

APPLICATION FORM Applin No.

SAHARA BANKING & FINANCIAL SERVICES FUND (All fields are mandatory for New Investors)

(For Existing Investors, furnishing of additional details is mandatory for the first time as part of KYC & FATCA norms.)

EUIN is mandatory for all the transactions. executed through the distributor - both for "ADVISORY" as well "EXECUTION ONLY" transactions.																				
DISTRIBUTOR INFORMATION (Investors applying under Direct option must state 'DIRECT' in the ARN Code Column) (FOR OFFICE USE ONLY)																				
ARN Name	Sub - Agent C		Agent's N Code	EUIN				Date, Time / ISC and Nu				Numb	umber as per Time Stamping Machine							
In case of ANY EXCEPTIONAL CASE, where there is NO INTERACTION by the Employee / Sales person / Relationship Manager of the Distributor / Sub broker with respect to the transaction, the adjacent DECLARATION is desired from the investor/s. 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 not with standing the advice of in-appropriateness, if any provided by the employee/relationship manager/sales person of the distributor/sub broker"																				
Sole / First Unitholder / Guardian / POA Signature	Guardian /			Second Unit Holder's Signature							Third Unit Holder's Signature									
FOR EXISTING UNIT HOLDER'S (OF SAHARA MUT	TUAL FUND	PLEAS	E PRO	IDE FOLIO	NO.				T					(fill de	tails	below)		
APPLICANT INFORMATION (To be	filled in BLOCK I	etters. Use o	ne bo	x for c	ne alpha	bet, lea	ving	one bo	x bla	nk b	etwe	en na	ame a	and s	urn	ame)			
FULL NAME OF SOLE / FIRST APPLICA							Ť											inor (c	ld/mi	n/yyyy)
			Т							T	T		Τ	D	D	M	M	Υ	Υ	YY
(Mandatory) Father's/ Spouse Name											İ	İ								
(Mandatory) Current Marital Status	_ • ,	Married																		
Document for proof of Date of Birth of minor	—	_		•		. –	_	•			NDI	/DIO/E	II (D	net B	0 v N	0 2	ono	is not	cuff	iciont)
Address in full (DO NOT REPEAT NAM	Application	irent or Guard	lian oi	WITTOT	indian ad	auress	in cas	e istaj	ppiica	ant is	NKI	PIOIF	·II (PC	JSLB	OX N	o. ai	one	S HOL	Suii	icient)
					П			1	\Box	1			Ť	 	$\frac{1}{1}$	T	Ħ	\forall		$\overline{}$
City Pin State Country																				
(Mandatory) Overseas Address for I	NRIs/PIOs/FIIs																			
																	$oxed{oxed}$			
					Щ								<u> </u>				<u></u>			
City	State				Co	untry								Pin/Z	Zip	<u> </u>				
STD Code Tel.				Fax			<u> </u>			Ш	l	Mobil	· L		<u> </u>	Ť	<u> </u>	<u></u>	<u></u>	
					Preferab								_	/ _	_	•				n No.27)
(MANDATORY) Status of 1 st Applica 8. Company (Listed/Unliste		sident Individua						•										Propri	ietors	ship Firm
(MANDATORY) Occupation 1 St Appli	•	Business 2				•										•		F	. 🗆	Student
(IIIANDATORT)	7. Housewife		_						_					.00	٠. ر		.0 0		Ш	0.0001.1
7. Housewife 8. Public / Govt. service 9. Forex Dealer 10. Others (pl.specify) PAN No. (Mandatory) KYC acknowledgement [Pl. /] Submitting now / Already submitted																				
(MANDATORY) OTHER KYC DETAILS	(For Individuals Or	nly)																		
Gross Annual Income Details (Please t	i ck(✓)): □ Belov	w₹1Lac /	₹	1-5 La	cs / 🗆	₹ 5-10	Lacs	/□₹	10-2	5 Lac	cs /	₹2	25 La	ics -1	Cro	ore /	′□	>₹1	Cro	re
OR Net-worth in Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y																				
Please tick if applicable: Politically Exposed Person (PEP) (for definition of PEP, please refer instruction '6A').																				
Not Applicable Any Other Information																				
(MANDATORY) OTHER KYC DETAILS (For Non-Individuals Only) Gross Annual Income Details (Please tick(✓)): □ Below ₹ 1 Lac																				
OR Net-worth in ₹ Is the entity involved in / providing a			man 1	уеаг	as	on (da	ιι <i>ο)</i> [V. IVI	الـــاا										
- Foreign Exchange / Money Changer Services																				

