



# 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	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 <small>(Investors should consult their financial advisers if in doubt about whether the product is suitable for them.)</small>	<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	

**EUIIN is mandatory for all the transactions, executed through the distributor - both for "ADVISORY" as well "EXECUTION ONLY" transactions.**

**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	EUIIN	Date, Time / ISC and Number as per Time Stamping Machine
	<b>83753</b>			<b>E069272</b>	

In case of ANY EXCEPTIONAL CASE, where there is NO INTERACTION by the Employee / Sales person / Relationship Manager of the Distributor / Sub broker with respect to the transaction, the adjacent DECLARATION is desired from the investor/s.  I/we hereby confirm that the EUIIN 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 not with standing the advice of in-appropriateness, if any provided by the employee/relationship manager/sales person of the distributor/sub broker

Sole / First Unitholder / Guardian / POA Signature	Second Unit Holder's Signature	Third Unit Holder's Signature
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**FOR EXISTING UNIT HOLDER'S OF SAHARA MUTUAL FUND PLEASE PROVIDE FOLIO NO.** \_\_\_\_\_ (fill details below)

**APPLICANT INFORMATION (To be filled in BLOCK letters. Use one box for one alphabet, leaving one box blank between name and surname)**

**FULL NAME OF SOLE / FIRST APPLICANT / MINOR / HUF / NON INDIVIDUAL / (Mr. / Ms. / M/s.)** \_\_\_\_\_ **Date of Birth of Applicant/Minor (dd/mm/yyyy)** \_\_\_\_\_

(Mandatory) Father's/ Spouse Name \_\_\_\_\_

(Mandatory) Current Marital Status :  Single /  Married

Document for proof of Date of Birth of minor (DOB) :  Birth certificate  School Leaving Certificate  Passport  Others (Please state) \_\_\_\_\_

**Address in full (DO NOT REPEAT NAME) of Applicant/Parent or Guardian of Minor/ Indian address in case 1st Applicant is NRI/PIO/FII (Post Box No. alone is not sufficient)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**(Mandatory) Overseas Address for NRIs/PIOs/FIIs**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin/Zip \_\_\_\_\_

STD Code \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email-ID \_\_\_\_\_ Preferable mode of communication E-Mail  Yes /  No (Refer Instruction No.27)

**(MANDATORY) Status of 1<sup>st</sup> Applicant [Pl. ✓]** 1. Resident Individual 2. On behalf of minor 3. HUF 4. Body Corporate 5. AOP/BOI 6. Partnership Firm 7. Proprietorship Firm 8. Company (Listed/Unlisted) 9. Trust 10. Society 11. NRI 12. FIIs 13. Government Body 14. Financial Institution 15. Banks 16. Others (pl. specify) \_\_\_\_\_

**(MANDATORY) Occupation 1<sup>st</sup> Applicant [Pl. ✓]** 1.  Business 2.  Professional 3.  Agriculturist 4.  Private Sector Service 5.  Retired 6.  Student 7.  Housewife 8.  Public / Govt. service 9.  Forex Dealer 10.  Others (pl. specify) \_\_\_\_\_

PAN No. (Mandatory) \_\_\_\_\_ KYC acknowledgement [Pl. ✓]  Submitting now /  Already submitted

**(MANDATORY) OTHER KYC DETAILS (For Individuals Only)**

Gross Annual Income Details (Please tick(✓)):  Below ₹ 1 Lac /  ₹ 1-5 Lacs /  ₹ 5-10 Lacs /  ₹ 10-25 Lacs /  ₹ 25 Lacs -1 Crore /  > 1 Crore

OR Net-worth in \_\_\_\_\_ Net-worth should not be older than 1 year as on (date) \_\_\_\_\_

Please tick if applicable:  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP) (for definition of PEP, please refer instruction '6A').  Any Other Information \_\_\_\_\_

Not Applicable

**(MANDATORY) OTHER KYC DETAILS (For Non-Individuals Only)**

Gross Annual Income Details (Please tick(✓)):  Below ₹ 1 Lac /  ₹ 1-5 Lacs /  ₹ 5-10 Lacs /  ₹ 10-25 Lacs /  ₹ 25 Lacs-1 Crore /  > 1 Crore

OR Net-worth in ₹ \_\_\_\_\_ Net-worth should not be older than 1 year as on (date) \_\_\_\_\_

Is the entity involved in / providing any or the following services

- Foreign Exchange / Money Changer Services  Yes  No
- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)  Yes  No
- Money Lending / Pawning  Yes  No

