



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

EUIIN 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	EUIIN	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 EUIIN 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 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 _____ 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 _____ Option _____		
To Scheme _____ Option _____ 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 Limited	Depository Participant Name _____ DP ID No. _____ Beneficiary Account No. <input type="text"/>	Central Depository Securities Limited	Depository Participant Name _____ Target ID No. <input type="text"/>
Enclosures (Please tick any one box): <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> 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)			
Father's/ Spouse Name																							
Current Marital Status : <input type="checkbox"/> Single / <input type="checkbox"/> Married																							
STD Code				Tel.				Fax				Mobile											
Email-ID												Preferable mode of communication E-Mail <input type="checkbox"/> Yes / <input type="checkbox"/> No											

OTHER KYC DETAILS (For Individuals / Guardian / Power of Attorney Holder Only) (Details MANDATORY)																							
Gross Annual Income Details (Please tick(✓)): <input type="checkbox"/> Below ₹ 1 Lac / <input type="checkbox"/> ₹ 1-5 Lacs / <input type="checkbox"/> ₹ 5-10 Lacs / <input type="checkbox"/> ₹ 10-25 Lacs / <input type="checkbox"/> ₹ 25 Lacs -1 Crore / <input type="checkbox"/> ₹ >1 Crore																							
OR Net-worth in _____ Net-worth should not be older than 1 year as on (date) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																							
Please tick: <input type="checkbox"/> Politically Exposed Person (PEP) / <input type="checkbox"/> Related to a Politically Exposed Person (PEP) / <input type="checkbox"/> Not Applicable / <input type="checkbox"/> Any Other Information _____																							

OTHER KYC DETAILS (For Non-Individuals Only) (Details MANDATORY)																							
Gross Annual Income Details (Please tick(✓)): <input type="checkbox"/> Below ₹ 1 Lac / <input type="checkbox"/> ₹ 1-5 Lacs / <input type="checkbox"/> ₹ 5-10 Lacs / <input type="checkbox"/> ₹ 10-25 Lacs / <input type="checkbox"/> ₹ 25 Lacs-1 Crore / <input type="checkbox"/> ₹ > 1 Crore																							
OR Net-worth in ₹ _____ should not be older than 1 yr as on (date) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																							
Is the entity involved in / providing any or the following services																							
Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No												Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No											
Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> 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 (✓) <input type="checkbox"/>																							
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)			
Father's/ Spouse Name																							
Marital Status: <input type="checkbox"/> Single / <input type="checkbox"/> Married; Gross Annual Income (PI(✓)): <input type="checkbox"/> Below ₹ 1 Lac / <input type="checkbox"/> ₹ 1-5 Lacs / <input type="checkbox"/> ₹ 5-10 Lacs / <input type="checkbox"/> ₹ 10-25 Lacs / <input type="checkbox"/> ₹ 25 Lacs -1 Cr / <input type="checkbox"/> ₹ > 1 Cr																							
OR Net-worth in _____ Net-worth should not be older than 1 year as on (date) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																							
Please tick: <input type="checkbox"/> Politically Exposed Person (PEP) / <input type="checkbox"/> Related to a Politically Exposed Person (PEP) / <input type="checkbox"/> Not Applicable / <input type="checkbox"/> 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 (✓) <input type="checkbox"/>																							
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)			
Father's/ Spouse Name																							
Marital Status: <input type="checkbox"/> Single / <input type="checkbox"/> Married ; Gross Annual Income (PI(✓)): <input type="checkbox"/> Below ₹ 1 Lac / <input type="checkbox"/> ₹ 1-5 Lacs / <input type="checkbox"/> ₹ 5-10 Lacs / <input type="checkbox"/> ₹ 10-25 Lacs / <input type="checkbox"/> ₹ 25 Lacs -1 Cr / <input type="checkbox"/> ₹ > 1 Cr																							
OR Net-worth in _____ Net-worth should not be older than 1 year as on (date) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																							
Please tick: <input type="checkbox"/> Politically Exposed Person (PEP) / <input type="checkbox"/> Related to a Politically Exposed Person (PEP) / <input type="checkbox"/> Not Applicable / <input type="checkbox"/> 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 (✓) <input type="checkbox"/>																							
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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