(MANDATURY) FIRST APPLICANT/	MINOR/HUF/NON INDIVIDUAL / (Mr. / Ms. / M/s.)		
Country of Birth	Nationality	Country of Resi	idence
Am I / Are we, a tax resident of any of	country other than India for tax purpose? if No,Pleas	se tick (🟏)	
If yes, please indicate all countries in	n which you are resident for tax purposes and the as	ssociated Tax Reference Numbers	below.
	Country#	Tax	Reference / Identification Number
# to include USA, where investor is	a citizen / greencard holder of USA		
NAME OF SECOND APPLICANT	(Mr./Ms.)		Date of Birth (dd/mm/yyyy)
			D D M M Y Y Y
Father's/ Spouse Name			
(Mandatory) Current Marital Status	s: Single / Married		
Status/Category of 2 nd Applicant [Pl	1.Resident Individual 2. NRI 3. Others (pl	I.specify)	
Otitibond Aitibl	1 1 □ B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.4.0.0
Occupation of the 2 nd Applicant [Pl.	✓ 1. ☐ Business7. ☐ Housewife8. ☐ Public / Govt. service		e Sector Service 5. Retired 6. Student
PAN No. (Mandatory)		. √] Submitting now Already su	
(MANDATORY) OTHER KYC DETAIL			
		/	/□ 3051
OR Net-worth in	e tick(✓)): ☐ Below ₹1 Lac / ☐ ₹1-5 Lacs /		
Please tick if applicable: Politically	Net-worth should not be older than 1 year v Exposed Person (PEP)	as on (date)	
	ition of PEP, please refer instruction '6A').	related to a relationly E	Aposou i Groom (i El)
☐ Not Appli		Any Other Information _	
		country of Residence	
Nationality		Email-ID	
•	country other than India for tax purpose? if No,Pleas	· · ·	halow
Country#	n which you are resident for tax purposes and the as Address	ssociated tax Reference numbers	Tax Reference / Identification Number
Country#	Address		Tax Neterence / Identification Number
# to include USA, where investor is	a citizen / greencard holder of USA		
NAME OF THIRD APPLICANT (MI			Date of Dirth (dd/mm/nnn)
NAME OF THIRDAFF LIGARY (MI	1.7 Mis. j		Date of Birth (dd/mm/yyyy)
Fother's/Snave Name			
Father's/ Spouse Name	Oin the / Duranted		
(Mandatory) Current Marital Statu	· · ·		
Status/Category of 3 rd Applicant [PI.	1.Resident Individual 2.On behalf of minor	3.NRI 4.Others (pl.specify)	
Occupation of the 3rd Applicant IDI	✓] 1. ☐ Business 2. ☐ Professional 3.	□ Agriculturiet 4 □ Private	e Sector Service 5. Retired 6. Student
Occupation of the 3.4 Applicant [Fi.	7. Housewife 8. Public / Govt. service		
PAN No. (Mandatory)			
(MANDATORY) OTHER KYC DETAIL	S		
	e tick(✓)): ☐ Below ₹1 Lac	□ ₹ 5 40 Loop	oo /□₹251.000 1.0roro /□ >₹1.0roro
OR Net-worth in	Net-worth should not be older than 1 year	as on (date)	CS / 1 Clore / 1 Clore
Please tick if applicable: Politically		Related to a Politically E	Exposed Person (PEP)
	ition of PEP, please refer instruction '6A').	-	
☐ Not Appli	•	☐ Any Other Information _ Country of Residence	
		Email-ID	
Nationality	country other than India for tax purpose? if No,Pleas		
	in which you are resident for tax purposes and the as	· · —	below
Country#	Address	SSOCIALES TAX RETERENCE HATTISETS	Tax Reference / Identification Number
,			
# to include USA, where investor is	a citizen / greencard holder of USA		
NAME OF GUARDIAN (of Minor)	(Mr. / Ms.)		Date of Birth (dd/mm/yyyy)
			D D M M Y Y Y
Document for proof of Date of Birth of Minor	(DOB) and Relationship with Minor : Birth certificate Sch	hool Leaving Certificate Passport	Others (Please state)
· —	Mother Father Legal Guardian		
Status/Category of Guardian [Pl. \(\forall \)]		L angeife)	
otatas/oategory of Guardian [rl. v]	Resident Individual 2. NRI/PIO 3. Others (pl	i.specity)	
Occupation of the Guardian [Pl. √]	Business 2. ☐ Professional 3. Housewife 8. ☐ Public / Govt. service		e Sector Service 5. Retired 6. Student

