

**GOLDMAN SACHS MUTUAL FUND****APPLICATION FORM
(For GSSTF)**

Application No. _____

**Asset
Management**

Please read 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*: Bonanza Portfolio Ltd.	ARN: 0186	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/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". 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.
 Upfront commission shall be paid directly by the Investor to the Distributor / broker based on the Investors' assessment of various factors including the service rendered by the Distributor / broker

1. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please tick (✓) 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

Folio No. for existing Investor _____

Name of First / Sole Applicant / Non-Individual Investor _____

(If you have an existing folio please fill in section 1, provide attested PAN copy and KYC Acknowledgment Letter for all applicants, if not provided earlier, and proceed to section 7)

3. APPLICANT'S INFORMATION (Refer instruction no. 1(b))

Name of First / Sole Applicant / Non-Individual Investor (In case of minor, there shall not be any joint holders)
 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. 1(c))

Nationality _____

Gross Annual Income per annum (Please ✓): Below 1 Lac Rs.1 - 5 Lac Rs.5 - 10 Lac Rs.10 - 25 Lac > 25 Lac 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 ✓)

Nationality _____

Gross Annual Income per annum (Please ✓): Below 1 Lac Rs.1 - 5 Lac Rs.5 - 10 Lac Rs.10 - 25 Lac > 25 Lac 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.)

Nationality _____ Designation (For corporate contact) _____

PAN* _____ OR PEKRN* _____ KYC compliant# (Please ✓)

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 ✓)

Nationality _____

Gross Annual Income per annum (Please ✓): Below 1 Lac Rs.1 - 5 Lac Rs.5 - 10 Lac Rs.10 - 25 Lac > 25 Lac 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 ✓) Nationality _____

Gross Annual Income per annum (Please ✓): Below 1 Lac Rs.1 - 5 Lac Rs.5 - 10 Lac Rs.10 - 25 Lac > 25 Lac 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. _____

Asset Management	Date <u>DD MM YYYY</u>	
	Received from Mr./Ms./M/s./Mrs. _____ an application for Subscription of Units of	
	<input type="checkbox"/> Goldman Sachs Short Term Fund <input type="checkbox"/> Growth Option <input type="checkbox"/> Dividend Option with <input type="checkbox"/> Daily Reinvestment <input type="checkbox"/> Weekly Reinvestment facility along with Cheque / DD No. Cheque / DD Date <u>DD MM YYYY</u> Amount (₹) _____ Drawn on _____	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Acknowledgement Stamp </div>
	Branch _____	

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 ✓)

Nationality

Gross Annual Income per annum (Please ✓): Below 1 Lac Rs.1 - 5 Lac Rs.5 - 10 Lac Rs.10 - 25 Lac > 25 Lac 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 ✓)

Nationality

Gross Annual Income per annum (Please ✓): Below 1 Lac Rs.1 - 5 Lac Rs.5 - 10 Lac Rs.10 - 25 Lac > 25 Lac 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 / FIs) (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 5).

*Please attach proof. PAN is not mandatory for certain Investors(Refer instruction no. 1 (b) (vi)). ^ Please 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.

4. MODE OF OPERATION (Please ✓) (Refer instruction no. 2) Joint Single Anyone or Survivor

(Default : Anyone or Survivor)

5. STATUS (of First / Sole Applicant) (Please ✓) (Refer instruction no. 2) 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. 2)** 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**7. BANK ACCOUNT DETAILS (Refer instruction no. 3)**

Name of the Bank

Branch

Branch Address

Account No.

Bank City

State

11 Digit IFSC Code

9 Digit MICR Code

Account Type (Please tick ✓)

 Savings Current NRE NRO FCNR Others (please specify)**8. INVESTMENT DETAILS (Refer instruction no. 4)**

Scheme:

Goldman Sachs Short Term Fund

Plan:

 Direct Plan Distributor Plan

Option:

 Growth Dividend

Dividend Option:

 Daily Reinvestment Weekly Reinvestment

Default Option: Growth

Default Dividend Option: Weekly Reinvestment

9. PAYMENT DETAILS (Refer instruction no. 4)

Investment through

 Lump sum SIP (Please tick ✓)

(Please also fill in the SIP Auto Debit (ECS) Form for Investment through SIP)

Cheque/Demand Draft Details:

Instrument No:

Instrument Date:

D D M M Y Y Y Y

Amount (₹):

Bank Name:

Branch Name:

Cheque/Demand Draft should be favouring the Scheme name as mentioned in the Investment Details section above.

SIP (Systematic Investment Plan): Micro SIP# Yes No

SIP Date From#: M M Y Y Y Y

SIP Date To: M M Y Y Y Y

*Each SIP amount: ₹

Preferred monthly investment date 1st 15th (Default SIP Date: 15th)

#Minimum number of installments including first Instrument should be 12. First SIP ECS debit will be at least 30 days after the date of allotment.

* Minimum installment should be ₹ 1000/- and in multiples of ₹ 1/- thereafter. All ECS debits should be same as first Instrument amount.

Investors who wish to opt for Micro SIP should provide the required details in the Micro SIP Annexure, if attested PAN copy and KYC Acknowledgment Letter is not provided

CONTACT

Phone : 1 800 266 1220

E-Mail : gsamindia@gs.comWebsite : www.gsam.in

Goldman Sachs

Asset Management

10. DEMAT ACCOUNT DETAILS - Please fill below details if you wish to hold the units in dematerialised form. (Refer instruction no. 6)

NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)

Depository Participant Name:

DPID No.:

I	N								
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Beneficiary A/c No.

CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)

Depository Participant Name:

Beneficiary A/c No.

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11. NOMINATION - If demat details are filled in, nomination will be as per Depository Participant records (Refer instruction no. 7)

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 allotted 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 SIGNATURES (Refer instruction no. 9 and 10)

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	<input checked="" type="checkbox"/>
	Second Applicant/ POA Holder	<input checked="" type="checkbox"/>
	Third Applicant/ POA Holder	<input checked="" type="checkbox"/>

CONTACT

Phone : 1 800 266 1220

E-Mail : gsamindia@gs.com

Website : www.gsam.in



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