

Sponsor: Samco Securities Limited

Private Limited

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

ee Private Limited 1003 – A, Naman Midtown, Sena sset Management Bapat Marg, Prabhadevi (W), Mumbai - 400 013

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

## **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.

1. Distributor Informa	ation		Applicat	ion No.
Distributor Code	Sub-Broker Code	Internal Sub-Broker Code	EUIN*	RIA CODE^
ARIARN-1308	ARN -	INTERNAL CODE	Employee Unique IDENTIFICATION NO.	
left blank by me/us as this transactio in-appropriateness, if any, provided by Upfront commission shall be paid dire investments, please mention 'Direct' in 'I/We, have invested in the below men	on is executed without any interaction or a the employee/relationship manager/sales ectly by the investor to the AMFI registere to the column 'Distributor Code'. Intioned scheme of Samco Mutual Fund un	advice by the employee/relationship manage s person of the distributor/sub broker". ad Distributors based on the investors' asses	ur/sales person of the above distribusing sment of various factors including consent to share/provide the trans	y confirm that the EUIN box has been intentional outor/sub broker or notwithstanding the advice of the service rendered by the distributor. For Direct action data feed / portfolio holdings / NAV etc.
Signature (s)	SOLE / FIRST APPLICANT	SECOND APPLI	CANT	THIRD APPLICANT
Mode of Holding				
(In case of Demat Purchase Mod	de of Holding should be same as in [	Demat Account) Single	Joint Anyone or Survivo	or (Default)
1. Applicant Informat	tion (Mandatory) to be filled in blo	ock letters		(Refer Instruction No.II)
Folio No.		cisting unit holders) Ge	nder Male Fema	le Transgender
PAN	CKYC No.		Date of	Birth DDMMYYYY
City		State		Pin code
Mobile No.		Email ID		
The Email ID belongs to (Mandat The Mobile No. belongs to (Mand	, ,	Spouse Dependents Spouse Dependents	POA POA	Custodian Guardian Custodian Guardian
Please note: In the event that the communication in this regard to		ided herein above does not appear to b	e that of the unit holder's, then	
LEI Code		Valid upto	D M M Y Y Y Y	(Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Non-Individual investors. Refer instruction no. X
Guardian Details (In ca	ase First / Sole Applicant is minor) /	Contact Person- Designation / POA H	older ( In case of Non- Individu	ual Investors)
Mr. / Ms.		Relationship w	ith Minor/Designation	
PAN	CKYC No.		Gender	Male Female Transgend
Mobile No.		Email ID		
The Email ID belongs to (Mandat The Mobile No. belongs to (Mand	· · · =	Spouse Dependents  Spouse Dependents	POA POA	Custodian Guardian  Custodian Guardian
Date of Birth Proof fo	or minors (Any One)			
Birth Certificate Marks	sheet (HSC/ICSE/CBSE) Scho	ol Leaving Certificate Passport	Others	
Second Applicant				
Mr. / Ms.				
PAN	CKYC No.		Gender	Male Female Transgend
SSAMCO MUTUAL FUND HEXASHIELD TEGITO INVESIMENTES			ACKN	OWLEDGEMENT SLI  (To be filled by the invest
Received from: Mr. / Ms. / M	l/s		Applica	ation No.
an application for units of Sa	ımco	Plan: Regular	Direct Option: <b>Grov</b>	vth
vide Cheque No	Dated D D M	M   Y   Y   Y   Y   Amount (₹)		
Drawn on Bank				
Branch				Collection Center's Stamp & Receipt Date and Time
Please note: All purchases are subject	to realization of cheques and as per appli	cable load structure (please refer Scheme Inf	formation Document)	