		KYC	C acknowledgement [Pl. √]	g now/ Already submitted
(MANDATORY) OTHER KYC DETAILS	S			
Gross Annual Income Details (Please	tick(✓)):□ Below ₹	1 Lac / □ ₹ 1-5 La	 ncs	Lacs / □ ₹ 25 Lacs -1 Crore / □ > ₹ 1 Crore
OR Net-worth in		not be older than 1 year	as on (date)	
Please tick if applicable: Politically			Related to a Politically	/ Exposed Person (PEP)
(for definiti	tion of PEP, please refer in	struction '6A').	Any Other Information	1
			Country of Residence	
Country of Birth Nationality			Email-ID	
Am I / Are we, a tax resident of any c	country other than Indi	a for tax purpose? if No		
	•		the associated Tax Reference Number	ers below.
Country#		Addre		Tax Reference / Identification Number
to include USA, where investor is a	a citizon / grooncard l	acidor of USA		
	a citizen / greencaru i	loider of OSA		
MODE OF OPERATION				
☐ Single ☐ Joint* ☐ Either or	r Survivor(s) 🗌 On E	Behalf of Minor (*Defau	Ilt in case not indicated when applican	its are more than one)
POWER OF ATTORNEY (POA) ([Details MANDATOR\	<u>h</u>		
lame of POA Holder				
status: Resident Individual	□ NRI/PIO □	Others (Please Specify	у)	Gender: Male Female
Enclosed: Proof of KYC	Proof of Identity & Ad	ddress	d Copy PAN (Mandatory)	
Overseas Address of Power of Atto	•		, , , , , , , , , , , , , , , , , , , ,	
City	State		Country	Pin/Zip
		tails oven if you have	e already submitted your KYC ack	
•			· · ·	
	, Please provide the name of	T Sole Properletor. IT HUF, PI	ease provide the name of Karta in case of other	r Non-Individuals, Please provide the details of Contact Person.
Name				
Tel				
STD Code Email-ID	Office		Residence	Fax Mobile
-				
BANK PARTICULARS (It is mandate	ory to furnish bank partic	ulars failing which applica	tion shall be rejected) (Refer Form instructi	ion no. 5)
Bank Account No.			Account Type : Savings C	urrent NRE NRO FCNR
NICR Code (9 digit)			IFSC Code (11 digit for RTGS 8	k NEFT)
Bank Name				
		<u> </u>		
			City	
			City	PIN PIN
ranch Address	Please tick applicable	category). Details to b	City be provided as on date of application	
Details of Beneficial Ownership (F			be provided as on date of application	n. (Refer instruction 25)
Details of Beneficial Ownership (F	nlisted company	Partnership Firm	be provided as on date of application Unicorporated Association / Bod	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor
Details of Beneficial Ownership (F Category Uni Ownership per cent	nlisted company 25%	Partnership Firm >15%	be provided as on date of application Unicorporated Association / Bod >15%	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15%
Details of Beneficial Ownership (F Category Uni Ownership per cent In case of any change in the beneficial of	>25% ownership, the investor	Partnership Firm >15% will be responsible to intin	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor
Details of Beneficial Ownership (F Category Uni Ownership per cent case of any change in the beneficial oletails of Beneficial Ownership (Please	>25% ownership, the investor attach a separate sheet	Partnership Firm >15% will be responsible to intin	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA pace provided is insufficient)	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change. Details of Identity such as
Details of Beneficial Ownership (F Category Uni Ownership per cent a case of any change in the beneficial of Beneficial Ownership (Please Sr.No. Name	>25% ownership, the investor attach a separate sheet	Partnership Firm >15% will be responsible to intin	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change.
Details of Beneficial Ownership (F Category Uni Ownership per cent n case of any change in the beneficial of etails of Beneficial Ownership (Please Sr.No. Name	>25% ownership, the investor attach a separate sheet	Partnership Firm >15% will be responsible to intin	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA pace provided is insufficient)	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change. Details of Identity such as
Details of Beneficial Ownership (F Category Uni Ownership per cent In case of any change in the beneficial of etails of Beneficial Ownership (Please Sr.No. Name 1	>25% ownership, the investor attach a separate sheet	Partnership Firm >15% will be responsible to intin	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA pace provided is insufficient)	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change. Details of Identity such as
Details of Beneficial Ownership (F Category Uni Ownership per cent In case of any change in the beneficial of Beneficial Ownership (Please Sr.No. Name 1 2 3	>25% ownership, the investor attach a separate sheet	Partnership Firm >15% will be responsible to intin	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA pace provided is insufficient)	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change. Details of Identity such as
