

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

APPLICATION FORM

Please read instructions before filling this form All sections to be completed in ENGLISH in BLACK /

Private Limited BLUE Coloured Ink and in BLOCK LETTERS. 1. Distributor Information **Application No** Distributor Code Internal Sub-Broker Code **RIA CODE^** Sub-Broker Code *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' 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. Signature (s) 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. 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 Self Spouse My dependents My Childrens belongs to (Please tick) vany one option 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. (Legal Entity Identifier Number is Mandatory for transaction value of INR 50 crore and above for Valid upto D D M M 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 Female **PAN** CKYC No. Gender Male Transgender Second Applicant Mr. / Ms. Male **PAN** CKYC No. Female Transgender Gender Third Applicant Mr. / Ms Transgender PAN CKYC No. Gender Male Female 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:** Please Note: Demat Account Details of First / Beneficiary A/C No. Sole Applicant (Name should be as per demat account) (Note: Please attach copy of Client Master List.) ACKNOWLEDGEMENT SLIP ሄ**SAMCO MUTUAL FUND** (To be filled by the investor) 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 Amount (₹) Dated Drawn on Bank **Branch**

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

Tax Status	(Applicable	tor First / Sole	Applicant)									
Resident Indiv		FIIs NRI -			orporate [Club / Socie		Body Corpo		r G	overnment Body	
	NRI - NRE	Bank & FI		roprietor	Partner	ship Firm	QFI	Provident Fund	d Others			
			ors (Any On	1		. 🗆 -		ı				
Birth Certifica		ksheet (HSC/IC	CSE/CBSE)	School Lea	ving Certifica	ate Passpo	ort Others					
Overseas A		1						For NRI app	licants Ind	ian	Overseas	
Address (Mandato	ory for NRI/FII a	pplicant*)			1				1			
					Cour	itry			Zip Code			
Email Com	nmunicati	on (Please	tick ✔)									
Default communic Annual Repor		s through 'ema Jed Annual Rep		ess is not pro Statutory Info		lease 'Opt-in' to	receive below doo	cuments in phy	sical copy by tickii	ng the opti	on below:	
2. KYC Det	tails (Mand	atory - Refer II	nstruction No XI	for details)								
First Applicant:	=	Business Bureaucrat	Service Forex Dea		ofessional nlisted Comp	= -	culturist Corporate	Housewife Listed Comp	Studen oany Others	t [Defence	
Second Applica		Business Bureaucrat	Service Forex De		rofessional nlisted Comp		culturist y Corporate	Housewife Listed Comp	Studer Oany Others		Defence	
Third Applicant		Business Bureaucrat	Service Forex De		rofessional nlisted Comp		culturist y Corporate	Housewife Listed Comp	ousewife Student Sted Company Others		Defence	
Gross Ann	ual Incon	ne (Please tid	ck√)									
First Applicant:	: В	elow 1 Lac	1-5 Lacs	5-1	0 Lacs	10-25	Lac] >25 Lacs - 1 (Crore	ore		
	OR	Net wort	h (Mandatory fo	r Non - Indivi	duals)	₹	as c	n DDM	M Y Y Y Y	(Not o	lder than 1 year)	
Second Applica		elow 1 Lac	1-5 Lacs		0 Lacs	10-25 ₹		>25 Lacs - 1 (
	OR		th (Mandatory fo		,			on DDM		,	older than 1 year)	
Third Applicant	∷ ∐ B OR	elow 1 Lac Net wort	1-5 Lacs th (Mandatory fo		0 Lacs duals)	∐ 10-25 ₹	_	>25			older than 1 year)	
For Individ			(manaator) ro			`		o		(1101)	naor anam i year)	
TOT IIIdivid	For Individuals (Please tick ✓) First Applicant:					Second Applicant			Third Applicant			
I am Politically Ex	I am Politically Exposed Person									•		
I am Related to Politically Exposed												
Not Applicable	Not Applicable											
For Non-In	ndividual	Investors	(Please tick ✓)									
Is the company a Foreign Exchan Charger Service	ge / Money	·	No Ga	-	-	isted Company ttery / Casino			ease attach mand ey Lending / Pav	•	Declaration) Yes No	
3. FATCA/	CRS Deta	ils - Non Inc	dividual Invest	ors should	mandatory	fill separate	FATCA/CRS det	ails form	(Refe	r Instruction	n No.XVIII)	
			st Applicant / G		,	2nd Applica			3rd Applicant	POA	<u> </u>	
Place & Country of Birth												
	Country #	Tax Payer Ref ID No	(TIN or other, ple		Country #	Tax Payer Ref ID No	Identification Typ (TIN or other, please s		# Tax Payer Ref ID No		entification Type other, please specify)	
#Pleas	e indicate all o	countries, other t	han India, in whic	h you are a re	sident for tax	purpose, associ	ated Taxpayer Ident	ification Numbe	r & it's Identification	type e.g: T	IN etc	
CHECKLIST: Please subr	mit the following d	cuments with your a	application (where appl	icable). All docum	ents should be o	riginal/true copies cer	rtified by a Director/Trusto	ee /Company Secreta	ary /Authorised signatory			
Documents			Individual	Companies	Societie	s Partnership F	-irms Investment through POA	Trusts	NRI	Flls	PIO	
Resolution/ Authorisa List of authorised sign		cimen signatures		V	4	√	_	V		√		
Trust Deed	pratones with spe	onnen signatures		✓	√	√	√	√		✓		
Bye-laws					✓	,						
Partnership Deed Overseas Auditor Cer	rtificate					✓				√		
Notarised POA							√			-	1	

