

1. Distributor Information Application No.

Distributor Code	Sub-Broker Code	Internal Sub-Broker Code	EUIN*	RIA CODE
ARN-280217	ARN -	INTERNAL CODE	Employee Unique 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 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'.

*I/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
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mode of Holding

(In case of Demat Purchase Mode of Holding should be same as in Demat Account) ☐ Single ☐ Joint ☐ Anyone or Survivor (Default)

1. Applicant Information (Mandatory) to be filled in block letters (Refer Instruction No.II)

Folio No. (For Existing unit holders) **Gender** ☐ Male ☐ Female ☐ Transgender

Name of Solo / 1st Applicant Mr. / Ms. / M/s.

PAN **CKYC No.** **Date of Birth**

Mailing address

City **State** **Pin code**

Mobile No. **Email ID**

I/We hereby declare that the email address and the mobile number provided on the application form belongs to (Please tick ☒ any one option) ☐ Self ☐ Spouse ☐ My dependents ☐ My Childrens

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 **Valid upto**

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

Guardian Details (In case First / Sole Applicant is minor) / Contact Person- Designation / POA Holder (In case of Non- Individual Investors)

Mr. / Ms. **Relationship with Minor/Designation**

PAN **CKYC No.** **Gender** ☐ Male ☐ Female ☐ Transgender

Second Applicant

Mr. / Ms.

PAN **CKYC No.** **Gender** ☐ Male ☐ Female ☐ Transgender

Third Applicant

Mr. / Ms.

PAN **CKYC No.** **Gender** ☐ Male ☐ Female ☐ Transgender

Unit Holding Option

☐ Physical Mode ☐ Demat Mode (Mandatory to provide the demat details in case mode of holding tick as demat mode)

CDSL / NSDL DP ID NO.: **Depository Participant Name:**

Beneficiary A/C No.

Please Note: Demat Account Details of First / Sole Applicant (Name should be as per demat account)
(Note: Please attach copy of Client Master List.)

Received from: Mr. / Ms. / M/s **Application No.**

an application for units of Samco **Samco Flexi Cap Fund** Plan: ☐ Regular ☐ Direct Option: **Growth**

vide Cheque No **Dated** **Amount (₹)**

Drawn on Bank

Branch

Collection Center's Stamp &
Receipt Date and Time

☐ Resident Individual ☐ FII ☐ NRI - NRO ☐ HUF ☐ Body Corporate ☐ Club / Society ☐ PIO ☐ Provident Fund ☐ Minor ☐ Government Body
☐ Trust ☐ NRI - NRE ☐ Bank & FI ☐ Sole Proprietor ☐ Partnership Firm ☐ QFI ☐ Others

☐ Birth Certificate ☐ Marksheet (HSC/ICSE/CBSE) ☐ School Leaving Certificate ☐ Passport ☐ Others |

For NRI applicants ☐ Indian ☐ Overseas

Address (Mandatory for NRI/FII applicant*)									
				Country	Zip Code				

Default communication mode is through 'email'. If email address is not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option below:

☐ Annual Report ☐ Abridged Annual Report ☐ Other Statutory Information

First Applicant:	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Defence
	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Others	
Second Applicant:	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Defence
	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Others	
Third Applicant:	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Defence
	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Others	

First Applicant:	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore
OR	Net worth (Mandatory for Non - Individuals) ₹ _____ as on DDMMYYYY (Not older than 1 year)
Second Applicant:	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore
OR	Net worth (Mandatory for Non - Individuals) ₹ _____ as on DDMMYYYY (Not older than 1 year)
Third Applicant:	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore
OR	Net worth (Mandatory for Non - Individuals) ₹ _____ as on DDMMYYYY (Not older than 1 year)

	First Applicant:	Second Applicant	Third Applicant
I am Politically Exposed Person			
I am Related to Politically Exposed			
Not Applicable			

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 ☐ Yes ☐ No **Services** ☐ Yes ☐ No

(Refer Instruction No.XVIII)

[illegible]

#Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & it's Identification type e.g: TIN etc

CHECKLIST: Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public)

[illegible]

