

**GOLDMAN SACHS MUTUAL FUND**  
**APPLICATION FORM**  
**FOR GOLDMAN SACHS EXCHANGE TRADED FUNDS**  
**(except for GS Gold BeES and GS Liquid BeES)**

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* : <b>ARN-97821</b>	Sub-Broker Name & Code	Registrar Serial No.
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\*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. EXISTING INVESTOR DETAILS** (Refer instruction no. 2)

First / Sole Holder Name \_\_\_\_\_

Investors who have directly transacted with the Fund before, please skip section 2 to 6, provide attested PAN copy and KYC documents for all Applicants/ POA holders /Guardian (as applicable), if not provided earlier and proceed to section 7.

**2. APPLICANT'S INFORMATION** (Refer instruction no. 3)

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 documents 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 documents 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 documents attached (Please ✓) ☐

Name of the Second Applicant

Mr./Mrs./Ms./M/s. \_\_\_\_\_

Date of Birth DD MM YYYY PAN\* \_\_\_\_\_ KYC documents attached (Please ✓) ☐ Nationality \_\_\_\_\_

Power of Attorney (PoA) Holder Details - Second Holder

Mr./Mrs./Ms. \_\_\_\_\_

PAN\* \_\_\_\_\_ KYC documents attached (Please ✓) ☐ Nationality \_\_\_\_\_

Name of the Third Applicant

Mr./Mrs./Ms./M/s. \_\_\_\_\_

Date of Birth DD MM YYYY PAN\* \_\_\_\_\_ KYC documents attached (Please ✓) ☐ Nationality \_\_\_\_\_

Power of Attorney (PoA) Holder Details - Third Holder

Mr./Mrs./Ms. \_\_\_\_\_

PAN\* \_\_\_\_\_ KYC documents 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 /FII) (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. 4)

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

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

☐ 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)

**ACKNOWLEDGEMENT SLIP (To be filled In by the Investor)**

Subscription: ☐ Cash ☐ Basket

Redemption: ☐ Cash ☐ Basket

Received from Mr./Mrs./M/s. \_\_\_\_\_ an application for Subscription/ Redemption of \_\_\_\_\_ Units of GS Nifty BeES/ GS Junior BeES/ GS Bank BeES/ GS PSU Bank BeES/ GS S&P Shariah BeES/ GS Infra BeES/ GS Hang Seng BeES along with cheque/

DD no. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_ for ₹ \_\_\_\_\_

Please Note : 1) All Purchases are subject to realisation of cheques / demand drafts and Portfolio Deposit (if applicable).  
 2) All Redemptions are subject to receiving the Repurchase Request Number (RRN).

Acknowledgement Stamp

**5. OCCUPATION (of First / Sole Applicant) (Please tick (✓))** (Refer instruction no. 4)

☐ 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

**6. BANK ACCOUNT DETAILS** (Refer instruction no. 5)

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. 7)

Subscription: ☐ Cash ☐ Basket  
 Redemption: ☐ Cash ☐ Basket

**Select scheme**  
 (please tick (✓) in  
 the appropriate box)

☐ GS Nifty BeES ☐ GS Junior BeES ☐ GS Bank BeES ☐ GS PSU Bank BeES  
☐ GS S&P Shariah BeES ☐ GS Infra BeES ☐ GS HangSeng BeES

No. of Units \_\_\_\_\_ (in words) \_\_\_\_\_

(Please include the number of Units you wish to Subscribe for/ Redeem. Please refer to Instruction No. 5)

In case of Basket Subscription, kindly fill the following details, if Cash Component is payable by the Investor.

Cash Component per Creation Unit (₹) \_\_\_\_\_ (in words)

Total Cash Component (₹) \_\_\_\_\_ (in words)

**8. PAYMENT DETAILS** (Refer to instruction no. 8)

Direct transfer ☐ Cheque/DD ☐

Cheque/DD No.	Cheque/DD Date	Drawn on Bank	
Amount in figures (₹)		Branch	
Amount in words (₹)			

**9. DEMAT ACCOUNT DETAILS** - (Refer instruction no. 9)

NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)

Depository Participant Name: \_\_\_\_\_  
 DPID No.: 

I	N						
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 Beneficiary A/c No. 

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CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)

Depository Participant Name: \_\_\_\_\_  
 Beneficiary A/c No. 

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**10. CONFIRMATION AND SIGNATURE/S** (Refer instruction no. 11 and 12)

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**

E-Mail : [gsamindia@gs.com](mailto:gsamindia@gs.com)

Phone : 1 800 22 5079

Website : [www.gsam.in](http://www.gsam.in)



**Asset  
Management**