

Sponsor: Samco Securities Limited

Trustee Company: Samco Trustee Private Limited Investment Manager: Samco Asset Management

Samco Mutual Fund 1003 – A, Naman Midtown, Senapati Bapat Marg, Prabhadevi (W), Mumbai - 400 013

## **COMMON APPLICATION FORM**

Please read instructions before filling this form All sections to be completed in ENGLISH in BLACK / BLUE Coloured Ink and in BLOCK LETTERS.

Priv	vate Limited	Mumbai - 400 013	7 iii Sections to	Ink and in BLOCK LETTERS
1. Distributor Informa	tion		Application	on No.
Distributor Code	Sub-Broker Code	Internal Sub-Broker Code	EUIN*	RIA CODE <sup>^</sup>
	ARN -	INTERNAL CODE	Employee Unique IDENTIFICATION NO.	
if blank by me/us as this transaction appropriateness, if any, provided by the offront commission shall be paid dire vestments, please mention 'Direct' in We, have invested in the below men	n is executed without any interaction or ad the employee/relationship manager/sales p tetly by the investor to the AMFI registered the column 'Distributor Code'. tioned scheme of Samco Mutual Fund und	lvice by the employee/relationship manager person of the distributor/sub broker". Distributors based on the investors' assess	r/sales person of the above distributions sment of various factors including the consent to share/provide the transactions	confirm that the EUIN box has been intentionally itor/sub broker or notwithstanding the advice of the service rendered by the distributor. For Direct action data feed / portfolio holdings / NAV etc. in
Signature (s)	SOLE / FIRST APPLICANT	SECOND APPLI	CANT	THIRD APPLICANT
Mode of Holding				
case of Demat Purchase Mod	e of Holding should be same as in De	emat Account) Single	Joint Anyone or Survivo	r (Default)
1. Applicant Informat	ion (Mandatory) to be filled in bloc	k letters		(Refer Instruction No.II)
olio No.	(For Exis	sting unit holders) Ger	nder Male Femal	e Transgender
ame of Solo / 1st Applicant	Mr. / Ms. / M/s.			
AN	CKYC No.		Date of B	irth
ity		State		Pin code
obile No.		Email ID		
e Email ID belongs to (Mandat e Mobile No. belongs to (Mand		Spouse Dependents  Spouse Dependents	POA	Custodian Guardian Custodian Guardian
ease note: In the event that the mmunication in this regard to t		ed herein above does not appear to be		the AMC shall send suitable  (Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. XX
Guardian Details (In ca	ase First / Sole Applicant is minor) / <b>0</b>	Contact Person- Designation / POA Ho	older ( In case of Non-Individua	al Investors)
r. / Ms.	,	1	ith Minor/Designation	
AN	CKYC No.		Gender	Male Female Transgende
obile No.		Email ID		-
e Email ID belongs to (Mandat e Mobile No. belongs to (Mand		Spouse Dependents  Spouse Dependents	P0A P0A	Custodian Guardian Custodian Guardian
Date of Birth Proof fo	or minors (Any One)			
Birth Certificate Marks	sheet (HSC/ICSE/CBSE) Schoo	Leaving Certificate Passport	Others	
Second Applicant				
r. / Ms.				
NN	CKYC No.		Gender	Male Female Transgende
SAMCO UTUAL FUND			ACKNO	OWLEDGEMENT SLIP (To be filled by the investo
eceived from: Mr. / Ms. / M	/s		Applica	1
application for units of Sa		Plan: Regular	Direct Option: Grow	
de Cheque No	Dated   D   D   M   I	Plan.	Option. Grow	MI .
- L	Duted D D W I	Amount (4)		
rawn on Bank ranch				

