

**GOLDMAN SACHS MUTUAL FUND
APPLICATION FORM
FOR GOLDMAN SACHS EXCHANGE TRADED FUNDS
(except for GS Gold BeES and GS Liquid BeES)**

Please read Key Information Memorandum and the instructions in this Application Form. All sections to be filled legibly in English and in BLOCK LETTERS.

Broker/Distributor Name* : ARN-3852	Sub-Broker Name & Code	Registrar Serial No.
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*If not routed through a broker/distributor, will be captured as DIRECT

Upfront commission shall be paid directly by the Investor to the ARN holder (AMFI registered distributor) based on the Investors' assessment of various factors including the service rendered by the ARN holder.

1. EXISTING INVESTOR DETAILS (Refer instruction no. 2)

First / Sole Holder Name _____
Investors who have directly transacted with the Fund before, please skip section 2 to 6, provide attested PAN copy and KYC documents for all Applicants/ POA holders /Guardian (as applicable), if not provided earlier and proceed to section 7.

2. APPLICANT'S INFORMATION (Refer instruction no. 3)

Name of First / Sole Applicant / Non-Individual Investor (In case of minor, there shall not be any joint holders)
Mr./Mrs./Ms./M/s. _____
Date of Birth DD MM YYYY PAN* _____ KYC documents attached (Please ✓) Nationality _____
Date of Birth proof (for minor) attached (Please ✓) (Refer instruction no. 1(c))

Power of Attorney (PoA) Holder Details - First Holder
Mr./Mrs./Ms. _____
PAN* _____ KYC documents attached (Please ✓) Nationality _____

Name of Guardian (in case first / sole applicant is a minor)/**Name of Corporate Contact** (in case of non-individual Investors)
Mr./Mrs./Ms. _____
Relationship with Minor (Please ✓): Father Mother Court appointed Legal Guardian (Please attach proof.) Nationality _____
Designation (For corporate contact) _____ PAN* _____ KYC documents attached (Please ✓)

Name of the Second Applicant
Mr./Mrs./Ms./M/s. _____
Date of Birth DD MM YYYY PAN* _____ KYC documents attached (Please ✓) Nationality _____

Power of Attorney (PoA) Holder Details - Second Holder
Mr./Mrs./Ms. _____
PAN* _____ KYC documents attached (Please ✓) Nationality _____

Name of the Third Applicant
Mr./Mrs./Ms./M/s. _____
Date of Birth DD MM YYYY PAN* _____ KYC documents attached (Please ✓) Nationality _____

Power of Attorney (PoA) Holder Details - Third Holder
Mr./Mrs./Ms. _____
PAN* _____ KYC documents attached (Please ✓) Nationality _____

Address Of First / Sole Applicant / Non-Individual Investor (Only P. O. Box Address is not sufficient) _____

City _____ State _____ Pincode _____

Overseas Address (Mandatory for NRIs /FII) (Principal place of business/operations required if different from mailing/correspondence address)

Contact details of First / Sole Applicant / Non-Individual investor (Please mention the STD/ISD Codes)
Office Tel.: _____ Residence Tel.: _____ Fax: _____ Mobile: _____
E-Mail: _____

I / We wish to receive the following document(s) via e-mail in lieu of physical documents (Please ✓) Newsletter Account Statement Annual Report (Refer instruction 5).
*PAN is not mandatory for certain Investors. Refer instruction no. 1 (b) (v).


3. MODE OF OPERATION (Please tick (✓)) (Refer instruction no. 4)

Joint Single Anyone or Survivor (Default : Anyone or Survivor)

4. STATUS (of First / Sole Applicant) (Please tick (✓)) (Refer instruction no. 4)

Individual (Indian Resident) Non-Resident Indian /Person of Indian Origin Minor Private Company Public Company Schemes of Mutual Fund
 Registered Financial Institution / Commercial Bank Foreign Institutional investor (FII) Partnership Firm Trust Society / Charity
 Hindu Undivided Family Investment through Power of Attorney Other _____ (Please Specify)

ACKNOWLEDGEMENT SLIP (To be filled In by the Investor)

	Subscription: <input type="checkbox"/> Cash <input type="checkbox"/> Basket Redemption: <input type="checkbox"/> Cash <input type="checkbox"/> Basket	Acknowledgement Stamp
	Received from Mr./Ms./M/s./Mrs. _____ an application for Subscription/ Redemption of _____ Units of GS Nifty BeES/ GS Junior BeES/ GS Bank BeES/ GS PSU Bank BeES/ GS S&P Shariah BeES/ GS Infra BeES/ GS Hang Seng BeES along with cheque/ DD no. _____ dated _____ drawn on _____ for ₹ _____ Please Note : 1) All Purchases are subject to realisation of cheques / demand drafts and Portfolio Deposit (if applicable). 2) All Redemptions are subject to receiving the Repurchase Request Number (RRN).	