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 confirm that I /We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us. **OR**
☐ I/We wish to register my/our Nominee as per below details: (Mandatory for new Folios of Individuals where mode of holding is single)

Name of Nominee	Date of Birth (If Nominee is minor)	Allocation (%)	Name of Legal Guardian/Parent (If Nominee is minor)	Relationship with Nominee

6. Lumpsum/New SIP-Investment Details* Choice of Scheme/Plan/Option For SIP Investment Auto-Debit Form is mandatory (Refer Instruction No.VI)

Scheme **Samco Flexi Cap Fund** 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 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. Systematic Transaction Registration Details

Systematic Investment Plan (SIP) (For SIP investment it is mandate to submit SIP Mandate Registration Form)

Scheme **Samco Flexi Cap Fund** Plan: ☐ Regular ☐ Direct Option: **Growth**
Installment amount (in figures) ₹ Installment amount (in words)
SIP Frequency: (Please ✓): ☐ Monthly ☐ Quarterly ☐ Half Yearly Debit Date
SIP Period: From Date To Date OR No. of Installments OR Perpetual: ☐

Systematic Withdrawal Plan (SWP)

Scheme **Samco Flexi Cap Fund** Plan: ☐ Regular ☐ Direct Option: **Growth**
Amount (in figures): ₹ Amount (in words)
SWP Frequency: (Please ✓): ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly Option Debit Date: ☐ 1 ☐ 5 ☐ 10 ☐ 15 ☐ 25
SWP Period: From Month To Month

10.Declaration and Signature(s)

Having read and understood the contents of the Scheme Information Document 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 the 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 (ii) (Including amount of Additional Purchase Transaction made in future)

☐ Repatriation ☐ Non Repatriation

Date

Place

Signature (s)

SOLE / FIRST APPLICANT

SECOND APPLICANT

THIRD APPLICANT

1. Distributor Information				Application No	S
Distributor Code	Sub-Broker Code	Internal sub broker code	EUIN*	RIA Code [^]	
ARN-280217	ARN-	INTERNAL CODE	Employer Unique 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 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".

[^]I/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

2. Unitholder Information	
Name of First / Sole Applicant	PAN
Folio No. (For Existing Unit Holders)	CKYC No.

3. Investment Details (Choice of Plan [Please ✓])	
Scheme	Samco Flexi Cap Fund
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option:	Growth
Enrolment Period	From DDMMYYYY To DDMMYYYY
OR	Perpetual (Default) <input type="checkbox"/> OR No. of Installments
First SIP Instalment via :	Cheque No. Bank A/c No.
Drawn on Bank	Branch
Amount ₹	Each SIP Amount ₹
Amount in words	

SIP Frequency : (Please ✓)	
SIP Date DD	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> OR <input type="checkbox"/> Quaterly <input type="checkbox"/> OR <input type="checkbox"/> Half Yearly
Preferred Debit Date (Any day from 1st to 28th of the month)	

SIP Step UP FACILITY:	
Fixed Amount	Variable (in Percentage)
Amount (Minimum 500/- in multiple of Re 1/-) ₹	Percentage (Minimum 10% and in multiple of 5%) ₹
Freeze # <input type="checkbox"/> Amount <input type="checkbox"/> OR Month-Year MMYY	Freeze # <input type="checkbox"/> Amount <input type="checkbox"/> OR Month-Year MMYY
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 <input type="checkbox"/> Physical Mode (Default) <input type="checkbox"/> 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 DDMMYYYY	
Place	
First / Sole Applicant	Second Applicant
Third Applicant	

UMRN	Date DDMMYYYY
Tick (✓) <input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel	
Sponsor Bank Code	Utility Code
I/We hereby authorize SAMCO MUTUAL FUND to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	
Bank A/c No.	Bank Name
IFSC	OR MICR
an amount of Rupees	Amount ₹
Frequency <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quaterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As and when presented	Debit Type <input checked="" type="checkbox"/> Fixed Amt <input checked="" type="checkbox"/> Maximum Amt
PAN	Phone No. +91
Email	
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	First / Sole Applicant	Second Applicant	Third Applicant
From DDMMYYYY			
To DDMMYYYY			
OR <input type="checkbox"/> 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