Details of Beneficial Ownership (F Category Uni Ownership per cent In case of any change in the beneficial of details of Beneficial Ownership (Please Sr.No. Name 1 2 3 4	>25% ownership, the investor attach a separate sheet	Partnership Firm >15% will be responsible to intii t with this format if the sp	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA pace provided is insufficient) Address	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change. Details of Identity such as
Details of Beneficial Ownership (F Category Uni Ownership per cent In case of any change in the beneficial of Beneficial Ownership (Please Sr.No. Name 1 2 3 4 Please attach self attested copy of	>25% ownership, the investor attach a separate sheet	Partnership Firm >15% will be responsible to intit twith this format if the specific specif	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA pace provided is insufficient) Address	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change. Details of Identity such as PAN / Passport % of ownership
Details of Beneficial Ownership (F Category Uni Ownership per cent In case of any change in the beneficial of Beneficial Ownership (Please Sr.No. Name 1 2 3 4 Please attach self attested copy of	>25% ownership, the investor attach a separate sheet	Partnership Firm >15% will be responsible to intit twith this format if the specific specif	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA pace provided is insufficient) Address	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change. Details of Identity such as PAN / Passport % of ownership
Details of Beneficial Ownership (F Category Uni Ownership per cent In case of any change in the beneficial of Beneficial Ownership (Please Br.No. Name 1 2 3 4 Please attach self attested copy of	>25% ownership, the investor attach a separate sheet	Partnership Firm >15% will be responsible to intii t with this format if the sp	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA pace provided is insufficient) Address ong with application form]	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change. Details of Identity such as PAN / Passport % of ownership Collection Centre's Receipt Date and Time
Details of Beneficial Ownership (F Category Uni Ownership per cent In case of any change in the beneficial overails of Beneficial Ownership (Please Sr.No. Name 1 2 3 4 Please attach self attested copy of	>25% ownership, the investor attach a separate sheet	Partnership Firm >15% will be responsible to intit the sylvent of of photo identity) along the sylvent of of photo identity) along the sylvent of of photo identity along the sylvent of of photo identity along the sylvent of the s	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA pace provided is insufficient) Address ong with application form] an application for purchase of un	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change. Details of Identity such as PAN / Passport % of ownership Collection Centre's Receipt Date and Time
Details of Beneficial Ownership (F Category Uni Ownership per cent In case of any change in the beneficial obetails of Beneficial Ownership (Please Sr.No. Name 1 2 3 4 Please attach self attested copy of	>25% ownership, the investor attach a separate sheet FPAN / Passport (production of the separate sheet) orough SIP	Partnership Firm >15% will be responsible to intit t with this format if the sp of of photo identity) alcounts subject to realisation of cheq	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA pace provided is insufficient) Address ong with application form] an application for purchase of unue(s)/demand draft(s).	n. (Refer instruction 25) ly of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change. Details of Identity such as PAN / Passport % of ownership Collection Centre's Receipt Date and Time
Details of Beneficial Ownership (F Category Uni Ownership per cent n case of any change in the beneficial of Beneficial Ownership (Please Sr.No. Name 1 2 3 4 Please attach self attested copy of as Normal Investment / or thro Received from Mr. / Ms. / M/s ₹ (in Figures) Bank Name	solisted company >25% ownership, the investor attach a separate sheet FPAN / Passport (production of the company) rough SIP	Partnership Firm >15% will be responsible to intit twith this format if the specific properties of of photo identity) aloos of of photo identity) aloos of of photo identity) aloos of cheque/ DD No	be provided as on date of application Unicorporated Association / Bod >15% mate SAHARA AMC / its Registar / KRA pace provided is insufficient) Address ong with application form] an application for purchase of unue(s)/demand draft(s).	n. (Refer instruction 25) By of Individuals Trust Foreign Investor >=15% as may be applicable immediately about such change. Details of Identity such as PAN / Passport % of ownership Collection Centre's Receipt Date and Time Cheque/DD is subject to realisation

INVESTMENT AND PAYMENT DETAILS Please submit one cheque / DD for each scheme (REFER TABLE "SCHEME NAME") Please See Page No. 6.												
Scheme Name Sub Option												
Cheque / DD No.	Net An	nount (₹)	Bank &	Mode of Payment : Cheque / DD _ / RTGS _ / NEFT _ ECS _ / Fund Transfer _								
		@ For NRI(s) Source of Fund: NRE NRO FCNR Account Type @ (SB/ CA/ NRE/ NRO/ FCNR)										
SIP ENROLMENT DETAILS Banker's Certificate is mandatory for applications in case of Demand Drafts. (Ref. instr. no.5)												
OBTAIN & FILL IN REGISTRATION CUM ECS MANDATE FORM SEPARATELY Selected SIP Date (please (✓) only one) 5th / 15th / 25th • No. of SIP Installments												
SIP Amount (in ₹) Enrolment Start Month												
Payment Mechanism (/) Option 1: Debit through ECS / Direct Debit facility (Tick this box, obtain & fill in registration cum ECS mandate form separately) (Refer SIP instruction no. 6B & 6C)												
		Opt	ion 2: Through Post Dated Che	ques - Total Cheques		Chec	que Nos. 1	from	To			
Drawn On Bank Branch Name City												
NOMINATIO	N DET	AILS (<u>M</u>	ANDATORY FOR SIN	IGLE HOLDING) (F	Refer form instructi	on no. 12)		MANDA	TORY - NON INTEN	TION TO NOMINATE		
			receive the amount to my/our cr and settlements made to such r						DO NOT WISH to not able for investors wh	minate. o do not wish to nominate)		
Nam	ne & Addr	ess of the	Nominee	Guardian Name & A	ddress (in case no	minee is a minor)		ite of Birth	Relationship vith the Applicant	Signature of Nominee / Guardian [Optional]		
DEPOSITORY ACCOUNT DETAILS (Refer Instruction No. 14a & 14b) (UNITS ARE INTENDED TO BE HELD IN DEMAT FORM)												
Refer instructions for Depository Participa		and SID for I	risk factors associated with listin	g of units. Please ensure that	at the sequence of n	ames as mentioned	l in this Ap	plication Form m	atches with that of the	e account held with the		
Depository Participa		(DP) :		Please(√)	National Securiti	es Depository Limit	ed	Central	Depository Services	(India) Limited		
Beneficiary Account	t Number :			DP ID N			(16	digit banefisian	Vo No. to be montion			
TRANSACTION C	HARCES	Duran	ant to SEBI circular vide no. Ci	CLIENT ID	00 August 0044 -	·	_ `	,	Vc No. to be mention	,		
by the AMC and p subscription Amour	aid to the	distributors	tant to SEBI circular vide no. Cr as follows: a) existing investor tributor and the balance shall be criptions relating to new inflows	ors : ₹ 100/- per subscription e invested d) No Transaction	n b) new investor :	₹ 150/- per subscr	iption c)	Transaction char	ge if any will be ded	ucted by the AMC from the		
DECLARATIO	N (Plea	se √whi	chever 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 is 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 monthl												
1st applica Guardian (Sigr POA Signati	nature)	х		2nd applicant (Signature)	х			3rd applican (Signature)				
									-			

SAHARA ASSET MANAGEMENT COMPANY PRIVATE LIMITED Corporate Office: 97-98,9th Floor, Atlanta, Nariman Point, Mumbai-400 021. Tel: 022 22047197 / 98.

- Fax: (022) 22047199 Email: saharamutual@saharamutual.com
- Website: www.saharamutual.com

Registrar & Transfer Agent: KARVY COMPUTER SHARE PVT. LTD. (KARVY) (Unit: Sahara Mutual Fund)

#59, 'SKANDA", Puttanna Road, Basavangudi, Bengaluru - 560 004, Ph : 080 - 26600785 / 26602852 Fax : 080 26600786

Toll Free No.: 18004254034/35 Email: service_smf@karvy.com Note: All future communication in connection with the application should be addressed to the Registrar at the address given in this form, quoting full name of sole/first applicant, the application serial number, the name of the scheme/option, amount invested, date and the place of the AMC/ Collection Centre where the application was lodged/submitted.