

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

**Guardian Details** (In case First / Sole Applicant is minor) / **Contact Person- Designation / POA Holder** ( In case of Non- Individual Investors)

Mr. / Ms.

PAN

CKYC No.

Date of Birth

D

D

M

M

Y

Y

Y

Y

Gender

☐ Male

☐ Female

☐ Transgender

Mobile No.

Email ID

Relationship with Minor/Designation

The Email ID belongs to (Mandatory Please ✓ )

☐ Self

☐ Spouse

☐ Dependents

☐ POA

☐ Custodian

☐ Guardian

The Mobile No. belongs to (Mandatory Please ✓ )

☐ Self

☐ Spouse

☐ Dependents

☐ POA

☐ Custodian

☐ Guardian

**Date of Birth Proof for minors (Any One)**

☐ Birth Certificate

☐ Marksheet (HSC/ICSE/CBSE)

☐ School Leaving Certificate

☐ Passport

☐ Others

**Demat Account Details** ☐ NSDL ☐ CDSL

☐ Physical Mode

☐ Demat Mode (Mandatory to provide the demat details in case mode of holding tick as demat mode)

NSDL

I

N

Beneficiary A/C No.

CDSL

Please Note: Demat Account Details of First / Sole Applicant (Name should be as per demat account) (Note: Please attach copy of Client Master List.)

**Tax Status** (Applicable for First / Sole Applicant)

☐ Resident Individual

☐ Foreign National

☐ Public Limited Company

☐ Government Body

☐ AOP / BOI

☐ Defense Establishment

☐ On behalf of Minor

☐ Sole Proprietorship

☐ Private Limited Company

☐ Financial Institution

☐ Trust / Society / NGO

☐ Other

☐ HUF

☐ Partnership Firm

☐ Body Corporate

☐ FII

☐ Non Profit Organization / Charities

☐ NRI

☐ LLP

☐ Bank

☐ Foreign Portfolio Investor

☐ QFI

**Overseas Address** **Address for Communication** (for NRI applicants) ☐ Indian ☐ Overseas

Address (Mandatory for NRI/FII applicant\*)

Country

Zip Code

**Email Communication** ( Please tick ✓ )

Default communication mode is through 'email'. If email address is not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option below:

☐ Annual Report

☐ Abridged Annual Report

☐ Other Statutory Information

**2. KYC Details** (Mandatory - Refer Instruction No XI for details)

Occupation ( Please tick ✓ )

First Applicant/ Guardian:

☐ Business

☐ Service

☐ Professional

☐ Agriculturist

☐ Housewife

☐ Student

☐ Defence

☐ Bureaucrat

☐ Forex Dealer

☐ Unlisted Company

☐ Body Corporate

☐ Listed Company

☐ Others

Second Applicant:

☐ Business

☐ Service

☐ Professional

☐ Agriculturist

☐ Housewife

☐ Student

☐ Defence

☐ Bureaucrat

☐ Forex Dealer

☐ Unlisted Company

☐ Body Corporate

☐ Listed Company

☐ Others

Third Applicant:

☐ Business

☐ Service

☐ Professional

☐ Agriculturist

☐ Housewife

☐ Student

☐ Defence

☐ Bureaucrat

☐ Forex Dealer

☐ Unlisted Company

☐ Body Corporate

☐ Listed Company

☐ Others

**Gross Annual Income** ( Please tick ✓ )

First Applicant / Non-individuals:

☐ Below 1 Lac

☐ 1-5 Lacs

☐ 5-10 Lacs

☐ 10-25 Lac

☐ >25 Lacs - 1 Crore

☐ > 1 Crore

OR

Net worth (Mandatory for Non - Individuals)

₹

as on

D

D

M

M

Y

Y

Y

Y

(Not older than 1 year)

Second Applicant:

☐ Below 1 Lac

☐ 1-5 Lacs

☐ 5-10 Lacs

☐ 10-25 Lac

☐ >25 Lacs - 1 Crore

☐ > 1 Crore

as on

D

D

M

M

Y

Y

Y

Y

(Not older than 1 year)

Third Applicant:

☐ Below 1 Lac

☐ 1-5 Lacs

☐ 5-10 Lacs

☐ 10-25 Lac

☐ >25 Lacs - 1 Crore

☐ > 1 Crore

as on

D

D

M

M

Y

Y

Y

Y

(Not older than 1 year)

CHECKLIST: Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary / Authorised signatory / Notary Public)

Documents	Individual	HUF	Companies / LLP	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FII\$	PIO	FPI#
Copy of PAN Card	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declaration under FATCA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resolution/ Authorization to invest			✓	✓	✓		✓		✓		✓
List of authorized signatories with specimen signatures			✓	✓	✓	✓	✓		✓		✓
Trust Deed							✓				
Ultimate Beneficial Ownership (UBO)		✓	✓	✓	✓		✓		✓		✓
Bye-laws				✓							
Partnership Deed					✓						
Certificate of Registration									✓		✓
Notarized POA						✓					
PIO Card										✓	
Foreign Inward Remittance Certificate										✓	

\$-For FII's copy of SEBI registration certificate should be provided.

# Certificate of registration granted by designated depository participants on behalf of SEBI.

### 3. Non-Profit Organization (NPO)

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

☐ Yes ☐ No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

### 4. Power of Attorney (POA) If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

POA NAME Mr. / Ms. / M/s.

PAN

### 5. Nomination Details ( Please tick ✓ )

☐ I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)\* I/We also understand that all payment and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/Mutual Fund/Trustees.

OR

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

Nominee details	Nominee 1	Nominee 2	Nominee 3
Name*			
Address of Nominee(s)			
Date of Birth**** (in case of Minor)			
Relationship*			
Share of Nominee (%)** (% to aggregate to 100%)			
Name of the Guardian**** (to be furnished in case the nominee is minor)			
Mobile / Telephone No. of nominee(s)/ Guardian* in case of Minor			
Email ID of nominee(s)/ Guardian* in case of Minor			
Nominee/ Guardian (in case of Minor) Identification Number [Please tick any one and provide only number]***	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (last 4) _____ <input type="checkbox"/> Driving Licence _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (last 4) _____ <input type="checkbox"/> Driving Licence _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (last 4) _____ <input type="checkbox"/> Driving Licence _____

The information marked with (\*) are mandatory fields and cannot be left blank.

- a. I/We want the details fo my / our nominee to be printed in the statement of holding, provided to me / us by the AMC / DP as follows: (please tick, as appropriate)
- ☐ Name of nominee(s) ☐ Nomination: Yes / No
- b. I hereby authorize \_\_\_\_\_ (nominee number \_\_\_\_\_) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to \_\_\_\_\_ % of assets in the account / folio or Rs. \_\_\_\_\_
- (strike off portions that are not relevant. If both % of assets and amount selected, than the amount shall be considered.)
- c. Should be signed by all unit holders including joint holders, irrespective of mode of holding. Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

	Signature / Thumb Impression of Holder(s)	Witness Name	Witness Address	Witness Signature*
Sole / First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				

\*Please fill separte nomination form incase wish to add more than Three Nominee.

## 6. Lumpsum/New SIP-Investment Details\* Choice of Scheme/Plan/Option For SIP Investment Auto-Debit Form is mandatory (Refer Instruction No.VI)

Scheme  Plan: ☐ Regular ☐ Direct  
Option: ☐ Growth ☐ IDCW Sub Option: ☐ Payout of IDCW ☐ Reinvestment of IDCW ☐ Transfer of IDCW (Specify in Target Scheme)  
Target Scheme of Samco  Plan: ☐ Regular ☐ Direct Option: ☐ Growth

## 7. Bank Account Details

Account No  Account Type (Please ✓): ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR  
Bank Name  Bank Address   
City  Pin  IFSC CODE  MICR CODE

## 8. Payment Details

Mode of Payment (Please ✓) ☐ RTGS/NEFT/Fund Transfer ☐ Demand Draft ☐ Cheque ☐ One time Mandate  
Cheque No/Payment Ref No  Date   
Gross Amount ₹  Net Amount ₹  DD Charges ₹   
Bank Details: ☐ Same as above (Please tick (✓) if yes) ☐ Different from above (Please tick (✓) if it is different from above and fill in the details below)  
Bank/Branch & City   
Account No  Account Type (Please ✓): ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

### For Individuals ( Please tick ✓ )

	First Applicant:	Second Applicant	Third Applicant
I am Politically Exposed Person			
I am Related to Politically Exposed			
Not Applicable			

### For Non-Individual Investors ( Please tick ✓ )

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : ☐ Yes ☐ No (If No, please attach mandatory UBO Declaration)  
Foreign Exchange / Money ☐ Yes ☐ No Gaming / Gambling / Lottery / Casino ☐ Yes ☐ No Money Lending / Pawning ☐ Yes ☐ No  
Charger Services

## 9. FATCA/CRS Details - Non Individual Investors should mandatory to fill separate FATCA/CRS details form

(Refer Instruction No.XVI)

The below information is required for all applicants/guardian

	Place / City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <u>Please Specify</u>
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <u>Please Specify</u>
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others <u>Please Specify</u>

Is your Tax Residency/Country of Birth/Citizenship/Nationality other than India? ☐ Yes ☐ No (please ✓)

If yes, please indicate all countries in which you are resident for tax purpose and the associated Tax ID number below, In case of POA, the POA holder should mandatorilly fill Annexure I for complete details.

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other please specify)	Identification Type (TIN or other please specify)
First Applicant / Guardian				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant				Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents

Reason B - No TIN required (Select this reason only if the authorities of the country of tax residence do not require the TIN to be cancelled)

Reason C - Others please state the reasons thereof

## 10.Declaration and Signature(s)

Having read and understood the contents of the Scheme Information Document (SID) of the scheme applied for and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to Samco Mutual fund for units of such Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents.

I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with PMLA/KYC/FATCA norms. I/We hereby, further agree that the Fund can directly credit all the redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We further agree that the Fund/AMC can send us all types of SMS relating to the products offered by them.Applicable to investors who have not opted for nomination facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by Samco Mutual Fund.

**Applicable to NRI only:** I/We confirm that I am / we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (ii) (Including amount of Additional Purchase Transaction made in future)

Date

Place

Signature (s)

SOLE / FIRST APPLICANT

SECOND APPLICANT

THIRD APPLICANT

1. Distributor Information			Application No	S
Distributor Code	Sub-Broker Code	Internal sub broker code	EUIIN*	RIA Code^
<b>ARN-153155</b>	ARN-	INTERNAL CODE	<b>E-271894</b>	

\*Investors should mention the EUIIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".

^I/We, have invested in the below mentioned scheme of Samco Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

<b>Sign Here</b>	First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory

2. Unitholder Information	
Name of First / Sole Applicant	PAN
Folio No. (For Existing Unit Holders)	CKYC No.

3. Investment Details (Choice of Plan [Please ✓])		Registration	Cancellation
Scheme	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Target Scheme of Samco	
Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW	Sub Option: <input type="checkbox"/> Payout of IDCW <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Transfer of IDCW (Specify in Target Scheme)	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option: <input type="checkbox"/> Growth

SIP Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Preferred Debit Date (Any day from 1 <sup>st</sup> to 28 <sup>th</sup> of the month)	<input type="checkbox"/> Daily OR <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly OR <input type="checkbox"/> Half Yearly
Enrolment Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR Perpetual (Default) <input type="checkbox"/> OR No. of Installments <input type="text"/>	
First SIP Instalment via :	Cheque No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank A/c No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Drawn on Bank	<input type="text"/>	Branch <input type="text"/>
Each SIP Amount	<input type="text"/>	Amount in words <input type="text"/>

SIP Step UP FACILITY:	
Fixed Amount	Variable (in Percentage)
Amount (Minimum 500/- in multiple of Re 1/-) <input type="text"/>	Percentage (Minimum 10% and in multiple of 5%) ₹ <input type="text"/>
Freeze # <input type="checkbox"/> Amount <input type="text"/> OR Month-Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Freeze # <input type="checkbox"/> Amount <input type="text"/> OR Month-Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

\$ In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP. # Freeze the SIP Top-Up amount once it reaches a fixed predefined amount or maximum amount as mentioned in OTM.

4. Unit Holding Option		Physical Mode (Default)	Demat Mode (Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode)
CDSL / NSDL DP Name	DP ID	Beneficiary A/C No.	

5. Declaration & Signature(s)	
I/We declare that the particulars furnished here are correct. I/We authorize Samco Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Samco Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in Samco Mutual Fund by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.	
I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Samco Mutual Fund using this facility.	
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Place <input type="text"/>	
	First / Sole Applicant
	Second Applicant
	Third Applicant

UMRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Utility Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> Create	<input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel
Sponsor Bank Code	(Office use only) <input type="text"/>	I/We authorize	Samco Mutual Fund
To debit (tick ✓)	SB / CA / CC / SB-NRE / SB-NRO / OTHER	Bank A/c No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
With Bank	<input type="text"/>	IFSC/MICR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
an amount of Rupees	<input type="text"/>	Amount in words	<input type="text"/>
Debit Type	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As and when presented
Reference 1	<input type="text"/>	Reference 2	<input type="text"/>

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporation or the bank where I have authorized the debit.

From	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Maximum period of validity of this mandate is 40 years only.
To	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature of Primary Account holder	Signature of account holder	Signature of account holder
1. Name as in Bank Records	2. Name as in Bank Records	3. Name as in Bank Records

1. Distributor Information			Application No	S
Distributor Code	Sub-Broker Code	Internal sub broker code	EUIIN*	RIA Code^
<b>ARN-153155</b>	ARN-	INTERNAL CODE	<b>E-271894</b>	

\*Investors should mention the EUIIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".

^I/We, have invested in the below mentioned scheme of Samco Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

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SIP Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Preferred Debit Date (Any day from 1 <sup>st</sup> to 28 <sup>th</sup> of the month)	<input type="checkbox"/> Daily OR <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly OR <input type="checkbox"/> Half Yearly
Enrolment Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR Perpetual (Default) <input type="checkbox"/> OR No. of Installments <input type="text"/>	
First SIP Instalment via :	Cheque No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank A/c No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Drawn on Bank	<input type="text"/>	Branch <input type="text"/>
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Freeze # <input type="checkbox"/> Amount <input type="text"/> OR Month-Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Freeze # <input type="checkbox"/> Amount <input type="text"/> OR Month-Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	Frequency \$ <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

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CDSL / NSDL DP Name	DP ID	Beneficiary A/C No.	

5. Declaration & Signature(s)	
I/We declare that the particulars furnished here are correct. I/We authorize Samco Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP installments and/or any lumpsum payments through an Electronic Debit arrangement/NACH (National Automated Clearing House) as per my request from time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Samco Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in Samco Mutual Fund by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.	
I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Samco Mutual Fund using this facility.	
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Place <input type="text"/>	
	First / Sole Applicant
	Second Applicant
	Third Applicant

UMRN	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Utility Code	<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel	
Sponsor Bank Code	I/We authorize	Samco Mutual Fund
To debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / OTHER	Bank A/c No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
With Bank	IFSC/MICR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
an amount of Rupees	Amount in words	Amount ₹
Debit Type <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As and when presented	
Reference 1	Reference 2	

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporation or the bank where I have authorized the debit.

From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Maximum period of validity of this mandate is 40 years only.		
To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature of Primary Account holder	Signature of account holder	Signature of account holder
Phone No. <input type="text"/>	1. Name as in Bank Records	2. Name as in Bank Records	3. Name as in Bank Records



## Know Your Customer (KYC) Application Form | Individual

### Important Instructions:

- A. Fields marked with "\*" are mandatory fields.  
 B. Tick " " wherever applicable.  
 C. Please fill the form in English and BLOCK letters.  
 D. Please fill the date in DD-MM-YY format.  
 E. For particular section update, please tick ( ) in the box section number and strike off the sections not required to be updated.  
 F. Please read section wise detailed guide  
 G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 H. List of two character ISO 3166 country codes is available at the end.  
 I. KYC number of applicant is mandatory for update application.  
 J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

### For office use only

(To be filled by financial institution)

Application Type\*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

### ☐ 1. Personal Details (Please refer instruction A at the end)

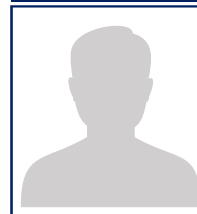
	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>		<input type="checkbox"/> FORM 60 furnished	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

### ☐ 2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number  Passport Expiry Date
- ☐ B-Voter ID Card
- ☐ C-Driving Licence  Driving Licence Expiry Date
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card, If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card, If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card, If submitted, Aadhaar Number to be masked by the customer*

### PHOTO\*



Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State/U.T Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

### ☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number
- ☐ B-Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card, If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card, If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card, If submitted, Aadhaar Number to be masked by the customer*

IV ☐ Deemed Proof of Address – Document Type code

Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State/U.T Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ **4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided including for validation purpose) (Please refer instruction **C** at the end)

Tel. (Off) [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] Tel. (Res) [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] Mobile\* [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Email ID\*

*\*mandatory and subject to validation, hence provide the valid information in legible manner*

## 5. Remarks (If any)

[illegible]

## 6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address and to download the information from CKYCR
- I am providing the consent to MF/RTA/SEBI registered intermediary to share this KYC data / applicable Aadhaar XML data with KRA and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

Date: 

D	D
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 - 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---

[illegible]

Signature/Thumb Impression of Applicant

### 7. Attestation / For Office Use only

Documents Received    ☐ Certified Copies    ☐ E-KYC data received from UIDAI    ☐ Data received from Offline verification    ☐ Digital KYC Process

☐ Equivalent e-document    ☐ Video Based KYC

KYC documents verification carried out by

Date: 

D	D
---	---

 - 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---

[illegible][illegible][illegible][illegible]

## Institution details

Name \_\_\_\_\_

[illegible]

## In-Person Verification (IPV) carried out by

Date: 

D	D
---	---

 - 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---

[illegible][illegible][illegible][illegible]

## Institution details

[illegible][illegible]





## FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

*Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance*

PAN / PEKRN*									
Name									
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business			Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>				
Place of Birth				Country of Birth					
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore			Occupation Details [Please tick any one (✓)]	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____				
Net Worth in INR. In Lacs & Date [Optional]	_____ <i>dd-mmm-yyyy</i>								
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable			Any other information [if applicable]	<i>[Please specify]</i>				

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India?   Yes ☐ No ☐

**If 'Yes', please fill for all countries** (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- Reason B → No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]
- Reason C → Others – Please specify the reasons \_\_\_\_\_

### Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [KFIN/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:

Place:

Signature:

### Acknowledgement

We [KFIN, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. \_\_\_\_\_ PAN \_\_\_\_\_ on *dd-mmm-yyyy*

Date:

Signature with Name, Emp. ID & Seal