

1. Distributor Information			Application No	S
Distributor Code	Sub-Broker Code	Internal sub broker code	EUIIN*	RIA Code <sup>^</sup>
<b>ARN-181211</b>	ARN-	INTERNAL CODE	<b>E528682</b>	

\*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".

<sup>^</sup>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 ✓])		Registration	Cancellation
Scheme	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Target Scheme of Samco	
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)	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option: <input type="checkbox"/> Growth

SIP Date	<input type="text"/> <input type="text"/> <input type="text"/> Preferred Debit Date (Any day from 1 <sup>st</sup> to 28 <sup>th</sup> of the month)	<input type="checkbox"/> Daily OR <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly OR <input type="checkbox"/> Half Yearly
Enrolment Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR Perpetual (Default) <input type="checkbox"/> OR No. of Installments <input type="text"/>	
First SIP Instalment via :	Cheque No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Bank A/c No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Drawn on Bank	<input type="text"/>	Branch <input type="text"/>
Each SIP Amount	<input type="text"/>	Amount in words <input type="text"/>

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"/> <input type="text"/> <input type="text"/> <input type="text"/>	Freeze # <input type="checkbox"/> Amount <input type="text"/> OR Month-Year <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Place <input type="text"/>	
	First / Sole Applicant
	Second Applicant
	Third Applicant

UMRN	Date
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Utility Code	<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel
Sponsor Bank Code	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 ₹
Debit Type <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Maximum period of validity of this mandate is 40 years only.		
To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
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	