



GOLDMAN SACHS MUTUAL FUND

Application No.

APPLICATION FORM FOR OPEN ENDED EQUITY SCHEMES

Asset Management

Please read the Key Information Memorandum and the instructions in this Application Form. All sections to be filled legibly in English and in BLOCK LETTERS.

Broker/Distributor Name\*: ARN: ARN- 6574 Sub-Broker Name & Code Registrar Serial No. Employee Name & EUIN: EUIN- E019976

\*If not routed through a broker/Distributor, will be captured as DIRECT. Upright commission shall be paid directly by the Investor to the Distributor / broker based on the Investors' assessment of various factors including the service rendered by the Distributor / broker

1. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer instruction 2 and please check any one) I confirm that I am a first time Investor across mutual funds. I confirm that I am an existing Investor in mutual funds.

2. FOLIO NO. FOR EXISTING INVESTOR (Refer instruction 3 (a)) Folio No. for existing Investor (The details in our records under the folio no. mentioned along side will apply for this application of investment) Name of First / Sole Applicant / Non-Individual Investor

3. APPLICANT'S INFORMATION (Refer instruction no. 3 (b)) Name of First / Sole Applicant / Non-Individual Investor (In case of minor, there shall not be any joint holders) Mr./Mrs./Ms./M/s. Date of Birth Date of Birth proof (for minor) attached (Please check) KYC compliant (Please check) Nationality

Power of Attorney (PoA) Holder Details - First Holder Mr./Mrs./Ms. PAN KYC compliant (Please check) Nationality Name of Guardian (in case first / sole applicant is a minor)/Name of Corporate Contact (in case of non-individual Investors) Relationship with Minor (Please check): Father Mother Court appointed Legal Guardian (Please attach proof.) Nationality Designation (For corporate contact) PAN\* KYC compliant (Please check) (Refer instruction no. 3 (d))

Name of the Second Applicant Mr./Mrs./Ms./M/s. Date of Birth PAN\* KYC compliant (Please check) (Refer instruction no. 3 (d)) Nationality Power of Attorney (PoA) Holder Details - Second Holder Mr./Mrs./Ms. PAN\* KYC compliant (Please check) (Refer instruction no. 3 (d)) Nationality

Name of the Third Applicant Mr./Mrs./Ms./M/s. Date of Birth PAN\* KYC compliant (Please check) (Refer instruction no. 3 (d)) Nationality Power of Attorney (PoA) Holder Details - Third Holder Mr./Mrs./Ms. PAN\* KYC compliant (Please check) (Refer instruction no. 3 (d)) Nationality

Address Of First / Sole Applicant / Non-Individual Investor (Only P. O. Box Address is not sufficient) City State Pincode

Overseas Address (Mandatory for NRIs/FIIs) (Principal place of business/operations required if different from mailing/correspondence address)

Contact details of First / Sole Applicant / Non-Individual investor (Please mention the STD/ISD Codes) Office Tel. Residence Tel. Mobile E-Mail\*\* Fax

I/We wish to receive the account statement/scheme wise annual report or an abridged summary thereof/statutory and other documents by physical mode in lieu of e-mail (Please check) (Applicable if E-mail address is mentioned above) (\*\*Refer instruction no. 7)

\*Please attach proof. PAN is not mandatory for certain Investors (Refer instruction no. 3 (c)). # Please attach proof. Please submit the duly filled KYC Application Form and supporting documents for all Applicants / POA holders / Guardians (as applicable) who are not KYC compliant.

4. MODE OF OPERATION (Please check) (Refer instruction no. 4) Joint Single Anyone or Survivor (Default : Anyone or Survivor)

5. STATUS (of First / Sole Applicant) (Please check) (Refer instruction no. 4) Individual (Indian Resident) Non-Resident Indian /Person of Indian Origin Minor Private Company Public Company Schemes of Mutual Fund Registered Financial Institution / Commercial Bank Foreign Institutional investor (FI) Partnership Firm Trust Society / Charity AOP BOI QFI Hindu Undivided Family Investment through Power of Attorney Other (Please Specify)

ACKNOWLEDGMENT SLIP (To be filled in by the Investor) Application No.

Goldman Sachs Date DD MM YYYY Received from Mr./Ms./M/s./Mrs. an application for Subscription of Units of Goldman Sachs India Equity Fund Growth Option Dividend Option with Payout Reinvestment facility along with Cheque / DD No. Cheque / DD Date DD MM YYYY Amount (₹) Drawn on Bank Branch Acknowledgement Stamp

**6. OCCUPATION (of First / Sole Applicant) (Please ✓)** (Refer instruction no. 4)

Professional  Business  Housewife  Retired  Student  Public Sector/ Government Service  Private Sector Service  Agriculturist  
 Forex Dealer  Proprietorship  Others (please specify)

Is any person associated with this account a current/former head of state, senior official in any government, senior executive of state-owned enterprise or senior politician in/outside of India; or an immediate family member or close advisor of such an individual; or is this account held by an organization controlled by such an individual? (Please ✓)  Yes  No

**7. BANK ACCOUNT DETAILS** (Refer instruction no. 5)

(Investors opting to invest in demat form to ensure that bank account details linked with demat account are mentioned)

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_  
 Bank City \_\_\_\_\_ Pincode \_\_\_\_\_ State \_\_\_\_\_  
 Account No. \_\_\_\_\_ 11 Digit IFSC Code \_\_\_\_\_ (Mandatory for credit via NEFT/RTGS)  
 9 Digit MICR Code \_\_\_\_\_ Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  Others (please specify)

