

SAHARA

MUTUAL fund

SAHARA MUTUAL FUND

Common Application Form

Application No.:

Sahara Liquid Fund, Sahara Gilt Fund, Sahara Income Fund, Sahara Growth Fund,
Sahara Tax Gain Fund, Sahara Mid-Cap Fund, Sahara Wealth Plus Fund, Sahara Infrastructure Fund

Please read the Offer Document carefully before investing.

Broker Code	Sub-broker Code	For Registrar's Use	Time Stamping

EXISTING UNIT HOLDERS
to please mention folio no.

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INVESTOR INFORMATION (in BLOCK letters)

First Applicant's Name		DOB (if minor)
Second Applicant's Name		
Third Applicant's Name		
Name of Parent/Guardian (if applicant is minor)		
Address (please provide full address)		
	City	State
	Pin.:	Tel.:
E-mail	I/We hereby give my/our consent to receive all communication such as Account Statement, Transaction update, Half yearly portfolio, Annual Report and any other related data by Email. PI (✓) <input type="checkbox"/> Email-ID	

PAN	(i)	(ii)	(iii)
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(Quote and also furnish Xerox Copy of PAN card/PAN Allotment letter- Compulsory for Investment of Rs.50,000/- and above).

If PAN is not available, form 60-61 submitted. ☐ Please (✓)

PI (✓) <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Individual	<input type="checkbox"/> FII 1) MIN	2) MIN	3) MIN
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Status (please ✓)	<input type="checkbox"/> Individual	<input type="checkbox"/> HUF	<input type="checkbox"/> Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporate	<input type="checkbox"/> OCB	<input type="checkbox"/> Club / Society
To be filled up by First Applicant	<input type="checkbox"/> NRI - Repatriable	<input type="checkbox"/> NRI - Non-Repatriable	<input type="checkbox"/> FII	<input type="checkbox"/> Others				

Occupation	<input type="checkbox"/> Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Business	<input type="checkbox"/> Housewife	<input type="checkbox"/> Professional	<input type="checkbox"/> Student	<input type="checkbox"/> Others
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Mode of Holding	<input type="checkbox"/> Singly	<input type="checkbox"/> Jointly	<input type="checkbox"/> Anyone/Survivor
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BANK ACCOUNT DETAILS OF FIRST UNIT HOLDER (Mandatory as per SEBI guidelines) (For existing investors, details to be provided only in case of change)

* A/c. No.		A/c. Type (✓)	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CURRENT	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
Bank Name							
Branch							
Branch Address							
		City		Pin Code			

Direct credit of redemption (PRESENTLY WITH HDFC Bank/ICICI Bank/UTI Bank/IDBI Bank) required under Sahara Liquid Fund ☐ Yes ☐ No

* I/We hereby confirm that bank account of the first unitholder is true and correct.

ELECTRONIC CLEARING SERVICE (ECS)

I/We authorise SAHARA MUTUAL FUND to credit Dividend amount through ECS.

The 9 digit MICR Code number of my/our Bank and Branch is :

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(The 9 digit code appears on your cheque next to the Cheque Number.)

NOMINATION DETAILS

I/We do hereby nominate the person more particularly described hereunder made by us in respect of Units held by me/us.

Nominee Name		Date of Birth if Minor	
Guardian Name			
Address			
Tel. No.		Pin Code	
		Relationship With Nominee	

ACKNOWLEDGEMENT SLIP (to be filled in by the investor)

Application No.:

Received from Mr./Ms./M/s.
Address
an application for Units of scheme
along with cheque/DD No. dated drawn on
..... for Rs.

Seal, Signature & Date

PLEASE TURN OVER

INVESTMENT DETAILS (please ✓ Scheme Name & Option/Plan and issue separate cheque / DD in the name of each scheme.)

