



**GOLDMAN SACHS MUTUAL FUND**  
**SIP / VIP AUTO DEBIT (ECS) FORM**  
**FOR GOLDMAN SACHS OPEN ENDED EQUITY SCHEMES**

Application No. \_\_\_\_\_

**Asset Management**

To be accompanied with Application Form for new registration  
 Please read the common instructions and SIP/VIP Instructions before completing this Form.

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

\*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 notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction"

\*If not routed through a broker/Distributor, will be captured as DIRECT  
 Upfront 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  
 Please(✓) any one, in the absence of indication of the option the form is liable to be rejected: **New Registration**  **Renewal**  **Change of ECS Bank**

**SIP/VIP Through ECS Debit Clearing**

**1. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Please tick (✓) any one)

|  |   |
|--|---|
| <input type="checkbox"/> I confirm that I am a first time Investor across mutual funds.<br>(₹ 150 deductible as transaction charge and payable to the Distributor) | <input type="checkbox"/> I confirm that I am an existing Investor in mutual funds.<br>(₹ 100 deductible as transaction charge and payable to the Distributor) |
|--|---|

**Applicable for transaction routed through an empanelled Distributor who has 'opted in' to receive transaction charges**

Please(✓) any one, in the absence of indication of the option the form is liable to be rejected: **New Registration**  **Renewal**  **Change of ECS Bank**

**2. APPLICANT'S INFORMATION**

I/We hereby apply to the Goldman Sachs Mutual Fund for a Systematic Investment Plan (SIP)/Value Averaging Investment Plan (VIP) through ECS Auto Debit under the following Scheme and agree to abide by the terms, conditions, rules and regulations of the SIP/VIP.

Folio No. for existing Investor \_\_\_\_\_

(Please attach attested PAN copy and KYC Acknowledgement Letter# of all Applicants / POA holders / Guardian, as applicable, if not submitted earlier)

Name of First / Sole Applicant / Non-Individual Investor \_\_\_\_\_

Guardian Name (in case 1st / sole applicant is a minor) \_\_\_\_\_

#Please submit the duly filled KYC Application Form and required documents for all Applicants/ POA holders/ Guardian (as applicable) who are not KYC compliant.

**3. SIP/VIP DETAILS**

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

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

**SIP (Systematic Investment Plan)**

Micro SIP#  Yes  No  
 SIP Date From: M M Y Y Y Y SIP Date To: M M Y Y Y Y  
 \*Each SIP amount ₹ \_\_\_\_\_  
 Preferred monthly investment date  1st  15th (Default SIP Date 15th)  
 (Minimum number of installments including first instrument should be 12.  
 First SIP ECS debit will be at least 30 days after the date of allotment)  
 \* Minimum installment should be ₹ 1000/- and in multiples of ₹ 1/- thereafter. All ECS debits will be similar to the first instrument issued.

**VIP (Value averaging Investment Plan)**

Micro VIP#  Yes  No  
 VIP Date From: M M Y Y Y Y VIP Date To (maximum up to 12 yrs): M M Y Y Y Y  
 \*Nominal amount ₹ \_\_\_\_\_ (First VIP installment should be for nominal amount)  
 Maximum ECS debit amount ₹ \_\_\_\_\_ (should be higher than nominal amount)  
 Preferred monthly investment date  1st  15th (Default VIP Date 15th)  
 \* Minimum installment should be ₹ 2000/- and in multiples of ₹ 1/- thereafter. VIP is only applicable for GS CNX 500.  
 First VIP ECS debit will be at least 30 days after the date of allotment. Default minimum investment will be "ZERO"

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

**4. BANK DETAILS**

Account holder name as in bank records: \_\_\_\_\_  
 PAN of bank account holder: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Branch Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 9 Digit MICR Code: \_\_\_\_\_  
 11 Digit IFSC Code: \_\_\_\_\_

**Mandatory Enclosures:**

Blank cancelled cheque  First SIP/VIP cheque

| Cheque No. | Date | Amount (₹) |
|------------|------|------------|
|            |      |            |

Account Type (Please tick ✓)  Savings  Current

NRE  NRO  FCNR

Others (please specify) \_\_\_\_\_

**5. CONFIRMATION AND SIGNATURE/S**

I/We hereby declare that the particulars given in this form are correct and complete and express my/our willingness to (i) apply for Purchase of Units of the Scheme mentioned above, (ii) make installment payments referred above through direct debit/ participation in RBI's Electronic Clearing Service (debit clearing), or (iii) change details of my/our bank mandate as stated in this form, as applicable. If the transaction is delayed or not effected at all for reasons of incomplete information, I/we will not hold Goldman Sachs Mutual Fund/AMC/Trustee or any other authorities/services providers/representatives responsible. I/We further undertake that any changes in my / our bank details will be informed to the Fund immediately. I/We have read and agreed to the Terms and Conditions in the instructions to this form.

First/Sole Applicant/Guardian/POA Holder

Second Applicant/POA Holder

Third Applicant/POA Holder

**6. AUTHORISATION OF THE BANK ACCOUNT HOLDER**

This is to inform that I/We have registered for the RBI's Electronic Clearing Service(Debit Clearing) and that my/our payment towards my/our investment in the Scheme of **Goldman Sachs Mutual Fund** shall be made from our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate form to get it verified & executed. Mandate verification charges, if any, may be charged to my/our account.

**Signature (As per Bank Record)**

1st Holder \_\_\_\_\_  
 2nd Holder \_\_\_\_\_  
 3rd Holder \_\_\_\_\_  
 Name of Minor \_\_\_\_\_ Minor's DOB D D M M Y Y Y Y

**Banker's Attestation**

Certified that the signature of account holder and the details of bank are correct as per our records.

\_\_\_\_\_  
 Signature of authorised official from bank (bank stamp and date)

**ACKNOWLEDGMENT SLIP FOR SIP/VIP THROUGH ECS (To be filled in by the Investor)**

Application No. \_\_\_\_\_

|   |  |                       |
|---|--|-----------------------|
| <br><b>Asset Management</b>   | Date DD MM YYYY _____ Name of Sole/First Account Holder _____  | Acknowledgement Stamp |
|   | Investment Details : <input type="checkbox"/> Goldman Sachs Derivative Fund <input type="checkbox"/> Goldman Sachs Equity and Derivatives Opportunities Fund <input type="checkbox"/> Goldman Sachs S&P CNX 500 Fund |                       |
|   | Option : <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Dividend Option: <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment                           |                       |
|   | SIP/VIP Amount ₹ _____ Frequency : Monthly   |                       |
| SIP/VIP from MM YYYY to MM YYYY Date _____ SIP/VIP Date <input type="checkbox"/> 1st or <input type="checkbox"/> 15th |  |                       |