**8. INVESTMENT DETAILS** (Refer instruction no. 6)

**Scheme:** \_\_\_\_\_ (Please mention the scheme name you are investing in)

Plan:  Direct Plan  Distributor Plan  
 Option:  Growth  Dividend Dividend Option:  Payout  Reinvestment  
 Default Option: Growth Default Dividend Option: Dividend Reinvestment

**9. PAYMENT DETAILS** (Refer instruction no. 6)  Non-Third Party Payment  Third Party Payment (Refer instruction no. 6 (k), (l))

Investment through  Lump sum  SIP/VIP (Please ✓) (Please also fill in the SIP/VIP Auto Debit (ECS) Form for Investment through SIP/VIP)

Cheque/Demand Draft Details: Instrument No \_\_\_\_\_ Instrument Date D D M M Y Y Y Y Amount (₹) \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Branch Name \_\_\_\_\_

Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  Others (please specify)

Cheque/Demand Draft should favour as per the scheme name mentioned in the KIM and SID. For SIP/VIP, first installment should be vide cheque/demand draft.

**SIP (Systematic Investment Plan)/VIP (Value Averaging Investment Plan)**

Is this a Micro SIP/VIP#  Yes  No SIP/VIP Date From M M Y Y Y Y SIP/VIP Date To M M Y Y Y Y

(First SIP/VIP ECS debit will be at least 30 days after the date of allotment)

\*Each SIP amount ₹/\*VIP Nominal amount ₹ \_\_\_\_\_ Maximum VIP ECS Debit amount ₹ \_\_\_\_\_

Preferred monthly investment date  1st  15th (Default SIP/VIP Date: 15th)

For SIP: \*Minimum installment should be ₹1000/- and in multiples of ₹1/- thereafter. All ECS debits should be same as first instrument amount. Minimum number of installments including first instrument should be 12.

For VIP: First VIP Installment should be for the nominal amount which should be minimum ₹2000/- and in multiple of ₹1/- thereafter. VIP is only applicable for GS CNX 500.

# Investors who wish to opt for Micro SIP/VIP should provide the duly filled KYC Application Form and required documents along with the Application Form, if attested PAN copy and KYC Acknowledgment Letter is not provided.

**10. DEMAT ACCOUNT DETAILS - Please fill below details if you wish to hold the Units in dematerialised form.** (Refer instruction no. 8)**NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)**

Depository Participant Name \_\_\_\_\_  
 DP-ID I N \_\_\_\_\_  
 Beneficiary A/c No. \_\_\_\_\_

**CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)**

Depository Participant Name \_\_\_\_\_  
 Beneficiary A/c No. \_\_\_\_\_

**11. NOMINATION - If demat details are filled in, nomination will be as per Depository Participant records.** (Refer instruction no. 9)

Intention to Not Nominate (Mandatory for new folios of Individuals where mode of holding is single and who do not wish to nominate)

No, I do not wish to register nominee(s) in the above folio  Yes, please see my nomination details below

	Nominee	Date of Birth	Name of Guardian (in case Nominee is a Minor)	Relationship with Guardian	Allocation (%) by which the Units will be shared by each Nominee should aggregate to 100%	Signature of Nominee / Guardian
Nominee 1						
Address						
Nominee 2						
Address						
Nominee 3						
Address						

DECLARATION: I/We hereby nominate the above mentioned 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 the payments and settlements made to such nominee(s) shall be a valid discharge by the AMC/Mutual Fund/Trustees.

I/We have read the rules and instructions on nomination specified herein and I/we hereby confirm to comply and adhere to such rules and any amendments that may be made in the Scheme Information Document and Statement of Additional Information time to time.

**12. CONFIRMATION AND SIGNATURE/S** (Refer instruction no. 11 and 12)

Please note that by signing this Application Form, the Investors also give the Important Declarations set out in the instructions section of the Application Form.

I/We hereby apply for the allotment / Purchase of Units of the Scheme, as indicated in this form and confirm that I/we have read, understood and are bound by the terms and conditions of this Application Form, including the Important Declarations in the instructions to the Application Form, the contents of the Key Information Memorandum, the Scheme Information Document and the Statement of Additional Information, and am/are fully capable of assessing and bearing the risks involved in purchasing the Units, and agree to abide by the terms, conditions, rules and regulations of the Scheme.

I/We hereby authorise Goldman Sachs Mutual Fund, its Investment Manager and its agents to disclose personal data / details of my investment to anyone as may be necessary or expedient for the purposes of administration of investments in the Units of the Scheme. By signing this Application Form, I / we confirm that I / we have read the Goldman Sachs India Privacy Policy which is available at www.gsam.in and agree to the collection and use of my / our personal information as provided in such policy, as it may be updated from time to time.

Applicable to NRIs only.

I / We confirm that I am / We are Non-Resident of Indian Nationality/ Origin and I / We hereby confirm that funds for Subscription have been remitted from abroad through normal banking channels or from funds in my/ our Non-Resident External/ Ordinary Account/ FCNR Account.

(Please ✓)  Yes  No If yes, Repatriation basis Non-repatriation basis

<b>SIGNATURES</b>	First/Sole Applicant/ Guardian/ POA Holder	<input checked="" type="checkbox"/>
	Second Applicant/ POA Holder	<input checked="" type="checkbox"/>
	Third Applicant/ POA Holder	<input checked="" type="checkbox"/>

**CONTACT**

E-Mail : [gsamindia@gs.com](mailto:gsamindia@gs.com)

Phone : 1800 266 1220

Website : [www.gsam.in](http://www.gsam.in)



**Asset  
Management**