SAHARA TAX GAIN FUND		SAHARA GROWTH FUND	
<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Growth
Investment amount		Investment amount	
DD charges.....Cheque/Draft No..... Date.....		DD charges.....Cheque/Draft No..... Date.....	
drawn on (Bank Name & Branch)		drawn on (Bank Name & Branch)	
SAHARA LIQUID FUND			
<input type="checkbox"/> Fixed Pricing		<input type="checkbox"/> Growth	
<input type="checkbox"/> Variable Pricing		<input type="checkbox"/> Dividend Reinvestment - <input type="checkbox"/> Daily/ <input type="checkbox"/> Weekly/ <input type="checkbox"/> Monthly	
<input type="checkbox"/> Growth		<input type="checkbox"/> Dividend Payout (Mthly)	
Investment Amount		Cheque/DD No. Date	
DD Charges, if any.....		Drawn on Bank / Branch	
SAHARA INCOME FUND		SAHARA GILT FUND	
<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Growth
Investment amount		Investment amount	
DD charges.....Cheque/Draft No..... Date.....		DD charges.....Cheque/Draft No..... Date.....	
drawn on (Bank Name & Branch)		drawn on (Bank Name & Branch)	
SAHARA MID-CAP FUND			
<input type="checkbox"/> Dividend - <input type="checkbox"/> Payout/ <input type="checkbox"/> Reinvestment		Investment Amount	
<input type="checkbox"/> Growth (Auto Payout Plan) <input type="checkbox"/> Bonus Plan		Cheque/DD No. Date	
		DD Charges, if any..... Drawn on Bank / Branch	
SAHARA WEALTH PLUS FUND / SAHARA INFRASTRUCTURE FUND			
Fixed Pricing - <input type="checkbox"/> Growth <input type="checkbox"/> Dividend - <input type="checkbox"/> Payout / <input type="checkbox"/> Reinvestment		Variable Pricing - <input type="checkbox"/> Growth <input type="checkbox"/> Dividend - <input type="checkbox"/> Payout / <input type="checkbox"/> Reinvestment	
Investment Amount		Cheque/DD No. Date	
Drawn on Bank / Branch		DD Charges, if any.....	

SWITCHES			
_____ or _____ or _____ (Please note that switch can be done either in units or in amount only and not both)			
Amount (Rs)	No of Units	Entire Balance	
From Scheme Name	Option	To Scheme Name	Option
PI mention target folio no. if it is not the one mentioned overleaf			

SYSTEMATIC INVESTMENT PLAN (SIP) (Refer KIM) (For auto debit facility pl. fill in separate form) Scheme:							
Sr. No.	Cheque No(s)	Date (monthly/quarterly 5th, 15th or 25th)	Amount (Rs.)	Sr. No.	Cheque No(s)	Date (monthly/quarterly 5th, 15th or 25th)	Amount (Rs.)
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			

Total Cheques Amount Rs. Drawn on Bank

Branch..... Enrolment Period - From _____ / _____ (mm/yy) To _____ / _____ (mm/yy)

SYSTEMATIC TRANSFER PLAN (STP)	
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fixed Amount Rs.	
Enrolment Period From _____ / _____ (mm/yy) To _____ / _____	PI mention target folio no. if it is not the one mentioned overleaf.....
From Scheme..... Plan/Option	To Scheme..... Plan/Option

The Trustee, Sahara Mutual Fund Date : _____

Declaration: I/We have read and understood the contents of the Offer Document(s)/ Key Information Memorandum 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 from our own funds on my/our personal behalf and are not beneficiaries of any fund obtained in contravention of Prevention of Money Laundering Act or any guidelines issued from time to time. * I/We hereby confirm that I am / We are NRIs/PIOs/FILs and that the funds are remitted in accordance with applicable provisions of the Foreign Exchange Management Act, 1999 and rules and guidelines issued thereunder. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. In furtherance of the 'Know Your Customer' policy, the AMC shall have absolute discretion to reject any application, prevent further transactions by an investor / unit holder, including mandatory redemption of units, if the unit holder / investor does not satisfy the 'Know Your Customer' requirements of the AMC or the AMC believes that the transaction is suspicious in nature as regards money laundering. *Applicable for NRIs/PIOs/FILs.

Instructions : (a) For investments of Rs. 50,000 or above, by means of Demand Drafts, will be accepted only if accompanied with a Bankers Certificate that the applicant is a account holder with the issuing banker and the amount of Demand Draft has been issued from his / her account. (b) As per AMFI/SEBI directives, it is mandatory for all applicants to quote and furnish the Xerox copy of the PAN card/PAN Allotment Letter, if the investment amount is equal to or exceeds Rs. 50,000/-. Submit form 60-61 declaration if PAN is not available.

SIGNATURE/S	Sole/ First Unitholder / Guardian	Second Unitholder	Third Unitholder
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Registrar: KARVY Computershare Private Limited (Unit: Sahara Mutual Fund) 21, Avenue 4, Street No.1, Banjara Hills, Hyderabad-500 034. Ph : 040 - 23312454, Email : service_smf@karvy.com		Sahara Mutual Fund Express Towers, 12th Floor, Nariman Point, Mumbai - 400 021. Ph.: 022-32424005/06, Fax : 022 - 66547855 E-mail : customercare@saharamutual.com Website : www.saharamutual.com
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Note: All future communication in connection with this 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, the amount invested, date and the place of the Investor Service Centre where the application was lodged.