

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				s	Sahara Midcap Fund					S	Sahara Wealth Plus Fund						,	Sahara Infrastructure Fund																
Sahara R.E.A.L Fund		ara E Incial				un	d		Sahara Power & Natural Resources Fund						S	Sahara Super 20 Fund							Sahara Star Value Fund												
Sahara Liquid Fund	Saha	ara S d	hoi	rt Te	rm l	Bor	nd	s	Sahara Gilt Fund					S	Sahara Income Fund							Sahara Interval Fund													
Sahara Classic Fund (BLUE) investors understand that their principal will be at low risk					sk	their principal wil					vill b	stors understand that						(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)																																			
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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.										an ales I by																									
Guardian / Uni					nit F	Second nit Holder's Signature												Third Unit Holder's Signature				i													
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	Foreign Exchange / Money Changer Services																																		
Any other information:																																			

	MINOR / HUF / NON INDIVIDUAL / (Mr. / Ms. / M/s.)		
Country of Birth		Country of Res	idence ————
	country other than India for tax purpose? if No,Pleas		. Falson
ir yes, please indicate all countries i	in which you are resident for tax purposes and the as		
	Country#	lax	Reference / Identification Number
# to include USA where investor is	s a citizen / greencard holder of USA		
NAME OF SECOND APPLICANT			Data of Pirth (dd/mm/sssss)
NAME OF SECONDAPPLICANT	(1911. / 1915.)		Date of Birth (dd/mm/yyyy)
5 (1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			D D M M Y Y Y Y
Father's/ Spouse Name			
(Mandatory) Current Marital Statu			
Status/Category of 2 nd Applicant [Pl	1. Resident Individual 2. NRI 3. Others (pl	I.specify)	
o ii tii and a ii troi			
Occupation of the 2 nd Applicant [Pl.	. ✓ 1. ☐ Business 2. ☐ Professional 3. 7. ☐ Housewife 8. ☐ Public / Govt. service		e Sector Service 5. Retired 6. Student ners (pl.specify)
PAN No. (Mandatory)		. √] Submitting now Already su	
(MANDATORY) OTHER KYC DETAIL			
	se tick(✓)): ☐ Below ₹1 Lac	□ ₹ 5-10 Lacs / □ ₹10-25 La	re /□ ₹25 Lace -1 Crore / □ > 1 Crore
	· · · · · · · · · · · · · · · · · · ·	as on (date)	
Please tick if applicable: Political	<u> </u>	Related to a Politically E	
_ `	ition of PEP, please refer instruction '6A').		
☐ Not Appl		Any Other Information _ ountry of Residence	
Nationality		ountry of Residence	
·	country other than India for tax purpose? if No,Pleas		
· · · · · · · · · · · · · · · · · · ·	in which you are resident for tax purposes and the as	· · ·	below.
Country#	Address		Tax Reference / Identification Number
# to include USA, where investor is	a citizen / greencard holder of USA		
NAME OF THIRD APPLICANT (M	Ir./Ms.)		Date of Birth (dd/mm/yyyy)
			D D M M Y Y Y
Father's/ Spouse Name			
(Mandatory) Current Marital Statu	us: 🗌 Single 🖊 🔲 Married		
Status/Category of 3 rd Applicant [PI	1. Resident Individual 2.On behalf of minor	3.NRI 4.Others (pl.specify)	
Occupation of the 3 rd Applicant [Pl.			e Sector Service 5. Retired 6. Student
PAN No. (Mandatory)		e 9. ☐ Forex Dealer 10. ☐ Otl . √] Submitting now ☐ / Already	
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(MANDATORY) OTHER KYC DETAIL			'
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OR Net-worth in Net-w Please tick if applicable: Political	worth should not be older than 1 year	as on (date) Related to a Politically E	Y Y Y
	ition of PEP, please refer instruction '6A').	☐ Related to a Politically E	exposed Person (PEP)
☐ Not Appl	_	Any Other Information _	
Country of Birth		ountry of Residence Email-ID	
Nationality	country other than India for tax purpose? if No,Pleas		
	in which you are resident for tax purposes and the as	` '	s below
Country#	Address	Sociator Tax Holorollos Hallison	Tax Reference / Identification Number
-			
# to include USA, where investor is	s 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
Document for proof of Date of Birth of Minor	r (DOB) and Relationship with Minor : Birth certificate Sch	hool 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	I.specify)	
		. ,,	
Occupation of the Guardian [Pl. ✓]	_		e Sector Service 5. Retired 6. Student
	7. Housewife 8. Public / Govt. service	e e. □ roiex Dealer 10. Oth	iers (pl.Specity)

