



SYSTEMATIC INVESTMENT PLAN (SIP)

Registration Cum Mandate Form For ECS / Direct Debit Facility

Serial No. :

Common Application No.

Sahara Tax Gain Fund	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	Sahara Super 20 Fund	Sahara Star Value Fund
Sahara Liquid Fund	Sahara Short Term Bond Fund	Sahara Gilt Fund	Sahara Income Fund	Sahara Interval Fund
Sahara Classic Fund	<input type="checkbox"/> (BLUE) investors understand that their principal will be at low risk	<input type="checkbox"/> (YELLOW) Investors understand that their principal will be at medium risk	<input type="checkbox"/> (BROWN) investors understand that their principal will be at high risk	

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

DISTRIBUTOR INFORMATION (Investors applying under Direct option must state 'DIRECT' in the ARN Code Column) FOR OFFICE USE ONLY

ARN Name	ARN Code	Sub - Agent Code	Sub-Agent's ARN Code	EUIN	Date, Time / ISC and Number as per Time Stamping Machine
24863				E043887	

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

Sole / First Unitholder / Guardian / POA Signature	Second Unit Holder's Signature	Third Unit Holder's Signature
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EXISTING INVESTORS FOLIO NUMBER

Sole / First Investor / Minor Name (Mr./Ms.)	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

Full Name of Guardian (in case of Minor) / PoA Holder's name (Mr./Ms.)	Relationship with Minor [Pl. ✓]
<input type="text"/>	Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>

Second Applicant's Name (Mr./Ms.)
<input type="text"/>

Third Applicant's Name (Mr./Ms.)
<input type="text"/>

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/information by Email.

PI (✓) <input type="checkbox"/>	Email-ID <input type="text"/>
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KYC DETAILS

Applicant	Permanent Account Number (PAN)	KYC acknowledgement [Pl. ✓]
Sole / 1st Applicant / Guardian / PoA	<input type="text"/>	Submitting now <input type="checkbox"/> Already submitted <input type="checkbox"/>
2nd Applicant	<input type="text"/>	Submitting now <input type="checkbox"/> Already submitted <input type="checkbox"/>
3rd Applicant	<input type="text"/>	Submitting now <input type="checkbox"/> Already submitted <input type="checkbox"/>

INVESTMENT AND PAYMENT DETAILS (Refer to KIM for instruction) (REFER TABLE "SCHEME NAME") SIP Date (✓) 5th / 15th / 25th

Scheme Name	Plan / Option	Sub Option
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SIP Amount (in ₹)	Enrolment Period	Start Month (mm/yyyy)	End Month (mm/yyyy)	Frequency Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
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First SIP transaction via Cheque No.	Cheque Dated	Amount (in ₹)
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The Branch Manager, Bank Branch

Sub: Mandate Verification for account no.

This is to inform you that I/We have registered with Sahara Mutual Fund through their authorised Service provider for the RBI's Electronic Clearing Service (Debit Clearing)/Auto Debit facility and that my payment towards my investment in Sahara Mutual Fund shall be made from my / our above mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit account mandate form to get it verified & executed. Please debit my/our account for verification charges, if any. Thanking you,

1st applicant/ Guardian (Signature)	2nd applicant (Signature)	3rd applicant (Signature)
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Acknowledgement Slip

Received from Mr./Ms./M/s.....
 Address.....
 SIP / Auto Debit Application under (Scheme)
 along with first SIP cheque no. dated..... drawn on (Bank / Branch)
 for ₹

Seal, Signature & Date

PLEASE TURNOVER