

Asset Management

Please read the 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 Distributor / broker based on the Investors' assessment of various factors including the service rendered by the Distributor / broker

1. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer instruction 2 and (please ✓) any one)

I confirm that I am a first time Investor across mutual funds.
 (₹ 150 deductible as transaction charge and payable to the Distributor)

I confirm that I am an existing Investor in mutual funds.
 (₹ 100 deductible as transaction charge and payable to the Distributor)

Applicable for transaction routed through an empanelled Distributor who has 'opted in' to receive transaction charges

2. FOLIO NO. FOR EXISTING INVESTOR (Refer instruction 3 (a))

Folio No. for existing Investor _____ (The details in our records under the folio no. mentioned along side will apply for this application of investment)

Name of First / Sole Applicant / Non-Individual Investor _____

If you have an existing folio, please fill in section 2, and provide attested PAN copy and KYC Acknowledgement Letter* of all Applicants / POA holders / Guardians, as applicable, if not submitted earlier, and proceed to section 8)

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

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 D D M M Y Y Y Y Date of Birth proof (for minor) attached (Please ✓) (Refer instruction no. 3 (b) (iii))

PAN _____ KYC* compliant (Please ✓) (Refer instruction no. 3 (d)) Nationality _____

Power of Attorney (PoA) Holder Details - First Holder

Mr./Mrs./Ms. _____

PAN _____ KYC* compliant (Please ✓) (Refer instruction no. 3 (d)) 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* compliant (Please ✓) (Refer instruction no. 3 (d))

Name of the Second Applicant

Mr./Mrs./Ms./M/s. _____

Date of Birth D D M M Y Y Y Y PAN* _____ KYC* compliant (Please ✓) (Refer instruction no. 3 (d)) Nationality _____

Power of Attorney (PoA) Holder Details - Second Holder

Mr./Mrs./Ms. _____

PAN* _____ KYC* compliant (Please ✓) (Refer instruction no. 3 (d)) Nationality _____

Name of the Third Applicant

Mr./Mrs./Ms./M/s. _____

Date of Birth D D M M Y Y Y Y PAN* _____ KYC* compliant (Please ✓) (Refer instruction no. 3 (d)) Nationality _____

Power of Attorney (PoA) Holder Details - Third Holder

Mr./Mrs./Ms. _____

PAN* _____ KYC* compliant (Please ✓) (Refer instruction no. 3 (d)) 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/FlIs) (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. _____ Mobile _____

E-Mail** _____ Fax _____

(We wish to receive the account statement/scheme wise annual report or an abridged summary thereof/statutory and other documents by physical mode in lieu of e-mail (Please ✓) (Applicable if E-mail address is mentioned above) (**Refer instruction no. 7)

*Please attach proof. PAN is not mandatory for certain Investors (Refer instruction no. 3 (c)). #Please attach proof. Please submit the duly filled KYC Application Form and supporting documents for all Applicants / POA holders / Guardians (as applicable) who are not KYC compliant.

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

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

5. STATUS (of First / Sole Applicant) (Please ✓) (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 (FI) Partnership Firm Trust Society / Charity AOP BOI OFI

Hindu Undivided Family Investment through Power of Attorney Other (Please Specify) _____

ACKNOWLEDGMENT SLIP (To be filled in by the Investor) Application No. _____

Goldman Sachs

Date D D M M Y Y Y Y

Received from Mr./Ms./M/s/Ms. _____ an application for Subscription of _____

Units of Goldman Sachs India Equity Fund

Growth Option Dividend Option with Payout Reinvestment facility along with Cheque / DD No. _____

Cheque / DD Date D D M M Y Y Y Y Amount (₹) _____ Drawn on _____

Bank Branch _____

Asset Management

Acknowledgement Stamp

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

ARN-3852

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

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

(Investors opting to invest in demat form to ensure that bank account details linked with demat account are mentioned)

Name of the Bank Branch
 Bank City Pincode State
 Account No. 11 Digit IFSC Code (Mandatory for credit via NEFT/RTGS)
 9 Digit MICR Code Account Type (Please ✓) Savings Current NRE NRO FCNR Others (please specify)

8. INVESTMENT DETAILS (Refer instruction no. 6)

Scheme: **Goldman Sachs India Equity Fund** Option: Growth Dividend Dividend Option: Payout Reinvestment
 Default Option: Growth Default Dividend Option: Dividend Reinvestment

9. PAYMENT DETAILS (Refer instruction no. 6) Non-Third Party Payment Third Party Payment (Refer instruction no. 6 (k), (l))

Investment through Lump sum SIP (Please ✓) (Please also fill in the SIP Auto Debit (ECS) Form for Investment through SIP)
 Cheque/Demand Draft Details: Instrument No. Instrument Date Amount (₹)
 Bank Name Branch Name
 Account Type (Please ✓) Savings Current NRE NRO FCNR Others (please specify)
 Cheque/Demand Draft should favour **Goldman Sachs India Equity Fund**. For SIP, first installment should be vide cheque/demand draft.

SIP (Systematic Investment Plan)

Is this a Micro SIP# Yes No SIP Date From SIP Date To
 (First SIP ECS debit will be at least 30 days after the date of allotment)
 *Each SIP amount ₹
 Preferred monthly investment date 1st 15th (Default SIP Date: 15th)
 *Minimum installment should be ₹1000/- and in multiples of ₹1/- thereafter. All ECS debits should be same as first instrument amount. Minimum number of installments including first instrument should be 12.
 # Investors who wish to opt for Micro SIP should provide the duly filled KYC Application Form and required documents along with the Application Form, if attested PAN copy and KYC Acknowledgment Letter is not provided.

10. DEMAT ACCOUNT DETAILS - Please fill below details if you wish to hold the Units in dematerialised form. (Refer instruction no. 8)

NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)		CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)	
Depository Participant Name <input type="text"/>	DP-ID <input type="text"/>	Depository Participant Name <input type="text"/>	Beneficiary A/c No. <input type="text"/>
Beneficiary A/c No. <input type="text"/>			

11. NOMINATION - If demat details are filled in, nomination will be as per Depository Participant records. (Refer instruction no. 9)

Intention to Not Nominate (Mandatory for new folios of Individuals where mode of holding is single and who do not wish to nominate)
 No, I do not wish to register nominee(s) in the above folio Yes, please see my nomination details below

	Nominee	Date of Birth	Name of Guardian (in case Nominee is a Minor)	Relationship with Guardian	Allocation (%) by which the Units will be shared by each Nominee should aggregate to 100%	Signature of Nominee / Guardian
Nominee 1						
Address						
Nominee 2						
Address						
Nominee 3						
Address						

DECLARATION: I/We hereby nominate the above mentioned nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all the payments and settlements made to such nominee(s) shall be a valid discharge by the AMC/Mutual Fund/Trustees.
 I/We have read the rules and instructions on nomination specified herein and I/we hereby confirm to comply and adhere to such rules and any amendments that may be made in the Scheme Information Document and Statement of Additional Information time to time.

12. 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. By signing this Application Form, I / we confirm that I / we have read the Goldman Sachs India Privacy Policy which is available at www.gsam.in and agree to the collection and use of my / our personal information as provided in such policy, as it may be updated from time to time.
 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	<input type="text"/>
Second Applicant/ POA Holder	<input type="text"/>
Third Applicant/ POA Holder	<input type="text"/>

CONTACT

Phone : 1800 266 1220
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 Website : www.gsam.in

