SYSTEMATIC INVESTMENT PLAN (SIP)

SAHARA MUTUAL FUND

Registration Cum Mandate Form For ECS / Direct Debit Facility

Serial No. :

Common Application No.

ARN-97821

Sahara Tax Gain Fund	Sahara Growth Fund	Sahara Midcap Fund	Sahara Wealth Plus Fund	Sahara Infrastructure Fund
Sahara R.E.A.L Fund	Sahara Banking & Financial Services Fund	Sahara Power & Natural Resources Fund	Sahara Super 20 Fund	Sahara Star Value Fund
Sahara Liquid Fund	Sahara Short Term Bond Fund	Sahara Gilt Fund	Sahara Income Fund	Sahara Interval Fund

Sahara Classic Fund	(BLUE) investors understand that their principal will be at low risk	(YELLOW) Investors understand that their principal will be at medium risk	(BROWN) investors understand that their principal will be at high risk

Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

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	EUIN	Date, Time / ISC and Number as per Time Stamping Machine
	97821			E113814	

☐ "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 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 Unitholder / Guardian / POA Signature		Second Unit Holder's Signature		Third Unit Holder's Signature	

EXISTING INVESTORS FOLIO NUMBER ☐☐☐☐☐☐☐☐☐☐

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.)

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

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.

Pl (✓) ☐   Email-ID

KYC DETAILS

Applicant	Permanent Account Number (PAN)	KYC acknowledgement [Pl. ✓]	
Sole / 1st Applicant / Guardian / PoA		Submitting now ☐	Already submitted ☐
2nd Applicant		Submitting now ☐	Already submitted ☐
3rd Applicant		Submitting now ☐	Already submitted ☐

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 (✓) Monthly ☐ Quarterly ☐

First SIP transaction via Cheque No. ☐☐☐☐☐☐   Cheque Dated ☐☐☐☐☐☐☐☐   Amount (in ₹)

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)	

PLEASE TURNOVER