Any other information: \_\_\_\_\_

**(MANDATORY) FIRST APPLICANT / MINOR / HUF / NON INDIVIDUAL / (Mr. / Ms. / M/s.)**

Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Am I / Are we, a tax resident of any country other than India for tax purpose? if No, Please tick (✓)

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Country#	Tax Reference / Identification Number

# to include USA, where investor is a citizen / greencard holder of USA

**NAME OF SECOND APPLICANT (Mr. / Ms.)** **Date of Birth (dd/mm/yyyy)**

\_\_\_\_\_  
D D M M Y Y Y Y

Father's/ Spouse Name \_\_\_\_\_

(Mandatory) Current Marital Status :  Single /  Married

Status/Category of 2<sup>nd</sup> Applicant [Pl. ✓] 1. Resident Individual 2. NRI 3. Others (pl. specify) \_\_\_\_\_

Occupation of the 2<sup>nd</sup> Applicant [Pl. ✓] 1.  Business 2.  Professional 3.  Agriculturist 4.  Private Sector Service 5.  Retired 6.  Student  
7.  Housewife 8.  Public / Govt. service 9.  Forex Dealer 10.  Others (pl. specify) \_\_\_\_\_

PAN No. (Mandatory) \_\_\_\_\_ KYC acknowledgement [Pl. ✓] Submitting now  / Already submitted

**(MANDATORY) OTHER KYC DETAILS**

Gross Annual Income Details (Please tick(✓)):  Below ₹ 1 Lac /  ₹ 1-5 Lacs /  ₹ 5-10 Lacs /  ₹ 10-25 Lacs /  ₹ 25 Lacs -1 Crore /  > 1 Crore

OR Net-worth in \_\_\_\_\_ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y

Please tick if applicable:  Politically Exposed Person (PEP) (for definition of PEP, please refer instruction '6A').  Related to a Politically Exposed Person (PEP)  
 Not Applicable  Any Other Information \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Residence \_\_\_\_\_

Nationality \_\_\_\_\_ Email-ID \_\_\_\_\_

Am I / Are we, a tax resident of any country other than India for tax purpose? if No, Please tick (✓)

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Country#	Address	Tax Reference / Identification Number

# to include USA, where investor is a citizen / greencard holder of USA

**NAME OF THIRD APPLICANT (Mr. / Ms.)** **Date of Birth (dd/mm/yyyy)**

\_\_\_\_\_  
D D M M Y Y Y Y

Father's/ Spouse Name \_\_\_\_\_

(Mandatory) Current Marital Status :  Single /  Married

Status/Category of 3<sup>rd</sup> Applicant [Pl. ✓] 1. Resident Individual 2. On behalf of minor 3. NRI 4. Others (pl. specify) \_\_\_\_\_

Occupation of the 3<sup>rd</sup> Applicant [Pl. ✓] 1.  Business 2.  Professional 3.  Agriculturist 4.  Private Sector Service 5.  Retired 6.  Student  
7.  Housewife 8.  Public / Govt. service 9.  Forex Dealer 10.  Others (pl. specify) \_\_\_\_\_

PAN No. (Mandatory) \_\_\_\_\_ KYC acknowledgement [Pl. ✓] Submitting now  / Already submitted

**(MANDATORY) OTHER KYC DETAILS**

Gross Annual Income Details (Please tick(✓)):  Below ₹ 1 Lac /  ₹ 1-5 Lacs /  ₹ 5-10 Lacs /  ₹ 10-25 Lacs /  ₹ 25 Lacs -1 Crore /  > 1 Crore

OR Net-worth in \_\_\_\_\_ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y

Please tick if applicable:  Politically Exposed Person (PEP) (for definition of PEP, please refer instruction '6A').  Related to a Politically Exposed Person (PEP)  
 Not Applicable  Any Other Information \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Residence \_\_\_\_\_

Nationality \_\_\_\_\_ Email-ID \_\_\_\_\_

Am I / Are we, a tax resident of any country other than India for tax purpose? if No, Please tick (✓)

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Country#	Address	Tax Reference / Identification Number

# to include USA, where investor is a citizen / greencard holder of USA

**NAME OF GUARDIAN (of Minor) (Mr. / Ms.)** **Date of Birth (dd/mm/yyyy)**

\_\_\_\_\_  
D D M M Y Y Y Y

Document for proof of Date of Birth of Minor (DOB) and Relationship with Minor :  Birth certificate  School Leaving Certificate  Passport  Others (Please state) \_\_\_\_\_

Relationship with Minor [Pl. ✓]  Mother  Father  Legal Guardian

Status/Category of Guardian [Pl. ✓] 1. Resident Individual 2. NRI/PIO 3. Others (pl. specify) \_\_\_\_\_

Occupation of the Guardian [Pl. ✓] 1.  Business 2.  Professional 3.  Agriculturist 4.  Private Sector Service 5.  Retired 6.  Student  
7.  Housewife 8.  Public / Govt. service 9.  Forex Dealer 10.  Others (pl. specify) \_\_\_\_\_

PAN No. of Guardian (Mandatory)  KYC acknowledgement [Pl. ✓]  Submitting now /  Already submitted

**(MANDATORY) OTHER KYC DETAILS**

Gross Annual Income Details (Please tick(✓)):  Below ₹ 1 Lac /  ₹ 1-5 Lacs /  ₹ 5-10 Lacs /  ₹ 10-25 Lacs /  ₹ 25 Lacs -1 Crore /  > 1 Crore

OR Net-worth in  Net-worth should not be older than 1 year

as on (date)

Please tick if applicable:  Politically Exposed Person (PEP)  
(for definition of PEP, please refer instruction '6A').  
 Not Applicable

Related to a Politically Exposed Person (PEP)  
 Any Other Information

Country of Birth

Country of Residence

Nationality

Email-ID

Am I / Are we, a tax resident of any country other than India for tax purpose? if No, Please tick (✓)

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Country#	Address	Tax Reference / Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

# to include USA, where investor is a citizen / greencard holder of USA

**MODE OF OPERATION**

Single  Joint\*  Either or Survivor(s)  On Behalf of Minor (\*Default in case not indicated when applicants are more than one)

**POWER OF ATTORNEY (POA) (Details MANDATORY)**

Name of POA Holder

Status:  Resident Individual  NRI/PIO  Others (Please Specify)  Gender:  Male  Female

Enclosed:  Proof of KYC  Proof of Identity & Address  PAN Card Copy PAN (Mandatory)

Overseas Address of Power of Attorney Holder (if applicable)

City  State  Country  Pin/Zip

**CONTACT DETAILS (Please Provide your contact details even if you have already submitted your KYC acknowledgement)**

If the Applicant is Sole Proprietorship Firm, Please provide the name of Sole Proprietor. If HUF, Please provide the name of Karta In case of other Non-Individuals, Please provide the details of Contact Person.

Name

Tel      
STD Code Office Residence Fax

Email-ID  Mobile

**BANK PARTICULARS (It is mandatory to furnish bank particulars failing which application shall be rejected) (Refer Form instruction no. 5)**

Bank Account No.  Account Type:  Savings  Current  NRE  NRO  FCNR

MICR Code (9 digit)  IFSC Code (11 digit for RTGS & NEFT)

Bank Name

Branch Address   
City  PIN

**Details of Beneficial Ownership (Please tick applicable category). Details to be provided as on date of application. (Refer instruction 25)**

Category	<input type="checkbox"/> Unlisted company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Unincorporated Association / Body of Individuals	<input type="checkbox"/> Trust	<input type="checkbox"/> Foreign Investor
Ownership per cent	>25%	>15%	>15%	>=15%	

In case of any change in the beneficial ownership, the investor will be responsible to intimate SAHARA AMC / its Registrar / KRA as may be applicable immediately about such change.  
Details of Beneficial Ownership (Please attach a separate sheet with this format if the space provided is insufficient)

Sr.No.	Name	Address	Details of Identity such as PAN / Passport	% of ownership
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Please attach self attested copy of PAN / Passport (proof of photo identity) along with application form]

as Normal Investment  / or through SIP

Received from Mr. / Ms. / M/s  an application for purchase of units of  (scheme) subject to realisation of cheque(s)/demand draft(s).

₹ (in Figures)  Cheque/ DD No.  Dated

Bank Name  Bank Branch

In case of Sahara Tax Gain Fund based on the production of this acknowledgement, the investor may claim tax exemption under Sec.80C of the IT Act till the statement of account is issued provided the payment instrument is encashed and the application and other documents are found to be in order.

Collection Centre's Receipt Date and Time

Cheque/DD is subject to realisation

ACKNOWLEDGEMENT  
(To be filled by investor)

**INVESTMENT AND PAYMENT DETAILS** Please submit one cheque / DD for each scheme (REFER TABLE "SCHEME NAME") Please See Page 13 & 14.

