



SYSTEMATIC INVESTMENT PLAN (SIP)

(Existing Investors Folio No)

Serial No: **SIP**

Application No.(CAF)

DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY
Name & Distributor Code / ARN	Sub-Agent / Distributor Code	EUIN	Date, Time / ISC and Number as per Time Stamping Machine
83671		E100500	

"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 said distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

Sole / First Investor / Minor Name (Mr./Ms.)

Date of Birth (dd/mm/yyyy)

Full Name of Guardian (in case of Minor) / PoA Holder's name (Mr./Ms.)

Relationship with Minor [Pl. ✓]

Mother Father Legal Guardian

Second Applicant's Name (Mr./Ms.)

Date of Birth (dd/mm/yyyy)

Third Applicant's Name (Mr./Ms.)

Date of Birth (dd/mm/yyyy)

I/We hereby give my/our consent to receive all communication such as Account Statement, Transaction update, Half yearly portfolio, Annual Report and any other related data/information by Email.

PI (✓) Email-ID

KYC DETAILS

Applicant	Permanent Account Number (PAN)	Submitting now	KYC acknowledgement [Pl. ✓]
Sole / 1st Applicant / Guardian / PoA	<input type="text"/>	<input type="checkbox"/>	Already submitted <input type="checkbox"/>
2nd Applicant	<input type="text"/>	<input type="checkbox"/>	Already submitted <input type="checkbox"/>
3rd Applicant	<input type="text"/>	<input type="checkbox"/>	Already submitted <input type="checkbox"/>

INVESTMENT AND PAYMENT DETAILS (Refer to KIM for instruction) (REFER TABLE "SCHEME NAME")

SIP Date (✓) 5th / 15th / 25th

Scheme Name	Plan / Option	Sub Option
SIP Amount (in ₹)	Enrolment Period	Start Month (mm/yyyy)
		End Month (mm/yyyy)
		Frequency Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
First SIP transaction via Cheque No.	Cheque Dated	Amount (in ₹)

I/We hereby authorise Sahara Mutual Fund/ Sahara Asset Mgmt. Co. Pvt. Ltd & their authorised service provider to debit my/ our following bank account by ECS (Debit Clearing)/ Direct Debit for collection of SIP payment.

PARTICULARS OF BANK ACCOUNT

Bank Account No. Account Type : Savings Current NRE NRO FCNR

Account Holders Name as in Bank account

MICR Code (9 digit) (Please enclose copy of cancelled cheque) [Mandatory] IFSC Code (11 digit for RTGS & NEFT)

Bank Name

Bank City

1) 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. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part, I/ we would not hold the user institution responsible. 2) I/We will also inform Sahara Mutual Fund / Sahara Asset Management Company Private Limited about any changes in the bank account. 3) 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. 4) 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. 5) I/We have read and understood conditions mentioned overleaf, and agree to the Terms and Conditions mentioned in the Scheme Information Document (s). Date / /

1st applicant/ Guardian Signature (As in Bank Records)	<input type="text"/>
2nd applicant / Signature (As in Bank Records)	<input type="text"/>
3rd applicant / Signature (As in Bank Records)	<input type="text"/>

BANKERS ATTESTATION : Certified that the Signature of Account Holder and details of the bank account are correct as per details. We accept the Mandate.

Verification request to be retained by the customer bank

Signature of authorised official of bank (Bank's stamp and date)

The Branch Manager,

Bank

Branch

Sub: Mandate Verification for account no.

This is to inform you that I/We have registered with Sahara Mutual Fund through their authorised Service provider for the RBI's Electronic Clearing Service (Debit Clearing)/Auto Debit facility and that my payment towards my investment in Sahara Mutual Fund shall be made from my / our above mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit account mandate form to get it verified & executed. Please debit my/our account for verification charges, if any. Thanking you,

1st applicant/
Guardian
(Signature)

2nd applicant
(Signature)

3rd applicant
(Signature)

Received from Mr./Ms./M/s.....
 Address.....
 SIP / Auto Debit Application under (Scheme)
 along with first SIP cheque no. dated..... drawn on (Bank / Branch)
 for ₹

Serial No: **SIP**

Seal, Signature & Date

PLEASE TURNOVER

Acknowledgement Slip