

1. Distributor Information				Application No. <input style="width: 150px;" type="text"/>
Distributor Code	Sub-Broker Code	Internal Sub-Broker Code	EUIIN*	RIA CODE ^A
ARN-323376	ARN -	INTERNAL CODE	E613650	

*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".
 †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: 100px;" 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: 100px;" type="text"/> Mr. / Ms. / M/s.	
PAN <input style="width: 100px;" type="text"/>	CKYC No. <input style="width: 100px;" type="text"/>
Date of Birth <input style="width: 100px;" type="text"/>	
Mailing address <input style="width: 100px;" type="text"/>	
City <input style="width: 100px;" type="text"/>	State <input style="width: 100px;" type="text"/>
Pin code <input style="width: 100px;" type="text"/>	
Mobile No. <input style="width: 100px;" type="text"/>	Email ID <input style="width: 100px;" 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: 100px;" type="text"/>	Valid upto <input style="width: 100px;" 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: 100px;" type="text"/>	Date of Birth <input style="width: 100px;" type="text"/>
PAN <input style="width: 100px;" type="text"/>	CKYC No. <input style="width: 100px;" type="text"/>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
Mobile No. <input style="width: 100px;" type="text"/>	Email ID <input style="width: 100px;" 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: 100px;" type="text"/>	Date of Birth <input style="width: 100px;" type="text"/>
PAN <input style="width: 100px;" type="text"/>	CKYC No. <input style="width: 100px;" type="text"/>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	
Mobile No. <input style="width: 100px;" type="text"/>	Email ID <input style="width: 100px;" 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: 100px;" type="text"/>	Application No. <input style="width: 100px;" type="text"/>
an application for units of Samco <input style="width: 100px;" type="text"/> Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct 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)	
Target Scheme of Samco <input style="width: 100px;" type="text"/> Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth	
vide Cheque No <input style="width: 100px;" type="text"/>	Dated <input style="width: 100px;" type="text"/>
Amount (₹) <input style="width: 100px;" type="text"/>	
Drawn on Bank <input style="width: 100px;" type="text"/>	Branch <input style="width: 100px;" type="text"/>

Collection Center's Stamp & Receipt Date and Time

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 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 seperate nomination form incase wish to add more than Three Nominee.

1. Distributor Information				Application No	S
Distributor Code	Sub-Broker Code	Internal sub broker code	EUIIN*	RIA Code ^A	
ARN-323376	ARN-	INTERNAL CODE	E613650		

*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".
^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.

Sign Here

First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third Applicant Authorised Signatory
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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: Regular Direct Target Scheme of Samco _____

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

SIP Date Preferred Debit Date (Any day from 1st to 28th of the month) Daily OR Monthly OR Quarterly OR Half Yearly

Enrolment Period From To OR Perpetual (Default) OR No. of Installments

First SIP Instalment via : Cheque No. Bank A/c No.

Drawn on Bank Branch

Each SIP Amount Amount in words

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"/>	Freeze # <input type="checkbox"/> Amount <input type="text"/> OR Month-Year <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

Place

First / Sole Applicant	Second Applicant	Third Applicant
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UMRN Date

Utility Code Create Modify Cancel

Sponsor Bank Code (Office use only) I/We authorize **Samco Mutual Fund**

To debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / OTHER Bank A/c No.

With Bank IFSC/MICR

an amount of Rupees Amount in words Amount ₹

Debit Type Fixed Amount Maximum Amount Frequency Monthly Quarterly Half Yearly Yearly 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 Maximum period of validity of this mandate is 40 years only.
To

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

Phone No.

Terms and Conditions

1. Please refer SID for minimum SIP investment amount under the Scheme.
2. Please refer the Key Information Memorandum (KIM) and Scheme Information Document (SID) of the respective Scheme for applicable NAV, risk factors, load (exit/entry) and other information on the respective Scheme before investing.
3. Complete Application form and SIP Mandate Registration Form along with the first cheque if any to be submitted to the AMC/RTA ISC's.
4. Investors can give a cheque for the first Installment. The first cheque should be drawn on the same bank account which is to be registered for NACH. Alternatively, the cheque may be drawn on any bank, for which investor should provide a photocopy of the cheque or cancelled cheque of the bank/branch for which NACH is to be registered.
5. First SIP cheque (if any) and subsequent SIP installments via NACH should be of the same amount.
6. If any chosen day falls on a non business day, the next business day will be considered as the transaction date. However, all SIP installment transactions will be processed after realisation of funds and cut off timings.
7. Incorrect/Incomplete applications are liable to be rejected.
8. Samco Asset Management Private Ltd. reserves the right to reject any application without assigning any reason thereof and the Trustee reserves the right to change/modify the terms and conditions of SIP.
9. NACH instructions will take a minimum of one month for registration with the bank and hence the first debit will be carried out only after one month, on the SIP date mentioned on the form. The AMC reserves the right to modify the SIP period depending on the one month period for registration to ensure minimum number of installments as mentioned in SID.
10. The mandate registration form will be submitted through National Automated Clearing House (NACH) and Banks participating in Direct Debit Facility. This facility is offered to investors having Bank accounts in select banks mentioned in the link under Product and Services tab The Banks <http://www.npci.org.in/> in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of National Payments Corporation of India without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. We will inform on such discontinuation.
11. Existing Unit holders in Scheme of Samco Mutual Fund are required to submit only the SIP Mandate registration form. Existing unit holders should note that the unit holder's details & the mode of holding will be as per the existing account. New investors, who wish to enroll for SIP through NACH, should fill the Application Form & SIP Mandate registration form.
12. Initial cheque should be drawn on any bank, which is situated at & is a member of the Banker's Clearing House located at the place where the SIP application is submitted or payable at par & should participate in local MICR clearing. Please contact the nearest designated Investor Service Centre for the updated list. For outstation applications, the initial DD has to be payable at the nearest AMC locations. No outstation cheques will be accepted. The cheque should be drawn in favor of the Scheme chosen and crossed "A/c Payee Only".
13. Payments will be accepted by NACH mode. For this purpose, investors/unit holders are required to give NACH Mandate Form to debit their bank accounts at periodic intervals & credit the subscription proceeds to Samco Mutual Fund Bank Account.
14. Returned/Dishonored cheque/NACH Rejects will not be presented again for collection.
15. The SIP Enrollment will be discontinued in cases where three consecutive SIP installments are not honored or the bank account is closed and no request for change in bank account has been submitted.
16. If investor has not provided the SIP frequency/period/date, the default SIP frequency would be Monthly & the SIP installments would be perpetual. The default date will be considered as 10th of the month for Monthly option.
17. If an Existing investor wants to enroll in another Scheme & continue for the existing folio, then the investor has to submit a duly filled & signed SIP Mandate registration form along with the first cheque (if investment is in the new Scheme).
18. You can choose to discontinue this facility by giving 30 Calendar days written notice to any of AMC/Registrar Investor Service centers.
19. Request for change in bank mandate to be submitted atleast 30 Calendar days before the due date of next SIP installment.
20. The bank account provided for NACH (Debit) should be in the list of banks participating in NACH.
21. MICR code or IFSC code should be mandatory filled on NACH mandate, MICR code starting and/or ending with 000 are not valid for NACH.
22. The investor agrees to abide by the terms and conditions of NACH facility of NPCI as applicable at the time of investment and as may be modified from time to time.
23. The investor undertakes to keep sufficient funds in the account till the date of execution of the debit. The investor hereby declares that the particulars given overleaf are correct and complete. If the date of debit to the investors account happens to be a non Business day as per the fund, execution of the debit will not happen on the day of the holiday and allotment of Units will happen as per the terms and conditions listed in the concerned SID. The Fund, its Registrars, Auto Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riots, strike, mutiny, revolution, fire, flood, fog, war, change of government policies, unavailability of banks computer system, force majeure events or any other cause of peril which is beyond their reasonable control and which has the effect of preventing the performance of contract by them.
24. Investors will not hold Samco Asset Management Private Ltd., its registrars, banks and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to the local holidays or any other reason.
25. Samco Asset Management Private Ltd. reserves the right to reject any application without assigning any reason thereof.
26. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 10 business days via normal post.
27. To avail of SIP in separate Scheme via NACH facility, an investor will have to fill a separate form for each Scheme. A single form cannot be used for different Schemes simultaneously.
28. As per Prevention of Money Laundering Act 2002, it is mandatory for all investors to be KYC compliant. For more details please refer point on "Instructions to Investor" for Filling up the Application Form.
29. **SYSTEMATIC INVESTMENT PLAN (SIP) Step UP FACILITY**
 - a. Investors can opt for SIP TOP UP facility with Fixed Top Up option or Variable Top Up option, wherein the amount of the SIP can be increased at fixed intervals. In case the investor opts for both options, the Variable Top Up option shall be considered.
 - b. The minimum amount for Fixed TOP UP shall be ₹ 500 and in multiple of ₹ 1/- thereof. And for variable TOP UP would be available in at 10%, 15% and 20% and in multiples of 5%.
 - c. The frequency is fixed at Yearly and Half Yearly basis. In case the TOP UP facility is not opted by ticking the appropriate box and frequency is not selected, the TOP UP facility may not be registered. In case of Quarterly SIP, only the Yearly frequency is available under SIP TOP UP.
 - d. Top-Up Cap amount: Investor has an option to freeze the SIP Top-Up amount once it reaches a fixed predefined amount. The fixed pre-defined amount should be same as the maximum amount mentioned by the investor in the bank mandate. In case of difference between the Cap amount & the maximum amount mentioned on Bank mandate, then amount which is lower of the two amounts shall be considered as the default amount of SIP Cap amount. In case the top up amount arrived in decimals the amount will be rounding off in nearest rupee.
 - e. Top-Up Cap month-year: It is the date from which SIP Top-Up amount will cease and last SIP installment including Top-Up amount will remain constant from Cap date till the end of SIP tenure. Investor shall have flexibility to choose either Top-Up Cap amount or Top-Up Cap month-year. In case of multiple selection, Top-Up Cap amount will be considered as default selection.
 - f. In case of no selection, the SIP Variable Top - Up amount will be capped at a default amount of ₹ 10 Lakhs.
 - g. Under the said facility, SIP amount will remain constant from Top - Up Cap date/ amount till the end of SIP Tenure.



Instructions to fill the nach debit mandate form

1. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
2. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
3. Investors are deemed to have read and understood the terms and conditions of NACH Facility, SIP registration through NACH facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addendum issued from time to time of the respective Scheme(s) of Samco Mutual Fund.
4. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format
5. Please mention the amount in figures and words.
6. Please fill all the required details in the Debit Mandate Form for NACH. The sole/first holder must be one of the holders in the bank account.
7. The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
8. The 9 digit MICR and the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You should find these codes on your cheque leaf.