



## TRANSACTION SLIP FOR SCHEMES OF SAHARA MUTUAL FUND

Please use separate transaction slip for each scheme. To be filled in CAPITAL LETTERS.  
**DATA ON REVERSE IS MANDATORY** Please note product labelling at the time of investment.  
 (Investors should consult their financial advisers if in doubt about whether the product is suitable for them.)

Signatures of unit holders  
mandatory on both sides of  
the form

**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

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 inappropriateness, if any provide by the employee/relationship manager/sales person of the distributor/sub broker"

Sole / 1st Unitholder / Guardian / POA Signature	2nd Unit Holder's Signature	3rd Unit Holder's Signature
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**Note:** Furnishing of additional details is mandatory for the first time as part of KYC & FATCA norms. "In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at the Point of Service of any KYC Registration Agency"

FOLIO NO.

### Investor Details

	Name	PAN No	KYC Acknowledgement Copy
Name of 1st Applicant			<input type="checkbox"/>
Name of Guardian (For Minor)(POA Holder)			<input type="checkbox"/>
Name of 2nd Applicant			<input type="checkbox"/>
Name of 3rd Applicant			<input type="checkbox"/>

### Additional Purchase (If the investor wishes to invest in Direct option please mention Direct option against the scheme name)

Payment Mode:  Cheque /  DD /  RTGS/NEFT

Cheque/DD/RTGS/NEFT No. \_\_\_\_\_ Cheque Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DD Charge Rs. \_\_\_\_\_ Net Amount Rs. \_\_\_\_\_

Bank Name : \_\_\_\_\_ Branch: \_\_\_\_\_ City: \_\_\_\_\_

Scheme : \_\_\_\_\_ Option \_\_\_\_\_ Option: \_\_\_\_\_

### Redemption

<input type="checkbox"/> Partial Redemption Amount : Rs _____ or Units : _____	OR	<input type="checkbox"/> Full Redemption
Scheme _____ Option _____	OR	Option _____

Please specify the bank details in which you wish to receive the redemption proceeds, registered with us if other than default bank account.

Bank Account No.: \_\_\_\_\_ Bank Name: \_\_\_\_\_

### Switch (If the investor wishes to invest in Direct Option please mention DIRECT against the scheme name)

<input type="checkbox"/> Partial Switch Amount : Rs _____ or Units : _____	OR	<input type="checkbox"/> Full Switch
From Scheme _____ Option _____	OR	Option _____
To Scheme _____ Option _____	OR	Option _____

### Unitholding Option -

Demat Mode

**DEMAT ACCOUNT DETAILS-** (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.) Demat Account details are compulsory if demat mode is opted above.

Name			PAN No./PEKRN.	KYC Acknowledgement Copy														
National Securities Depository Participant Name DP ID No. Beneficiary Account No. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>I</td><td>N</td><td> </td><td> </td><td> </td><td> </td></tr></table>	I	N					Central Depository Securities Limited	Depository Participant Name _____ Target ID No. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
I	N																	

Enclosures (Please tick any one box):  Client Master List (CML)  Transaction cum Holding Statement  Cancelled Delivery Instruction Slip (DIS)

1st applicant/ Guardian (Signature) POA Signature	2nd applicant (Signature)	3rd applicant (Signature)
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### ACKNOWLEDGEMENT SLIP (To be filled by the investor)

Folio / Account No.

Received from Mr./Mrs. \_\_\_\_\_

Additional Purchase  Redemption  Switch

FULL NAME OF SOLE / FIRST APPLICANT / MINOR / HUF / NON INDIVIDUAL / (Mr. / Ms. / M/s.) (Details MANDATORY)										Date of Birth of Applicant/Minor (dd/mm/yyyy)
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Father's/ Spouse Name										
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Current Marital Status : <input type="checkbox"/> Single / <input type="checkbox"/> Married										
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STD Code					Tel.					Fax	Mobile				
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Email-ID										Preferable mode of communication E-Mail <input type="checkbox"/> Yes / <input type="checkbox"/> No				
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OTHER KYC DETAILS (For Individuals / Guardian / Power of Attorney Holder Only) (Details MANDATORY)										
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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  O  M  M  Y  Y  Y

Please tick:  Politically Exposed Person (PEP) /  Related to a Politically Exposed Person (PEP) /  Not Applicable /  Any Other Information \_\_\_\_\_

OTHER KYC DETAILS (For Non-Individuals Only) (Details MANDATORY)										
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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 ₹ \_\_\_\_\_ should not be older than 1 yr as on (date)  D  O  M  M  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: \_\_\_\_\_

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 (to include USA, where investor is a citizen / greencard holder of USA)	Tax Reference / Identification Number

FULL NAME OF SECOND APPLICANT (Mr. / Ms.) (Details MANDATORY)										Date of Birth (dd/mm/yyyy)
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Father's/ Spouse Name										
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Marital Status:  Single /  Married; Gross Annual Income (PI()):  Below ₹ 1 Lac /  ₹ 1-5 Lacs /  ₹ 5-10 Lacs /  ₹ 10-25 Lacs /  ₹ 25 Lacs -1 Cr /  ₹ > 1 Cr

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

Please tick:  Politically Exposed Person (PEP) /  Related to a Politically Exposed Person (PEP) /  Not Applicable /  Any Other Information \_\_\_\_\_

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

Am I, 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 (to include USA, where investor is a citizen / greencard holder of USA)	Tax Reference / Identification Number

FULL NAME OF THIRD APPLICANT (Mr. / Ms.) (Details MANDATORY)										Date of Birth (dd/mm/yyyy)
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Father's/ Spouse Name										
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Marital Status:  Single /  Married ; Gross Annual Income (PI()):  Below ₹ 1 Lac /  ₹ 1-5 Lacs /  ₹ 5-10 Lacs /  ₹ 10-25 Lacs /  ₹ 25 Lacs -1 Cr /  ₹ > 1 Cr

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

Please tick:  Politically Exposed Person (PEP) /  Related to a Politically Exposed Person (PEP) /  Not Applicable /  Any Other Information \_\_\_\_\_

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

Am I, 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 (to include USA, where investor is a citizen / greencard holder of USA)	Tax Reference / Identification Number

**DECLARATION:** 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. 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.

1st applicant/ Guardian (Signature) POA Signature	2nd applicant (Signature)	3rd applicant (Signature)
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**SAHARA ASSET MANAGEMENT COMPANY PRIVATE LIMITED** Corporate Office : 97-98, 9th Floor, Atlanta,Nariman Point, Mumbai- 400 021 Phone: 022-22047197  
/ 98 Email: saharamutual@saharamutual.com

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#59, 'SKANDA", Puttanna Road, Basavangudi, Bengaluru - 560004, Ph : 080 - 26600785 / 26602852 Fax : 080 26600786  
Toll Free No. : 18004254034/35 Email : service\_smf@karvy.com

