Goldman Sachs Asset Management

GOLDMAN SACHS MUTUAL FUND
APPLICATION FORM
(For GSDF, GSEDOF and GS CNX 500)

Application No.

Please read Key Information Memorandum and the instructions in this Application Form. All sections to be filled legibly in English and in BLOCK LETTERS.

Broker/Distributor Name* :	Sub-Broker Name & Code	Registrar Serial No.
ARN-97821		

*If not routed through a broker/distributor, will be captured as DIRECT

Upfront commission shall be paid directly by the Investor to the ARN holder (AMFI registered distributor) based on the Investors' assessment of various factors including the service rendered by the ARN holder

1. FOLIO NO. FOR EXISTING INVESTOR

Folio No. for existing Investor _____

Name of First / Sole Applicant / Non-Individual Investor _____

(If you have an existing folio please fill in section 1, provide attested PAN copy and KYC Acknowledgment Letter for all applicants, if not provided earlier, and proceed to section 7)

2. APPLICANT'S INFORMATION (Refer instruction no. 1(b))

Name of First / Sole Applicant / Non-Individual Investor (In case of minor, there shall not be any joint holders)

Mr./Mrs./Ms./M/s. _____

Date of Birth DD MM YYYY PAN* _____ KYC acknowledgment attached (Please ✓) ☐ Nationality _____

Date of Birth proof (for minor) attached (Please ✓) ☐ (Refer instruction no. 1(c))

Power of Attorney (PoA) Holder Details - First Holder

Mr./Mrs./Ms. _____

PAN* _____ KYC acknowledgment attached (Please ✓) ☐ Nationality _____

Name of Guardian (in case first / sole applicant is a minor)/**Name of Corporate Contact** (in case of non-individual Investors)

Mr./Mrs./Ms. _____

Relationship with Minor (Please ✓): ☐ Father ☐ Mother ☐ Court appointed Legal Guardian (Please attach proof.) Nationality _____

Designation (For corporate contact) _____ PAN* _____ KYC acknowledgment attached (Please ✓) ☐

Name of the Second Applicant

Mr./Mrs./Ms./M/s. _____

Date of Birth DD MM YYYY PAN* _____ KYC acknowledgment attached (Please ✓) ☐ Nationality _____

Power of Attorney (PoA) Holder Details - Second Holder

Mr./Mrs./Ms. _____

PAN* _____ KYC acknowledgment attached (Please ✓) ☐ Nationality _____

Name of the Third Applicant

Mr./Mrs./Ms./M/s. _____

Date of Birth DD MM YYYY PAN* _____ KYC acknowledgment attached (Please ✓) ☐ Nationality _____

Power of Attorney (PoA) Holder Details - Third Holder

Mr./Mrs./Ms. _____

PAN* _____ KYC acknowledgment attached (Please ✓) ☐ Nationality _____

Address Of First / Sole Applicant / Non-Individual Investor (Only P. O. Box Address is not sufficient) _____

_____

_____

City _____ State _____ Pincode _____

Overseas Address (Mandatory for NRIs /FIIs) (Principal place of business/operations required if different from mailing/correspondence address)

_____

Contact details of First / Sole Applicant / Non-Individual investor (Please mention the STD/ISD Codes)

Office Tel.: _____ Residence Tel.: _____ Fax. _____ Mobile: _____

E-Mail: _____

I / We wish to receive the following document(s) via e-mail in lieu of physical documents (Please ✓) ☐ Newsletter ☐ Account Statement ☐ Annual Report (Refer instruction 5).

*PAN is not mandatory for certain Investors. Refer instruction no. 1 (b) (v).

3. MODE OF OPERATION (Please tick (✓)) (Refer instruction no. 2)

☐ Joint ☐ Single ☐ Anyone or Survivor (Default : Anyone or Survivor)

4. STATUS (of First / Sole Applicant) (Please tick (✓)) (Refer instruction no. 2)

☐ Individual (Indian Resident) ☐ Non-Resident Indian /Person of Indian Origin ☐ Minor ☐ Private Company ☐ Public Company ☐ Schemes of Mutual Fund
☐ Registered Financial Institution / Commercial Bank ☐ Foreign Institutional investor (FII) ☐ Partnership Firm ☐ Trust ☐ Society / Charity
☐ Hindu Undivided Family ☐ Investment through Power of Attorney ☐ Other_____(Please Specify)

5. OCCUPATION (of First / Sole Applicant) (Please tick (✓)) (Refer instruction no. 2)

☐ Professional ☐ Business ☐ Housewife ☐ Retired ☐ Student ☐ Public Sector/ Government Service ☐ Private Sector Service ☐ Agriculturist
☐ Forex Dealer ☐ Proprietorship ☐ Others (please specify) _____

Is any person associated with this account a current/former head of state, senior official in any government, senior executive of state-owned enterprise or senior politician in/outside of India; or an immediate family member or close advisor of such an individual; or is this account held by an organization controlled by such an individual? (Please ✓) ☐ Yes ☐ No

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ACKNOWLEDGMENT SLIP (To be filled in by the Investor)

Application No. _____

Goldman Sachs Asset Management

Date DD MM YYYY

Received from Mr./Ms./M/s./Mrs. _____ an application for Subscription of Units of

☐ Goldman Sachs Derivative Fund ☐ Goldman Sachs Equity and Derivatives Opportunities Fund ☐ Goldman Sachs S&P CNX 500 Fund

☐ Growth Option ☐ Dividend Option with ☐ Payout ☐ Reinvestment facility along with Cheque / DD No._____

