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				

(BLUE) investors understand that their principal will be at low risk
(YELLOW) Investors understand that their principal will be at medium risk
(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.)

EUIN 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	EUIN	Date, Time / ISC and Number as per Time Stamping Machine
ARN-3852				E029058	

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 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 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	

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) D D M M Y Y Y Y

(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 1st 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 1st 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) 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 _____

(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) D D M M Y Y Y Y

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: _____

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(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 2nd Applicant [Pl. ✓] 1.Resident Individual 2. NRI 3. Others (pl.specify)_____

Occupation of the 2nd 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 3rd Applicant [Pl. ✓] 1.Resident Individual 2.On behalf of minor 3.NRI 4.Others (pl.specify)_____

Occupation of the 3rd 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) _____

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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) 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

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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ D D M M Y Y Y Y

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 Properietor. 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	☐ Unlisted company	☐ Partnership Firm	☐ Unicorporated Association / Body of Individuals	☐ Trust	☐ 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 Registar / 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				
2				
3				
4				

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

ACKNOWLEDGEMENT (To be filled by investor)

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

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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 ☐ / RTGS ☐ / NEFT ☐ ECS ☐ / Fund Transfer ☐	
			@ For NRI(s) Source of Fund: ☐ NRE ☐ NRO ☐ 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 (✓) ☐ Monthly ☐ Quarterly
Payment Mechanism (✓)	☐ 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)			
	☐ Option 2: Through Post Dated Cheques - Total Cheques _____		Cheque Nos. from ☐☐☐☐☐☐ To ☐☐☐☐☐☐	

Drawn On Bank _____ Branch Name _____ City _____

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

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.

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MANDATORY - NON INTENTION TO NOMINATE

☐ 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) : _____ Please(✓) ☐ National Securities Depository Limited ☐ Central Depository Services (India) Limited

Beneficiary Account Number : _____ DP ID | I | N | ☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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)	

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.

SAHARA MUTUAL FUND