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

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The Mobile No. belongs	to (Mandatory Please	✓) Self	[	Spouse	Dep	endents	POA	Custodia	in [	Guardia	n
Third Applican	+										
Mr. / Ms.	•										
		CKYC No.	1 1	1 1 1 1 1	1 1 1	1 1 1 1	Gender	Male	Female	Trai	nsgender
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Physical Mode	Demat Mode (Mar	idatory to prov	ide the d	emat details in ca	ase mode of	holding tick as d	lemat mode)				
CDSL						NSDL	N				
Beneficiary A/C No.					1 1 1						
Depository Participa	nt Name						Sole A		Note: Demat A ame should be		
								(Note: Ple	ase attach co	py of Client M	aster List.)
	olicable for First / Sole					1			7 -		
Resident Individual		RI - NRO	HUF			Club / Society		Minor _	Governme	nt Body	Trust
NRI - NRE	Bank & FI	Proprietor	snip Firm	Partnersh	nip Firm	QFI	Provident Fund	<u></u> □ 01	thers		
Overseas Addr	ess				Address	for Communic	ation (for NRI applica	nts)	Indian	Overse	as
Address (Mandatory for	NRI/FII applicant*)										
				Cour	ntry			Zip C	ode	1 1	
Email Commu	nication (Please ti	ck ✔)									
Default communication	_		ress is no	t provided then p	lease 'Opt-ir	n' to receive belov	v documents in physic	al copy by	ticking the	option belo	w:
Annual Report	Abridged Annual Repo	rt Other	Statutory	Information							
2. KYC Details	(Mandatory - Refer Ins	struction No X	I for deta	nils)							
First Applicant:	Business	Service		Professional							
i ii ot Applioditt.						Agriculturiet	Housewife	1   9	tudent	Defe	nce
	Bureaucrat	Forex De	ealer _	Unlisted Comp		Agriculturist Body Corporate	Housewife Listed Company		tudent thers	Defe	nce 
Second Applicant:	Bureaucrat Business	Forex De	ealer	=	pany E	•	=	y		Defe	
Second Applicant:				Unlisted Comp	pany E	Body Corporate	Listed Company	y 🗍 o	thers		
Second Applicant: Third Applicant:	Business	Service Forex D Service	ealer	Unlisted Comp	pany E	Body Corporate Agriculturist	Listed Company	y	tudent		nce
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For Individuals (Please tick 🗸)													
Fir		First Ap	plicant:		Second Applicant			Third Applicant					
I am Politically E	xposed Person												
I am Related to I	Politically Expos	sed											
Not Applicable													
For Non-I	ndividual Ir	nvestors (	Please tick ∨	<b>'</b> )									
Is the company a Foreign Exchar Charger Servic	nge / Money	ny or Subsidiar	No G			Listed Company ottery / Casino		`		attach mandato nding / Pawni	ry UBO Declaration) ing Yes No		
3. FATCA/	CRS Detail	S - Non Indi	ividual Inve	stors should	d mandator	y to fill separa	te FATCA/CRS	details fo	rm	(Refer In	struction No.XVIII)		
	Sole / First Applicant / Guardi			Guardian		2nd Applica	ant		3rd Applicant POA				
Place & Country of Birth		<b>.</b>	1-1	4: T									
	Country #	Tax Payer Ref ID No	Identifica (TIN or other, I		Country #	Tax Payer Ref ID No	(TIN or other, please :		Country #	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)		
#Pleas	se indicate all co	untries, other th	nan India, in wh	ich you are a r	esident for ta	x purpose, associ	ated Taxpayer Iden	tification Nu	ımber & it's	Identification typ	pe e.g: TIN etc		
		(DO 1)											
4. Power o	of Attorney	(POA) If i	nvestment is	being made l	oy a Constitu	itional Attorney,	please submit no	tarised cop	by of POA				
POA NAME M	r. / Ms. / M/s.								PAN	1			
5. Nomina	tion Detail	<b>S</b> (Please ticl	k <b>√</b> )										
							or folio in the event of arge by the AMC/Mu				all payment and settlements		
											ointment of nominee(s) and nt authority, based on the		
value of asse	ts held in the mutu	ual fund folio.											
Nominee deta	ils		Nor	minee 1			Nominee 2			Nomi	nee 3		
Name													
Addross													
Address													
PAN													
Date of Birth													
Relationship													
Proportion (%	)*												
	Address of the												
the nominee is		Jase											
Signature of G	Guardian / Nomi	inee											
*(%) by which the	units will be sh	nared by each r	nominee (% to	aggregate to	o 100%)	1							
Signature (s	"Should be	e signed by all ur	nit holders inclu	ding joint holde	rs, irrespective	of mode of holding	"						
SOLE / FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT													
	SULE / FIRST APPLICANT SECUND APPLICANT												

6. Lumpsum/New SIP-Investment Details* Choice of Sche	eme/Plan/Option For SIP Investment Auto-Debit Form is ma	ndatory (Refer Instruction No.VI)
Scheme	Plan:	Regular Direct Option: <b>Growth</b>
7. Bank Account Details		
Account No Bank Name	Account Type (Please ✔): SB Bank Address	Current NRO NRE FCNR
City Pin IFS	CC CODE	MICR CODE
8. Payment Details		
Cheque No Date D  Net Amount ₹	D M M Y Y Y Y Gross A DD Cha	above and fill in the details below)
Account No	Account Type (Please ✔):	SB Current NRO NRE FCNR
9. Systematic Transaction Registration Details		
	estment it is mandate to submit SIP Mandate Regis	
Scheme	Plan:	Regular Direct Option: Growth
	tallment amount (in words)	
SIP Frequency: (Please ✓):		allments OR Perpetual:
Systematic	tic Transfer Plan (STP)	
From Scheme Plan: Regular Direct (	Option: <b>Growth</b> To Scheme	Plan: Regular Direct Option: Growth
Amount (in figures): ₹ STP Frequency: (Please ✔):	Daily Weekly (Monday to Friday) Day of Tra	nsfer: Fortnightly
Monthly Quarterly Debit Date: 1 7 10 15	25 STP Period: From D D M M Y Y	Y Y To D D M M Y Y Y Y
10.Declaration and Signature(s)		
Having read and understood the contents of the Scheme Information Document (SID) of the son who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We I conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorite legitimate sources and is not held or designed for the purpose of contravention of any act governmental or statutory authority from time to time. It is expressly understood that I/We have ee/Fund would not be responsible if the investment is ultra vires thereto and the investment	hereby apply to Samco Mutual fund for units of such Schem ised to invest the amount & that the amount invested by me s, rules, regulations or any statute or legislation or any othe ave the express authority from our constitutional documents	ne as indicated above and agree to abide by the terms and e/us in the above mentioned Scheme(s) is derived through or applicable laws or notifications, directions issued by the
I/We undertake that these investments are my/our own and acknowledge that AMC reserves I/We hereby, further agree that the Fund can directly credit all the redemption amount to my		
The ARN holder has disclosed to me/us all the commissions (in the form of trail commission the Scheme is being recommended to me/us. I/We further agree that the Fund/AMC can sent facility. I/We people confirm that it is my/our informed decision not to excit the commission.	d us all types of SMS relating to the products offered by them	3
facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination of Applicable to NRI only: I/We confirm that I am / we are Non Resident of Indian Nationality/Or	rigin and I/We hereby confirm that the funds for subscription	
channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Ple  Repatriation Non Repatriation	ase (ü) (Including amount of Additional Purchase Transaction	on made in future)
Date   D   D   M   M   Y   Y   Y		
Place		
Signature (s)  SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT