

1. Distributor Information				Application No. <input style="width: 150px;" type="text"/>
Distributor Code	Sub-Broker Code	Internal Sub-Broker Code	EUIN*	RIA CODE ^A
	ARN -	INTERNAL CODE		

*Investors should mention the EUIN 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 EUIN 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".
 Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. For Direct investments, please mention 'Direct' in the column 'Distributor Code'.
^AI/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.

Signature (s)	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

TRANSACTION CHARGES for 10,000/- and above (✓ any one) : I am a first time investor across Mutual Funds OR I am an existing investor in Mutual Funds. In case the subscription amount is 10,000/- or more and your distributor has opted to receive transaction charges, 150/- (for first time mutual fund investor) or 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

Mode of Holding	
(In case of Demat Purchase Mode of Holding should be same as in Demat Account)	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)

1. Applicant Information (Mandatory) to be filled in block letters	(Refer Instruction No.II)
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Folio No.	<input style="width: 100%;" type="text"/>	(For Existing unit holders)	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Name of Sole / 1 st Applicant	<input style="width: 100%;" type="text"/>					
PAN	<input style="width: 100%;" type="text"/>	CKYC No.	<input style="width: 100%;" type="text"/>	Date of Birth	<input style="width: 100%;" type="text"/>	
Mailing address	<input style="width: 100%;" type="text"/>					
City	<input style="width: 100%;" type="text"/>	State	<input style="width: 100%;" type="text"/>	Pin code	<input style="width: 100%;" type="text"/>	
Mobile No.	<input style="width: 100%;" type="text"/>	Email ID	<input style="width: 100%;" type="text"/>			
The Email ID belongs to (Mandatory Please ✓) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependents <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> Guardian						
The Mobile No. belongs to (Mandatory Please ✓) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependents <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> Guardian						
Please note: In the event that the mobile number or the email id provided herein above does not appear to be that of the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.						
LEI Code	<input style="width: 100%;" type="text"/>	Valid upto	<input style="width: 100%;" type="text"/>			

(Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. XXII)

Second Applicant

Mr. / Ms.	<input style="width: 100%;" type="text"/>	Date of Birth	<input style="width: 100%;" type="text"/>			
PAN	<input style="width: 100%;" type="text"/>	CKYC No.	<input style="width: 100%;" type="text"/>			
Mobile No.	<input style="width: 100%;" type="text"/>	Email ID	<input style="width: 100%;" type="text"/>			
The Email ID belongs to (Mandatory Please ✓) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependents <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> Guardian						
The Mobile No. belongs to (Mandatory Please ✓) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependents <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> Guardian						

Third Applicant

Mr. / Ms.	<input style="width: 100%;" type="text"/>	Date of Birth	<input style="width: 100%;" type="text"/>			
PAN	<input style="width: 100%;" type="text"/>	CKYC No.	<input style="width: 100%;" type="text"/>			
Mobile No.	<input style="width: 100%;" type="text"/>	Email ID	<input style="width: 100%;" type="text"/>			
The Email ID belongs to (Mandatory Please ✓) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependents <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> Guardian						
The Mobile No. belongs to (Mandatory Please ✓) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependents <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> Guardian						

ACKNOWLEDGEMENT SLIP

(To be filled by the investor)

Received from: Mr. / Ms. / M/s <input style="width: 100%;" type="text"/>	Application No. <input style="width: 100%;" type="text"/>
an application for units of Samco <input style="width: 100%;" type="text"/>	
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth 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)	
Target Scheme of Samco <input style="width: 100%;" type="text"/>	
Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth	
vide Cheque No <input style="width: 100%;" type="text"/>	Dated <input style="width: 100%;" type="text"/>
Amount (₹) <input style="width: 100%;" type="text"/>	
Drawn on Bank <input style="width: 100%;" type="text"/>	Branch <input style="width: 100%;" type="text"/>

Collection Center's Stamp & Receipt Date and Time

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

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

PAN

5. Nomination Details (Please tick ✓)

- I/We do hereby nominate the undermentioned Nominee(s) to receive the Units allotted to my/our credit in my/our folio in the event of my/our death. 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)/ Guardian in case of Minor			
Date of Birth* (in case of Minor)			
Relationship*			
Proportion (%)* (% 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 details – [Please tick any one of following and provide details of same]			
<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity ID			

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

Signature (s)

"Should be signed by all unit holders including joint holders, irrespective of mode of holding"

SOLE / FIRST APPLICANT

SECOND APPLICANT

THIRD APPLICANT

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

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 (i) (Including amount of Additional Purchase Transaction made in future)

Repatriation Non Repatriation

Date

Place

Signature (s)

SOLE / FIRST APPLICANT

SECOND APPLICANT

THIRD APPLICANT