✓

✓

Proof of Address

Copy of PAN Card / PEKRN

KYC Acknowledgement

Foreign Inward Remittance Certificate

PIO Card

4. Power of Attorney (POA) If in	vestment is being made by a Co	nstitutional Attorn	ey, please submit n	otarised copy of POA	
POA NAME Mr. / Ms. / M/s.				PAN	
5. Nomination Details (Please tick	√)				
I /We hereby confirm that I /We do not wis	h to exercise the right of nomina	ation in respect of u	nits subscribed/pur	chased by me/us. OR	
I/We wish to register my/our Nominee as p	per below details: (Mandatory fo	r new Folios of Indi	viduals where mode	e of holding is single)	
Name of Nominee	Date of Birth (If Nominee is minor)	Allocation (%)		egal Guardian/Parent ominee is minor)	Relationship with Nominee
	(ii Nominee is miner)		(1110		Nominiee
6. Lumpsum/New SIP-Investme	ent Details* Choice of Scher	ne/Plan/Option For SI	P Investment Auto-Del	oit Form is mandatory (Refer Inst	ruction No.VI)
Scheme Samco Flexi Cap Fund				Plan: Regular Di	rect Option: Growth
7. Bank Account Details					
		Δ	t T (DI	(),	NDO NDE CEND
Account No Bank Name		Bank Address	count Type (Please	✓): SB Current	NRO NRE FCNR
Dalik Name		Dalik Address			
City Pin	IFSC	CODE		MICR CODE	
8. Payment Details					
	Γ/Fund Transfer Dema	and Draft	Cheque	One time Mandate	
Cheque No	Date D	D M M Y Y	YY	Gross Amount ₹	
Net Amount ₹				DD Charges ₹	
Bank Details: Same as above (Please tick () if yes) Differe	ent from above (Ple	ase tick (🗸) if it is di	fferent from above and fill in	the details below)
Bank/Branch & City					
Account No			Account Type (Plea	se ✔): SB Current	NRO NRE FCNE
9. Systematic Transaction Regi	Stration Details				
	Stment Plan (SIP) (For SIP inves	Ament it is mandat	e to submit SIP Mai	ndate Registration Form)	
Scheme Samco Flexi Cap Fund	1			Plan: Regular D	irect Option: Growth
Installment amount (in figures) ₹ SIP Frequency: (Please ✓): Monthly		Illment amount (in v	,		
SIP Frequency: (Please ✓):	Quarterly Half Yearl	y Debit D		No. of Installments	OR Perpetual:
on renod. From Date		c Withdrawal Plan		No. of installments	OK Terpetual.
Scheme Samco Flexi Cap Fund	Systemati		(SWF)	Plan: Regular Di	rect Option: Growth
Amount (in figures): ₹	Amount (in wo	rde)		rian regular bi	option. Growth
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 Schel		ement of Additional In	formation and subseq	uent amendments thereto includ	ing the section on who cannot invest
"Prevention of Money Laundering" and "Know Your Cus regulations of the Scheme. I/We further declare, I am / v				-	·
is not held or designed for the purpose of contravention authority from time to time. It is expressly understood to	of any acts, rules, regulations or any	statute or legislation of	or any other applicable	laws or notifications, directions is	sued by the governmental or statutor
responsible if the investment is ultra vires thereto and the	e investment is contrary to the releva	nt constitutional docu	ments.		
I/We undertake that these investments are my/our own a I/We hereby, further agree that the Fund can directly cre					
The ARN holder has disclosed to me/us all the commiss the Scheme is being recommended to me/us. I/We furthfacility. I/We hereby confirm that it is my/our informed d	er agree that the Fund/AMC can send	us all types of SMS rel	ating to the products of	. •	-
Applicable to NRI only: I/We confirm that I am / we are N channels from funds in my/our Non-Resident External/O					from abroad through approved banking
Repatriation Non Repatriation					
Date D D M M Y Y Y Y					
Place					
Signature (s)	FIRST APPLICANT	SECC	OND APPLICANT		THIRD APPLICANT