					Email I	D						
The Email ID belongs to	(Mandatory Please ✔)	Self	[	Spouse	Dep	endents	POA	Custodia	ın [	Gu	ardian	
The Mobile No. belongs	to (Mandatory Please	✓) Self		Spouse	Dep	endents	POA	Custodia	in [	Gu	ardian	
Third Applican	t											
Mr. / Ms.	•											
		CKYC No.	1 1	<u> </u>	1 1 1	1 1 1 1	Gender	Male	Femal	۵ .	Transge	nder
PAN		CKYC NO.					Gender	Iviale	remai		Transge	liuei
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Demat Accoun	t Details								NS	DL	CDSL	L
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 . ame should b			
								(Note: Ple	ase attach co	opy of Cl	lient Master	r List.)
	olicable for First / Sole					1			7 -		. —	
Resident Individual		RI - NRO	HUF			Club / Society		Minor _	Governm	ent Boo	dy T	rust
NRI - NRE	Bank & FI	Proprietor	snip Firm	Partnersh	nip Firm	QFI	Provident Fund	<u></u> □ 01	thers			
Overseas Addr	ress				Address	for Communic	ation (for NRI applica	nts)	Indian	0	verseas	
Address (Mandatory for	NRI/FII applicant*)											
				Cour	ntry			Zip C	ode			
Email Commu	nication (Please ti	ck ✔)										
Default communication	_		ess is no	t provided then p	lease 'Opt-ir	n' to receive belov	v documents in physic	al copy by	ticking the	option	below:	
Annual Report	Abridged Annual Repo	rt Other	Statutory	Information								
2. KYC Details	/Mandatana Bafaulu		1 6 1-4-									
	(Iviandatory - Refer ins	Struction No X	i tor deta	ils)								
			i for deta			Agriculturist	Housewife		tudent		Defence	
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First Applicant:  Second Applicant:  Third Applicant:  Gross Annual First Applicant:  Second Applicant:  Third Applicant:  CHECKLIST: Please submit the fet of the pocuments  Copy of PAN Card  KYC Compliance  Declaration under FATCA  Resolution/ Authorization to in List of authorized signatories  Trust Deed  Ultimate Beneficial Ownership  Bye-laws  Partnership Deed  Certificate of Registration	Business Bureaucrat Business Bureaucrat Business Bureaucrat Business Bureaucrat  Income (Please tick Below 1 Lac OR Net worth Below 1 Lac OR Net worth Below 1 Lac OR Net worth OR Net worth OR Net worth OR Net worth	Service Forex De	ealer  ealer  or Non - In  or Non - In  thue  thue  thue  thue	Professional Unlisted Comp Professional Unlisted Comp Professional Unlisted Comp  Solution  Description  Desc	pany	Agriculturist Body Corporate Agriculturist Body Corporate Agriculturist Body Corporate  O-25 Lac  O-25 Lac  O-25 Lac  Partnership Firms  V V V	Listed Company Housewife Listed Company Housewife Listed Company >25 Lacs - 1 Croing as on DDDMMM >25 Lacs - 1 Croing as on DDDMMM >25 Lacs - 1 Croing as on DDDMMMM  >25 Lacs - 1 Croing as on DDDMMMM  >4  Investment through POA	y 0 0 0 S y 0 0 O S y 0 O O O O O O O O O O O O O O O O O O	thers tudent tudent tudent tudent tthers (Notary Notary Notary Volume In the Interpretation of the Interpretat	Not old	Defence  Defence  Plo F  V  V  V  Defence	year) year)
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For Individ	<b>duals</b> (Pleas	e tick ✓)											
			First Ap	plicant:		Seco	nd Applicant			Third Applic	ant		
I am Politically E	xposed Person												
I am Related to I	Politically Expos	sed											
Not Applicable													
For Non-I	ndividual Ir	vestors (	Please tick v	<b>'</b> )									
Is the company a Foreign Exchar Charger Servic	nge / Money	ny or Subsidiar	No G		-	isted Company ttery / Casino		`		attach mandato nding / Pawni	ry UBO Declaration) ng Yes No		
3. FATCA/	CRS Detail	S - Non Indi	ividual Inve	stors should	d mandatory	to fill separa	te FATCA/CRS	details fo	rm	(Refer In	struction No.XVIII)		
		Sole / Firs	st Applicant /	t / Guardian 2nd Applicant					3rd Applicant POA				
Place & Country of Birth		T D	Idontifica	tion Tune			Mark Control To				Harris Tar		
	Country #	Tax Payer Ref ID No	Identifica (TIN or other, I		Country #	Tax Payer Ref ID No	(TIN or other, please s		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 tax	purpose, associ	ated Taxpayer Iden	tification Nu	umber & it's	Identification typ	e e.g: TIN etc		
4. Power o	of Attorney	(POA) If it	nvestment is	being made b	oy a Constitut	ional Attorney,	please submit no	tarised cop	py of POA				
POA NAME M	r. / Ms. / M/s.								PAN	1			
5. Nomina	tion Detail	<b>S</b> (Please ticl	<b>k</b> ✓)										
							r folio in the event of arge by the AMC/Mu				all payment and settlements		
											intment of nominee(s) and t authority, based on the		
	ts held in the mutu			,,,,			·	,		·	<i>y</i>		
Nominee deta	ils		Nor	minee 1			Nominee 2			Nomir	nee 3		
None													
Name													
Address													
PAN													
Date of Birth													
Relationship													
Proportion (%	)*												
	Address of the												
the nominee is		,436											
Signature of G	Guardian / Nomi	inee											
*(%) by which the	units will he sh	ared by each r	nominee (% to	aggregate to	100%)								
Signature (s		-			•	of mode of holding	"						
- J.g. ratare (C													
											ANT		