Scheme Name	Plan / Option	Sub Option
Cheque / DD No.	Net Amount (₹)	Bank & Branch Name & City
		Mode of Payment : Cheque / DD <input type="checkbox"/> / RTGS <input type="checkbox"/> / NEFT <input type="checkbox"/> ECS <input type="checkbox"/> / Fund Transfer <input type="checkbox"/>
		@ For NRI(s) Source of Fund: <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
		Account Type @ (SB/ CA/ NRE/ NRO/ FCNR)

**SIP ENROLMENT DETAILS**

Banker's Certificate is mandatory for applications in case of Demand Drafts. (Ref. instr. no.5)

**OBTAIN & FILL IN REGISTRATION CUM ECS MANDATE FORM SEPARATELY** Selected SIP Date (please (✓) only one)  5th /  15th /  25th • No. of SIP Installments

SIP Amount (in ₹)	Enrolment Period	Start Month (mm/yyyy)	End Month (mm/yyyy)	Frequency (✓)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Payment Mechanism (✓)					
<input type="checkbox"/> Option 1: Debit through ECS / Direct Debit facility (Tick this box, obtain & fill in registration cum ECS mandate form separately) (Refer SIP instruction no. 6B & 6C)					
<input type="checkbox"/> Option 2: Through Post Dated Cheques - Total Cheques _____ Cheque Nos. from <input type="text"/> To <input type="text"/>					
Drawn On Bank _____ Branch Name _____ City _____					

**NOMINATION DETAILS (MANDATORY FOR SINGLE HOLDING)** (Refer form instruction no. 12)

**MANDATORY - NON INTENTION TO NOMINATE**

I/We \_\_\_\_\_ hereby nominate the under mentioned person to receive the amount to my/our credit in the event of my/our death indicated against the Name of the Nominee. I/We also understand that all payments and settlements made to such nominee shall be a valid discharge by the AMC / Mutual Fund / Trustee.

I / We DO NOT WISH to nominate.  
(Applicable for investors who do not wish to nominate)

Name & Address of the Nominee	Guardian Name & Address (in case nominee is a minor)	Date of Birth (if minor)	Relationship with the Applicant	Signature of Nominee / Guardian [Optional]

**DEPOSITORY ACCOUNT DETAILS ( Refer Instruction No. 14a & 14b) (UNITS ARE INTENDED TO BE HELD IN DEMAT FORM)**

Refer instructions for details and SID for risk factors associated with listing of units. Please ensure that the sequence of names as mentioned in this Application Form matches with that of the account held with the Depository Participant.

Depository Participant Name (DP) : \_\_\_\_\_ DP ID  National Securities Depository Limited  Central Depository Services (India) Limited

Beneficiary Account Number : \_\_\_\_\_ CLIENT ID  (16 digit beneficiary A/c No. to be mentioned above)

**TRANSACTION CHARGES :** Pursuant to SEBI circular vide no. Cir / IMD /DF/ 13 / 2011 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 below ₹ 10,000/-. e) No transaction charge on direct investments. f) Transaction charges shall be applicable on purchases / subscriptions relating to new inflows only.

**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 Act or any guidelines issued from time to time and subsequent amendments thereto including the section on "Prevention of Money Laundering", I/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 rebate 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 willingness to make payments referred above through participation in ECS /Direct Debit Clearance. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part 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 service 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 particulars, I/We will submit a fresh mandate along with a cancellation request for the earlier mandate well in advance. I/We have read and agreed to the terms and conditions mentioned in KIM / SID / SAI.
  - The details of the bank account provided above pertain to my / our bank account in my / our name.
  - The ARN holder has disclosed to me/us all the commissions (in the form of trail commission distribution cost or any other cost), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
  - The ARN holder has adequately explained the appropriateness of the scheme to me / us & I/We are fully convinced that there is no mis-selling to me/us & that I/We are fully responsible for making this investment.
  - Upfront commission, if any will be paid to the AMFI registered and empanelled (with Sahara Mutual Fund) ARN Holder, directly by the Investor.
  - The information as desired under FATCA/Foreign tax laws provided by me / us, required to be shared with relevant tax authority is true and correct to the best of my knowledge.
- Date / /

1st applicant/ Guardian (Signature) POA Signature	2nd applicant (Signature)	3rd applicant (Signature)
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**SAHARA ASSET MANAGEMENT COMPANY PRIVATE LIMITED Corporate Office :** 2nd Floor, Parinee Crescenzo, Bandra-Kurla Complex, Bandra (East), Mumbai – 400 051. Phone: (022) 39664100 • Fax: (022) 39664330 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.

