Goldman Sachs Asset Management

GOLDMAN SACHS MUTUAL FUND

APPLICATION FORM FOR OPEN ENDED EQUITY SCHEMES

Application No.

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:	Sub-Broker Name & Code	Registrar Serial No.
Employee Name & EUIN:			

Declaration for "execution-only" transaction (mandatory if EUIN box is left blank) (Refer Instruction 1)
"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/relatonship 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".

First/Sole Applicant/ Guardian/ POA Holder _____ Second Applicant/ POA Holder _____ Third Applicant/ POA Holder _____

*If not routed through a broker/Distributor, will be captured as DIRECT.

1. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY

(Refer instruction 2 and please ✓ any one)

☐ **I confirm that I am a first time Investor across mutual funds.**
(₹150 deductible as transaction charge and payable to the Distributor)

☐ **I confirm that I am an existing Investor in mutual funds.**
(₹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

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

If you have an existing folio, please fill in section 2, and provide attested PAN copy and KYC Acknowledgement Letter# of all Applicants / POA holders / Guardians, as applicable, if not submitted earlier, and proceed to section 8)

3. APPLICANT'S INFORMATION (Refer instruction no. 3(b))

Name of First / Sole Applicant / Non-Individual Investor : (In case of non-individual investor, please also fill in the UBO form)

Mr./Mrs./Ms./M/s.

Date of Birth D D M M Y Y Y Y PAN* OR PEKRN* KYC compliant (Please ✓) ☐
Date of Birth proof (for minor) attached (Please) ✓ ☐ (Refer instruction no. 3(b)(iii)) (Refer instruction no. 3(d)

Nationality

Gross Annual Income per annum (Please✓): ## ☐ Below 1 Lac ☐ Rs.1 - 5 Lac ☐ Rs.5 - 10 Lac ☐ Rs.10 - 25 Lac ☐ > 25 Lac OR Net worth as on date Rs. (Net worth should not be older than 1 year)

Place of Birth Country of Tax Residence Tax ID Number^

Power of Attorney (PoA) Holder Details - First Holder

Mr./Mrs./Ms.

PAN* OR PEKRN* KYC compliant# (Please✓) ☐ (Refer instruction no. 3(d)

Nationality

Gross Annual Income per annum (Please✓): ## ☐ Below 1 Lac ☐ Rs.1 - 5 Lac ☐ Rs.5 - 10 Lac ☐ Rs.10 - 25 Lac ☐ > 25 Lac OR Net worth as on date Rs. (Net worth should not be older than 1 year)

Place of Birth Country of Tax Residence Tax ID Number^

Name of Guardian (in case first / sole applicant is a minor)/ Name of Corporate Contact (in case of non-individual Investors)

Mr./Mrs./Ms.

Relationship with Minor (Please ✓): ☐ Father ☐ Mother ☐ Court appointed Legal Guardian (Please attach proof.)

Designation (For corporate contact) Nationality

PAN* OR PEKRN* KYC compliant# (Please ✓) ☐ (Refer instruction no. 3(d)

Name of the Second Applicant

Mr./Mrs./Ms./M/s.

Date of Birth D D M M Y Y Y Y PAN* OR PEKRN* KYC compliant (Please✓)☐
(Refer instruction no. 3(d)

Nationality

Gross Annual Income per annum (Please✓): ## ☐ Below 1 Lac ☐ Rs.1 - 5 Lac ☐ Rs.5 - 10 Lac ☐ Rs.10 - 25 Lac ☐ > 25 Lac OR Net worth as on date Rs. (Net worth should not be older than 1 year)

Place of Birth Country of Tax Residence Tax ID Number^

Power of Attorney (PoA) Holder Details - Second Holder

Mr./Mrs./Ms.

PAN* OR PEKRN* KYC compliant (Please✓) ☐ (Refer instruction no. 3(d)

Gross Annual Income per annum (Please✓): ## ☐ Below 1 Lac ☐ Rs.1 - 5 Lac ☐ Rs.5 - 10 Lac ☐ Rs.10 - 25 Lac ☐ > 25 Lac OR Net worth as on date Rs. (Net worth should not be older than 1 year)

Place of Birth Country of Tax Residence Tax ID Number^

ACKNOWLEDGMENT SLIP (To be filled in by the Investor)

Application No. _____

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Date D D M M Y Y Y Y
Received from Mr./Ms./M/s./Mrs. _____ an application for Subscription of
Units of Goldman Sachs _____ Fund
☐ Growth Option ☐ Dividend Option with ☐ Payout ☐ Reinvestment facility along with Cheque / DD No. _____
Cheque / DD Date D D M M Y Y Y Y Amount (₹) _____ _____
Bank Branch _____

Acknowledgement Stamp

Name of the Third Applicant

Mr./Mrs./Ms./M/s.

Date of Birth D D M M Y Y Y Y PAN* OR PEKRN* KYC compliant (Please ✓) ☐ (Refer instruction no. 3(d)

Nationalit

Gross Annual Income per annum (Please ✓): ## ☐ Below 1 Lac ☐ Rs.1 - 5 Lac ☐ Rs.5 - 10 Lac ☐ Rs.10 - 25 Lac ☐ > 25 Lac OR Net worth as on date Rs. (Net worth should not be older than 1 year)

Place of Birth Country of Tax Residence Tax ID Number^

Power of Attorney (PoA) Holder Details - Third Holder

Mr./Mrs./Ms.

PAN* OR PEKRN* KYC compliant (Please ✓) ☐ (Refer instruction no. 3(d)

Gross Annual Income per annum (Please ✓): ## ☐ Below 1 Lac ☐ Rs.1 - 5 Lac ☐ Rs.5 - 10 Lac ☐ Rs.10 - 25 Lac ☐ > 25 Lac OR Net worth as on date Rs. (Net worth should not be older than 1 year)

Place of Birth Country of Tax Residence Tax ID Number^

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.: Fax Mobile:

E-Mail:

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 ✓) ☐
(Applicable if E-mail address is mentioned above) (Refer instruction 7).

*Please attach proof. PAN is not mandatory for certain Investors(Refer instruction no. 3. ^6Please attach proof for TAX ID number. # Please submit the duly filled KYC Application Form and supporting documents for all Applicants / POA holders / Guardians (as applicable) who are not KYC compliant. ## Refer instruction no. 3.

4. MODE OF OPERATION (Please ✓) (Refer instruction no. 4b)

☐ Joint ☐ Single ☐ Anyone or Survivor (Default : Anyone or Survivor)

5. STATUS (of First / Sole Applicant) (Please ✓) (Refer instruction no. 4b)

☐ 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 (FII) ☐ Partnership Firm ☐ Trust ☐ Society / Charity ☐ AOP ☐ BOI ☐ QFI
☐ Hindu Undivided Family ☐ Investment through Power of Attorney ☐ Other (Please Specify) _____

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 (Mandatory)

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

CONTACT

Phone : 18002661220

E-Mail : gsamindia@gs.com

Website : www.gsam.in

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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 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 debit will be at least 30 days after the date of allotment)

*Each SIP amount ₹ *VIP Nominal amount ₹ Maximum VIP 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 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 alloted 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

SIGNATURES

First/Sole Applicant/ Guardian/ POA Holder	
Second Applicant/ POA Holder	
Third Applicant/ POA Holder	

CONTACT

Phone : 18002661220

E-Mail : gsamindia@gs.com

Website : www.gsam.in

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