PAN No. of Guardian (Mandatory)		KYC acknowledgement [PI. ✓] Submitt	ing now/ Already submitted
(MANDATORY) OTHER KYC DETAILS			
iross Annual Income Details (Please tie	ck(✓)):□ Below ₹1 Lac	['] □ ₹ 1-5 Lacs / □ ₹ 5-10 Lacs / □ ₹ 10-2	5 Lacs / ☐ ₹ 25 Lacs -1 Crore / ☐ > 1 Crore
	n should not be older than 1 year		
Please tick if applicable: Politically E			ally Exposed Person (PEP)
_ `	of PEP, please refer instruction '6A	,	
☐ Not Applica		Country of Residence	on
Country of Birth Nationality		Email-ID	
Am I / Are we, a tax resident of any cou	untry other than India for tax n		
•	•	purposes and the associated Tax Reference Num	bers below.
Country#	, , , , , , , , , , , , , , , , , , , ,	Address	Tax Reference / Identification Number
to include USA, where investor is a c	citizen / greencard holder of II	SA.	
·	ALIZER 7 greeneard notice of c		
MODE OF OPERATION			
	. ,	inor (*Default in case not indicated when applic	ants are more than one)
POWER OF ATTORNEY (POA) (De	tails MANDATORY)		
ame of POA Holder			D D M M Y Y Y
tatus: Resident Individual	☐ NRI/PIO ☐ Others (P	lease Specify)	Gender: Male Female
nclosed: Proof of KYC P	roof of Identity & Address	☐ PAN Card Copy PAN (Mandatory)	
verseas Address of Power of Attorn	ney Holder (if applicable)		
City	State	Country	Pin/Zip
CONTACT DETAILS (Please Provid	le vour contact details even	if you have already submitted your KYC ac	knowledgement)
,	·		her Non-Individuals, Please provide the details of Contact Person.
Name Name	Judo promas ano mamo di colo i ropo.	The first of the f	The first managed of the second of the secon
	 		
Tel STD Code	Office	Residence	Fax
Email-ID	011100	Residence	Mobile
BANK PARTICULARS (It is mandatory	to furnish bank particulars failing	which application shall be rejected) (Refer Form instru	ction no. 5)
ank Account No.		Account Type : Savings	Current NRE NRO FCNR
ICR Code (9 digit)		IFSC Code (11 digit for RTG	S & NEFT)
ank Name			
anch Address		City City	
		City	PIN PIN
			ion (Refer instruction 25)
Details of Beneficial Ownership (Ple	ase tick applicable category)). Details to be provided as on date of applicat	ion. (Itoror mondonom 20)
		<u> </u>	<u> </u>
Category Unlis		ip Firm Unicorporated Association / B	<u> </u>
Category Unlis Ownership per cent case of any change in the beneficial ow	sted company Partnersh >25% >15% nership, the investor will be resp	ip Firm Unicorporated Association / B >15% onsible to intimate SAHARA AMC / its Registar / KF	ody of Individuals Trust Foreign Investor
Category Unlis Dwnership per cent case of any change in the beneficial ow	sted company Partnersh >25% >15% nership, the investor will be resp	ip Firm Unicorporated Association / B	ody of Individuals Trust Foreign Investor >=15% RA as may be applicable immediately about such change.
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INVESTMENTA	IND PATIVIE	NT DETAILS Please submit or	ne cheque / DD for e	ach scheme (REF	R TABLE "SCHE	ME NAME	") Please See	Page 13 &14.					
Scheme Name		Plan	/ Option			Sub Opt	ion						
Cheque / DD No. No.	let Amount (₹)	Bank & Branc	h Name & City		Mode of Payme	nt : Cheq	ue / DD 🗌 / R	RTGS 🗌 / NEFT 🗍 🛘	ECS 🗌 / Fund Transfer 🗌				
					@ For NRI(s) S	Source of NRO	Fund: A	Account Type @ (SB/	CA/ NRE/ NRO/ FCNR)				
SIP ENROLMEN	NT DETAILS				Banker's Certifica	te is mand	datory for applic	cations in case of Dem	and Drafts. (Ref. instr. no.5)				
OBTAIN & FILL IN REC	GISTRATION CU	M ECS MANDATE FORM SEPARAT	Selected S	SIP Date (pleas	e (✓) only one)	5th /	5th / 15th / 25th • No. of SIP Installments						
SIP Amount (in	Pariod	nt Start Month Cmm/yyyy)	End M (mm/y	onth DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD		Frequen	ncy (✓)	Monthly	Quarterly				
Payment Mechanism	n (✓) Dotio	on 1: Debit through ECS / Direct Deb	it facility (Tick this box	c, obtain & fill in re	gistration cum E0	CS manda	ite form separ	ately) (Refer SIP instr	uction no. 6B & 6C)				
	Optio	on 2: Through Post Dated Cheques -	Total Cheques		Chec	rom To To							
Drawn On Bank Branch Name City													
NOMINATION D	DETAILS (M	<u>Andatory</u> for single	HOLDING) (R	efer form instructi	on no. 12)		MAND	ATORY - NON INTEN	TION TO NOMINATE				
		eceive the amount to my/our credit in nd settlements made to such nomine						DO NOT WISH to no icable for investors wh	minate. o do not wish to nominate)				
Name & A	Address of the N	Nominee	Guardian Name & Ad	ddress (in case no	minee is a minor)		te of Birth	Relationship	Signature of Nominee /				
						(1	if minor)	with the Applicant	Guardian [Optional]				
DEBOCITORY AC	COUNT DET	All C / Defer Instruction No	445 9 446\ ((1))				0.710)						
		AILS (Refer Instruction No isk factors associated with listing of ur						matches with that of th	e account held with the				
Depository Participant.		·											
				National Securiti	es Depository Limit	ed	Centra	al Depository Services	(India) Limited				
Beneficiary Account Num	nber :	CLI	DP ID I N ENT ID	\square		(16 c	digit beneficiary	A/c No. to be mention]ned above)				
by the AMC and paid to subscription Amount and	CLIENT ID												
DECLARATION (F	Please √whic	chever 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 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/fits 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 d													
1st applicant/ Guardian (Signatur POA Signature	re)		2nd applicant (Signature)				3rd applica (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 application serial number, the name of the scheme/option, amount invested, date and the place of the AMC/ Collection Centre where the application was

