



SAHARA MUTUAL FUND COMMON APPLICATION FORM

Serial No: CAF

DISTRIBUTOR INFORMATION	
Name & Broker Code/ARN	Sub-Agent/Broker Code
NJ India Invest / ARN-0155	55537

FOR OFFICE USE ONLY	
Investor Service Center	Date, Time and Number as per Time Stamping Machine

Upfront commission, if any will be paid by me/us to the AMFI registered and empanelled (with Sahara Mutual Fund) ARN Holder, directly.

1. EXISTING UNIT HOLDER'S INFORMATION Folio No. _____ (Please proceed to section 3 & 5)

2. 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 Investor / Minor / Karta of HUF / Non Individual / (Mr. / Ms. / M/s.) _____ Date of Birth (dd/mm/yyyy) _____

Document for proof of Date of Birth (DOB) and Relationship with Minor: Birth certificate School Leaving Certificate Passport Others (Please state) _____

Relationship with Minor [Pl. ✓] Mother Father Legal Guardian

Full Name of Guardian (in case of Minor) / Contact Person (In case of non-individual investors) / PoA Holder's name (Mr./Ms.) _____ Date of Birth (dd/mm/yyyy) _____

Second Applicant's Name (Mr./Ms.) _____ Date of Birth (dd/mm/yyyy) _____

Third Applicant's Name (Mr./Ms.) _____ Date of Birth (dd/mm/yyyy) _____

Address in full (DO NOT REPEAT NAME) of Applicant/Parent OR Guardian of Minor/Indian address in case 1st Applicant is NRI/FII (Post Box No. alone is not sufficient)

Dist. _____ City _____ Pin _____ State: _____

STD Code _____ Tel. _____ Fax _____ Mobile (10 Digit) _____

Email-ID _____ Preferable mode of communication E-mail Yes No (Refer instruction no. 24)

Mode of Holding [Pl. ✓] 1. Single 2. Joint* 3. Either or Survivor/s (*Default in case not indicated when applicants are more than one)

MANDATORY FOR INVESTMENT BY NRI(s)/FII(s) (Please provide full address, Post Box No. alone is not sufficient)

Overseas Address _____

City _____ Country _____ Pin/ZIP _____

Applicable to NRIs only: I / We confirm that I am / we are Non-Resident of Indian Nationality / Origin and I / we hereby confirm that the funds or subscription have been remitted from abroad through approved banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account. Please (✓) Repatriation basis Non-Repatriation basis

3. MANDATORY DETAILS (Please Quote PAN for all applicants / KYC Ack.) (Refer Form instruction no. 6 & 7)

Occupation of the 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) _____

Applicant Permanent Account Number (PAN) KYC acknowledgement [Pl. ✓]

Sole / First Applicant / Guardian / PoA Submitting now Already submitted

Second Applicant Submitting now Already submitted

Third Applicant Submitting now Already submitted

Status/Category of the 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. FII 13. Government Body 14. Financial Institution 15. Banks 16. Others (pl.specify) _____

4. 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 _____

5. INVESTMENT AND PAYMENT DETAILS Please submit one cheque / DD for each scheme (REFER TABLE "SCHEME NAME")

Scheme Name _____ Plan / Option _____ Sub Option _____

Cheque / DD No. _____ Net Amount (Rs.) _____ Bank & Branch Name & City _____ Mode of Payment _____ Account Type @ _____

Cheque / DD / RTGS / NEFT ECS / Fund Transfer (SB/ CA/ NRE/ NRO/ FCNR)

Banker's Certificate is mandatory for applications in case of Demand Drafts. (Ref. instr. no.5) @ For NRI(s) Source of Fund: NRE NRO FCNR

as Normal Investment / or through SIP / or through STP / or through Switches

Received from Mr. / Ms. / M/s _____ an application for purchase of units of _____ (scheme) subject to realisation of cheque(s)/demand draft(s).

Rs. (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.

ACKNOWLEDGEMENT (To be filled by investor)

Sr. No: CAF

Collection Centre's Receipt Date and Time
Cheque/DD is subject to realisation

6. SIP ENROLMENT DETAILS - Selected SIP Date (please (✓) only one) 5th / 15th / 25th **No. of SIP Installments** _____

SIP Amount (in Rs.)	Enrolment Period	Start Month (mm/yyyy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	End Month (mm/yyyy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Frequency (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Payment Mechanism (✓)				
<input type="checkbox"/> Option 1: Debit through ECS / Direct Debit facility (Tick this box and fill up SIP ECS / Direct Debit facility form) (Refer SIP instruction no. 19)				
<input type="checkbox"/> Option 2: Through Post Dated Cheques - Total Cheques _____ Cheque Nos. from <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Drawn On Bank _____		Branch Name _____		City _____

7. NOMINATION DETAILS (MANDATORY FOR SINGLE HOLDING) (Refer instruction no. 12 of KIM) MANDATORY for Joint holders

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.

We DO NOT WISH to nominate. (Applicable for Joint Holders 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 nominee	Signature of Nominee / Guardian [Optional]

8. SWITCHES (Please mention target folio No. if it is not the one mentioned overleaf) FOLIO NO _____

_____ or _____ or [Pl. ✓] (Please note that switch can be done either in units or in amount only and not both.)

Amount Rs. _____ No. of units _____ Entire Balance _____

From Scheme Name _____ Option _____

To Scheme Name _____ Option _____

9. SYSTEMATIC TRANSFER PLAN (STP) (Refer instruction no. 19 of KIM) STP Date (Monthly/Quarterly option) ((✓) only one) 1st 5th 25th

Fixed Amount (in Rs.)	Enrolment Period	Start Month (mm/yyyy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	End Month (mm/yyyy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Frequency (✓) <input type="checkbox"/> Daily / <input type="checkbox"/> Weekly / <input type="checkbox"/> Monthly / <input type="checkbox"/> Quarterly
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From Scheme Name _____ Option _____ To Scheme Name _____ Option _____

10. DEPOSITORY ACCOUNT DETAILS (Refer Instruction No. 13a)

Please provide details only if Units are intended to be held in demat form. Refer KIM instructions for details and risk factors associated with listing of units in the SID. 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 Name Please tick (✓)	<input type="checkbox"/> National Securities Depository Limited (NSDL)	<input type="checkbox"/> Central Depository Services (India) Limited (CDSL)
Depository Participant Name (DP)		
DP ID	I	N
Beneficiary Account Number	_____ (16 digit beneficiary A/c No. to be mentioned above)	

11. 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 or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Date / / 2011.

Sole / First Unitholder Guardian / POA (Signature)	Second Unitholder (Signature)	Third Unitholder / (Signature)