5. OCCUPATION (of First / Sole Applicant) (Please tick (✓)) (Refer instruction no. 4)

Professional Business Housewife Retired Student Public Sector/ Government Service Private Sector Service Agriculturist
 Forex Dealer Proprietorship Others (please specify) _____

Is any person associated with this account a current/former head of state, senior official in any government, senior executive of state-owned enterprise or senior politician in/outside of India; or an immediate family member or close advisor of such an individual; or is this account held by an organization controlled by such an individual? (Please ✓) Yes No

6. BANK ACCOUNT DETAILS (Refer instruction no. 5)

Name of the Bank _____ Branch _____
 Branch Address _____ Account No. _____
 Bank City _____ State _____ 11 Digit IFSC Code _____
 9 Digit MICR Code _____ Account Type (Please tick(✓)) Savings Current NRE NRO FCNR Others (please specify) _____

7. INVESTMENT DETAILS (Refer instruction no. 7)

Subscription: <input type="checkbox"/> Cash <input type="checkbox"/> Basket	Select scheme (please tick (✓) in the appropriate box)	<input type="checkbox"/> GS Nifty BeES <input type="checkbox"/> GS Junior BeES <input type="checkbox"/> GS Bank BeES <input type="checkbox"/> GS PSU Bank BeES
Redemption: <input type="checkbox"/> Cash <input type="checkbox"/> Basket		<input type="checkbox"/> GS S&P Shariah BeES <input type="checkbox"/> GS Infra BeES <input type="checkbox"/> GS HangSeng BeES

No. of Units _____ (in words) _____
 (Please include the number of Units you wish to Subscribe for/ Redeem. Please refer to Instruction No. 5)
 In case of Basket Subscription, kindly fill the following details, if Cash Component is payable by the Investor.
 Cash Component per Creation Unit (₹) _____ (in words)
 Total Cash Component (₹) _____ (in words)

8. PAYMENT DETAILS (Refer to instruction no. 8)

Direct transfer Cheque/DD

Cheque/DD No.	Cheque/DD Date	Drawn on Bank
Amount in figures (₹)		Branch
Amount in words (₹)		

9. DEMAT ACCOUNT DETAILS - (Refer instruction no. 9)

NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)
 Depository Participant Name: _____
 DPID No.:

I	N						
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 Beneficiary A/c No.

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CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)
 Depository Participant Name: _____
 Beneficiary A/c No.

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10. CONFIRMATION AND SIGNATURE/S (Refer instruction no. 11 and 12)

Please note that by signing this Application Form, the Investors also give the Important Declarations set out in the instructions section of the Application Form.
 I/We hereby apply for the allotment / Purchase of Units of the Scheme, as indicated in this form and confirm that I/we have read, understood and are bound by the terms and conditions of this Application Form, including the Important Declarations in the instructions to the Application Form, the contents of the Key Information Memorandum, the Scheme Information Document and the Statement of Additional Information, and am/are fully capable of assessing and bearing the risks involved in purchasing the Units, and agree to abide by the terms, conditions, rules and regulations of the Scheme.
 I /We hereby authorise Goldman Sachs Mutual Fund, its Investment Manager and its agents to disclose personal data / details of my investment to anyone as may be necessary or expedient for the purposes of administration of investments in the Units of the Scheme.
 I/We hereby undertake to pay the required money towards Subscription of the Units of the Scheme made through this Application Form within one day of making such application or within such time as directed by Goldman Sachs Mutual Fund.
 Applicable to NRIs only.
 I / We confirm that I am / We are Non-Resident of Indian Nationality/ Origin and I / We hereby confirm that funds for Subscription have been remitted from abroad through normal banking channels or from funds in my/ our Non-Resident External/ Ordinary Account/ FCNR Account.
 Please (✓) Yes No If yes, Repatriation basis Non-repatriation basis

SIGNATURES	First/Sole Applicant/ Guardian/ POA Holder	_____
	Second Applicant/ POA Holder	_____
	Third Applicant/ POA Holder	_____

CONTACT

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 E-Mail : gsamindia@gs.com
 Website : www.gsam.in

