

UMRN Date

Tick Create Modify Cancel

Sponsor Bank Code (Office use only) Utility Code (Office use only)

I/We hereby authorize **SAMCO MUTUAL FUND** to debit (tick) SB CA CC SB-NRE SB-NRO Other

Bank A/c No. Bank Name Name of customers bank

IFSC MICR

an amount of Rupees Amount in words _____ Amount ₹

Frequency Monthly Quarterly Half Yearly Yearly As and when presented Debit Type Fixed Amt Maximum Amt

PAN Phone No. +91 Email

Scheme Name **All Schemes of Samco Mutual Fund**

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

Period From To

Signature of First Sole Applicant	Signature of Second Applicant	Signature of Third Applicant
Name as in Bank Records	Name as in Bank Records	Name as in Bank Records

OR Until Cancelled

This is to inform that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me, I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit

1. Distributor Information

Distributor Code	Sub-Broker Code	Internal sub broker code	EUIIN*	RIA Code [^]
ARN-64917			E434563	

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Signatures	Signature of Sole/First Holder	Signature of Second Holder	Signature of Third Holder

2. Unitholder Information

Name of First / Sole Applicant: PAN:

Folio No. (For Existing Unit Holders): CKYC No.:

Registration Cancellation

(From which you wish to transfer amount):

(To which you wish to transfer amount):

Source Scheme Name: <input type="text"/>	Target Scheme Name: <input type="text"/>
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: Growth	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: Growth

Instalment Amount Rs:

Frequency: Daily (Monday to Friday)

(Select any one)

Weekly Monday Tuesday Wednesday Thursday Friday

Fortnightly (Alternative Wednesday)

Monthly STP Date*: 1st 7th 10th 15th 25th

Quarterly STP Date*: 1st 7th 10th 15th 25th

Tenure: Start Date: End Date:

DECLARATION

Having read and understood the contents of the Scheme Information Document, Key Information Memorandum cum application 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 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.

Signature of Sole/First Holder	Signature of Second Holder	Signature of Third Holder
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Distributor Code	Sub-Broker Code	Internal Sub-Broker Code	EUIN*	RIA CODE^
/ARN-64917	ARN -	INTERNAL CODE	Emp ID: E434563 NO.	

*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'.

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SIGNATURE(S)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Signature of First Applicant	Signature of Second Applicant	Signature of Third Applicant

Investor Details

Folio No.

Name Mr/Mrs/M/s

Email ID

SWP Details

Scheme Name

Plan Regular Direct

Option Growth

SWP Instalment Amount

SWP Frequency Monthly (Default) Quarterly Half-yearly Annual

SWP Date 1st 5th 10th 15th 25th

SWP Period From To

DECLARATION : I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of Samco Mutual Fund 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. I/We certify that the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA). * I/We certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I/We am/are Non Resident of Indian Nationality/Origin and I/We hereby confirm that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account.

* Applicable to other than Individuals / HUF; ** Applicable to NRIs

SIGNATURE(S) Applicants must sign as per mode of holding in the Folio	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Signature of First Applicant	Signature of Second Applicant	Signature of Third Applicant

Date **Place**