Cheque / DD Date DD MM YYYY Amount (₹) _____ Drawn on _____

Branch_____

Acknowledgement Stamp

ARN-97821

6. BANK ACCOUNT DETAILS (Refer instruction no. 3)

Name of the Bank _____ Branch _____

Branch Address _____ Account No. _____

Bank City _____ State _____ 11 Digit IFSC Code _____

9 Digit MICR Code_____ Account Type (Please tick(✓)) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify) _____

7. INVESTMENT DETAILS (Refer instruction no. 4)

Scheme: ☐ Goldman Sachs Derivative Fund (GSDF) ☐ Goldman Sachs Equity & Derivatives Opportunities Fund (GSEDOF)
☐ Goldman Sachs S&P CNX 500 Fund (GS CNX 500)

Option: ☐ Growth ☐ Dividend Dividend Option: ☐ Payout ☐ Reinvestment

Default Option: Growth Default Dividend Option: Dividend Reinvestment

8. PAYMENT DETAILS (Refer instruction no. 4)

Investment through ☐ Lump sum ☐ SIP/ VIP (Please tick(✓)) (Please also fill in the SIP/ VIP Auto Debit (ECS) Form for Investment through SIP/ VIP)

Cheque/Demand Draft Details: Instrument No: _____ Instrument Date: DD MM YYYY Amount (₹): _____

Bank Name: _____ Branch Name: _____

Cheque/Demand Draft should be favouring the Scheme name as mentioned in the Investment Details section above.

SIP (Systematic Investment Plan)	VIP (Value averaging Investment Plan)
#Micro SIP ☐ Yes ☐ No SIP Date From: MM YYYY SIP Date To: MM YYYY *Each SIP amount ₹ _____ *(Minimum number of installments including first instrument should be 12. First SIP ECS debit will be at least 30 days after the date of allotment)* Preferred monthly investment date ☐1st ☐15th (Default SIP Date:15th) ** Minimum installment should be ₹ 1000/- and in multiples of ₹ 1/- thereafter. All ECS debits should be same as first instrument amount*	#Micro VIP ☐ Yes ☐ No VIP Date From: MM YYYY VIP Date To (maximum up to 12 yrs): MM YYYY *Nominal amount ₹ _____ (First VIP installment should be for nominal amount) Maximum ECS debit amount ₹ _____ (should be higher than nominal amount) Preferred monthly investment date ☐1st ☐15th (Default VIP Date:15th) ** Minimum installment should be ₹ 2000/- and in multiples of ₹ 1/- thereafter. VIP is only applicable for GS CNX 500.* *First VIP ECS debit will be at least 30 days after the date of allotment. Default minimum investment will be "ZERO"*

First SIP / VIP Instrument Details: Instrument No: _____ Instrument Date: DD MM YYYY

Bank Name: _____ Branch Name: _____

 # Investors who wish to opt for Micro SIP/VIP should provide the required details in the Micro SIP/VIP Annexure, if attested PAN copy and KYC Acknowledgment Letter is not provided

9. DEMAT ACCOUNT DETAILS - Please fill below details if you wish to hold the units in dematerialized form. (Refer instruction no. 6)

NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)

Depository Participant Name: _____

DPID No.: I N

Beneficiary A/c No.

CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)

Depository Participant Name: _____

Beneficiary A/c No.

10. NOMINATION - If demat details are filled in, nomination will be as per Depository Participant records. (Refer instruction no. 7)

Intention to Not Nominate (Mandatory for new folios of Individuals where mode of holding is single and who do not wish to nominate)
☐ No, I do not wish to register nominee(s) in the above folio ☐ Yes, please see my nomination details below

	Nominee	Date of Birth	Name of Guardian (in case Nominee is a Minor)	Relationship with Guardian	Allocation (%) by which the Units will be shared by each Nominee should aggregate to 100%	Signature of Nominee / Guardian
Nominee 1						
Address						
Nominee 2						
Address						
Nominee 3						
Address						

DECLARATION: I/We hereby nominate the above mentioned nominee(s) to receive the Units alloted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all the payments and settlements made to such nominee(s) shall be a valid discharge by the AMC/Mutual Fund/Trustees.
I/We have read the rules and instructions on nomination specified herein and I/we hereby confirm to comply and adhere to such rules and any amendments that may be made in the Scheme Information Document and Statement of Additional Information time to time.

11. CONFIRMATION AND SIGNATURE/S (Refer instruction no. 9 and 10)

Please note that by signing this Application Form, the Investors also give the Important Declarations set out in the instructions section of the Application Form.

I/We hereby apply for the allotment / Purchase of Units of the Scheme, as indicated in this form and confirm that I/we have read, understood and are bound by the terms and conditions of this Application Form, including the Important Declarations in the instructions to the Application Form, the contents of the Key Information Memorandum, the Scheme Information Document and the Statement of Additional Information, and am/are fully capable of assessing and bearing the risks involved in purchasing the Units, and agree to abide by the terms, conditions, rules and regulations of the Scheme.

I /We hereby authorise Goldman Sachs Mutual Fund, its Investment Manager and its agents to disclose personal data / details of my investment to anyone as may be necessary or expedient for the purposes of administration of investments in the Units of the Scheme.

I/We hereby undertake to pay the required money towards Subscription of the Units of the Scheme made through this Application Form within one day of making such application or within such time as directed by Goldman Sachs Mutual Fund.

Applicable to NRIs only.

I / We confirm that I am / We are Non-Resident of Indian Nationality/ Origin and I / We hereby confirm that funds for Subscription have been remitted from abroad through normal banking channels or from funds in my/ our Non-Resident External/ Ordinary Account/ FCNR Account.

Please (✓) ☐ Yes ☐ No If yes, ☐ Repatriation basis ☐ Non-repatriation basis

SIGNATURES		
	First/Sole Applicant/ Guardian/ POA Holder	
	Second Applicant/ POA Holder	
	Third Applicant/ POA Holder	

CONTACT

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