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: Growt
7. Bank Account Details
Account No
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 Date DD MM YYYYY Gross Amount ₹  Net Amount ₹  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 Type (Please ✓): SB Current NRO NRE FCI
Account No
9. Systematic Transaction Registration Details
Systematic Investment Plan (SIP) (For SIP investment it is mandate to submit SIP Mandate Registration Form)
Scheme Plan: Regular Direct Option: Grow
Installment amount (in figures) ₹ Installment amount (in words)
SIP Frequency: (Please ✓):
on render to the or installments On respectation
Systematic Transfer Plan (STP)
From Scheme   Plan: Regular Direct Option: Growth To Scheme   Plan: Regular Di
Amount (in figures): ₹   STP Frequency: (Please ✔): Daily Weekly (Monday to Friday) Day of Transfer: Fortnight
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 scheme applied for and Statement of Additional Information and subsequent amendments thereto including the section 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 a 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 throu 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 t 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/Truee/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 norm 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 whi 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 nominating the sending recommended to me/us.
facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by Samco Mutual Fund. <b>Applicable to NRI only:</b> 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 banki
channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (ü) (Including amount of Additional Purchase Transaction made in future)  Repatriation  Non Repatriation
Date   D   D   M   M   Y   Y   Y
Place
Signature (s)  SOLE / FIRST APPLICANT  SECOND APPLICANT  THIRD APPLICANT



From DDMMYYY

**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

## SYSTEMATIC INVESTMENT PLAN (SIP)

Mandate Registration Form

HEXASHIELD TESTED INVESTMENTS	Private Limited	ı	Mullipal - 400 013		Manuale Registration i	71111			
1. Distributor Inf	formation			Application No	S				
Distributor Co	ode	Sub-Broker Code	Internal sub broker code	EUIN*	RIA Code <sup>^</sup>				
ARN- ARN-		VDNI	INTERNAL CODE	Employee Unique					
ARN-	ARN- INTERNAL CODE		INTERNAL CODE	IDENTIFICATION NO.					
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 eft 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									

1/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. Sign Here 2. Unitholder Information Name of First / Sole Applicant Folio No. (For Existing Unit Holders) CKYC No. 3. Investment Details (Choice of Plan [Please ✓]) Regular Direct Scheme Option: Growth **Enrolment Period** From DDMMYYYY **OR** Perpetual (Default) **OR** No. of Installments Each SIP Amount ₹ Amount in words **SIP Frequency:** (Please SIP Date D D Monthly OR Quaterly OR Half Yearly Preferred Debit Date (Any day from 1st to 28th of the month) SIP Step UP FACILITY: **Fixed Amount** Variable (in Percentage) Percentage (Minimum 10% and in multiple of 5%) Amount (Minimum Rs. 500/-) OR Month-Year M M Y Y Freeze # | Amount Freeze # Amount OR Month-Year M M Y Y Half Yearly Yearly Half Yearly Frequency \$ Frequency \$ 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 D D M M Place ONE TIME BANK MANDATE FOR OFFICE USE ONLY (NACH/OTM/Direct Debit Mandate Form) MUTUAL FUND D M M Y UMRN Tick (✓) ✓ Create X Modify X Cancel **Sponsor Bank Code** Utility Code I/We hereby authorize **SAMCO MUTUAL FUND** SB CA CC SB-NRE SB-NRO Bank A/c No. **Bank Name** IFSC an amount of Rupees Amount ₹ X Half Yearly Frequency Monthly Quaterly Yearly As and when presented **Debit Type** X Fixed Amt Amt Maximum Amt Phone No. +91 Scheme Name 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 Period

OR Until Cancelled Name as in Bank Records Name as in Bank Records Name as in Bank Records

This is to inform 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, I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit