

## **GOLDMAN SACHS MUTUAL FUND**

Application No.

Asset Management		OPEN ENDED EQUITY SCHE					_
		octions in this Application Form. All sec				. 1	
	or Name*: Bonanza P	ortiolio Ltd.	ARN	: 0186	Sub-Broker Name & Co	ode R	egistrar Serial No.
"I/We hereby con person of the abo	execution-only" transaction (m Ifirm that the EUIN box has b	andatory if EUIN box is left blar been intentionally left blank by lotwithstanding the advice of ir	me/us as this tran	saction is executed without if any, provided by the en	ut any interaction or advice by nployee/relationship manager/s	ales person of the d	conship manager/sales istributor/sub broker" nt/POA Holder
*If not routed thro	ugh a broker/Distributor, will be cap	tured as DIRECT.					
			IITORE ONIV	(Defection with 0 and a	lun (mun)		
	N CHARGES FUR APPLICA at I am a first time Investor ac	TIONS THROUGH DISTRIB	UTUKS UNLY	(Refer instruction 2 and p	n existing Investor in mutual	funde	
	le as transaction charge and				nsaction charge and payable		
	•	n empanelled Distributor who	has 'opted in' to				
Folio No. for ex Name of First /	cisting Investor Sole Applicant / Non-Indiv				ed along side will apply for this applic		
	IFORMATION (Refer instruction no le Applicant / Non-Individual	. 3(b)) Investor (In case of minor, there	shall not be any joint	holders)			
Mr./Mrs./Ms./M/s.							
	D M M Y Y Y Y	PAN*		OR PEKRN*		KYC complian	it (Please <b>√)</b> □
Date of Birth proof (f	or minor) attached (Please ✓)	(Refer instruction no. 3(b	0)((iii))			(Refer instruc	tion no. 3(d)
Nationality							
Gross Annual Income	e per annum (Please ✔) : ☐ Belo	w 1 Lac □ Rs.1 - 5 Lac □ Rs	s.5 - 10 Lac 🔲 Rs	$1.10 - 25  \text{Lac}$ $\square > 25  \text{Lac}$	Net worth as on date Rs.		t be older than 1 year)
Place of Birth		Country of Tax Re	esidence		Tax ID Number^		
Power of Attorney	y (PoA) Holder Details · First l	lolder					
Mr./Mrs./Ms.							
PAN*		OR PEKRN*		KYC compliant#	(Please ✓) ☐ (Refer instruction	n no. 3(d)	
Nationality							
Gross Annual Income	e per annum (Please ✔) : 🗌 Belo	w 1 Lac □ Rs.1 - 5 Lac □ Rs	s.5 - 10 Lac 🔲 Rs	s.10 - 25 Lac $\square$ > 25 Lac	Net worth as on date Rs.		t be older than 1 year)
Place of Birth		Country of Tax Re	esidence		Tax ID Number^		
Name of Guardian	(in case first / sole applicant is a	minor)/ Name of Corporate C	ontact (in case of	non-individual Investors)			
Mr./Mrs./Ms.							
Relationship with Mir	nor (Please ✓): ☐ Father	☐ Mother ☐ Court appoin	ted Legal Guardian (	Please attach proof.)			
Designation (For corp	oorate contact)			Nationality			
PAN*		OR PEKRN*		KYC compliant#	(Please ✓) ☐ (Refer instruction	n no. 3(d)	
Name of the Seco	nd Applicant						
Mr./Mrs./Ms./M/s.							
		PAN*		OR PEKRN*		KYC compliar (Refer instruc	
Nationality Gross Annual Income	e per annum (Please ✔) : ☐ Belo	w 1 Lac □ Rs.1 - 5 Lac □ Rs	s.5 - 10 Lac 🔲 Rs	s.10 - 25 Lac □ > 25 Lac	Net worth as on date Rs.		t be older than 1 year)
Place of Birth		Country of Tax Re	esidence		Tax ID Number^		
	y (PoA) Holder Details - Secor	,	Jordonoo		TUN ID HUITIDGE		
Mr./Mrs./Ms.							
PAN*		OR PEKRN*		KYC compliant (P	lease ✓) ☐ (Refer instruction no	ı. 3(d)	
Gross Annual Income	e per annum (Please ✔) : ☐ Belo	w 1 Lac □ Rs.1 - 5 Lac □ Rs	s.5 - 10 Lac 🔲 Rs	a.10 - 25 Lac □ > 25 Lac	Net worth as on date Rs.		t be older than 1 year)
Place of Birth		Country of Tax Re	esidence		Tax ID Number^		
CKNOWLED	GMENT SLIP (To be fill	ed in by the Investor)			Application No		
	Date D D M M Y Y Y Y						
Goldman Sachs	Received from Mr./Ms./M/s./Mrs.				an application for Su	bscription of	
	Units of Goldman Sachs Growth Option Dividen	d Option with ☐ Payout ☐ Rein	vestment facility along	with Cheque / DD No	Fund		Acknowledgement Stamp
Asset	Cheque / DD Date D D M	M Y Y Y Y Amount (₹)		Drawn on			
Management							

Name of the Mr./Mrs./Ms./I Date of Birth			OR PEKRN*		VVC compliant (Disease V)
Nationality	D D M M Y Y Y Y PAN*		UN PEKNIN		KYC compliant (Please ✓) ☐ (Refer instruction no. 3(d)
Gross Annual Ir	ncome 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.	
Place of Birth		Country of Tax Residence		Tax ID Number^	
	torney (PoA) Holder Details - Third Holder				
Mr./Mrs./Ms. PAN*	OR PEKRN	*	KYC compliant (Pleas	e ✔) ☐ (Refer instruction no. 3	(d)
Gross Annual Ir	ncome 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.	
Place of Birth		Country of Tax Residence		Tax ID Number^	
Address Of First	t / Sole Applicant / Non-Individual Investor (0	nly P. O. Box Address is not sufficient)			
City		State		Pincode	
Overseas Addre	ss (Mandatory for NRIs /FIIs) (Principal place of	business/operations required if differen	nt from mailing/correspondence addre	ss)	
Contact details	of First / Sole Applicant / Non-Individual investor	(Please mention the STD/ISD Cod	les)		
Office Tel.:	Residence Tel.:	Fax	Mobile:		
(Applicable if E-mail at *Please attach prod	the account statement/scheme wise annual report or an abridged st ddress is mentioned above!   Refer instruction 71. of. PAN is not mandatory for certain Investors(Refer instructi (as applicable) who are not KYC compliant.			□ led KYC Application Form and supporting	g documents for all Applicants / POA
4. MODE OF	OPERATION (Please ✓) (Refer instruction	no. 4)			
□ Joint	☐ Single	☐ Anyone or Su	ırvivor (Default	: Anyone or Survivor)	
Register Hindu U  6. OCCUPAT Professio Forex De Is any person		Foreign Institutional investor ver of Attorney  Other (Ple ) (Refer instruction no. 4) ed Student Public Sector/ ecify) te, senior official in any government, senior	(FII) Partnership Firm ase Specify  Government Service Privat	□ Trust □ Society / Charity  e Sector Service □ Agriculture  senior politician in/outside of India; or:	ist
7 DANK ACC	OUNT DETAILS (Refer instruction no. 5)				
	ng to invest in demat form to ensure that bank account of Bank Pinc	ode	Branch State  11 Digit IFSC Code ings   Current   NRE   NRO	□ FCNR □ Others (please specify	(Mandatory for credit via NEFT/RTGS)
	IENT DETAILS (Refer instruction no. 6)				
Scheme:	Plan: ☐ Direct Plan ☐ Distributor Plan		(Pleas	e mention the scheme name you a	re investing in)
	Option: Growth Dividend Default Option: Growth	Dividend Option: Payou Default Dividend Option: Dividend F	t  Reinvestment Reinvestment		
CONTACT					Goldman
		Phone : 1800	0 266 1220		Goldman Sachs Asset

E-Mail : gsamindia@gs.com Website : www.gsam.in Management

Income and the second			The City of Colpanies A control	(F00) F ( )	W/ID:			
nvestment through				(ECS) Form for Investment through SIF		V .		
Cheque/Demand Di	raft Details: Instrument N Bank Nar		Instrument	Date D D M M Y			nount (₹) h Name	
Account Type (Pleas			NR			Didiio	II IVallie	
	should favour as per the scheme name		1 1 1	allment should be vide cheque/demand dra	ft.			
	vestment Plan)/VIP (Value Av							
Is this a Micro SIP/		SIP/VIP Date Fro		SIP/VIP Date To M M				
	it will be at least 30 days after the date		101 101 101 1 1 1 1	SII / VII Date 10				
*Each SIP amount	₹/*VIP Nominal amount ₹		Maximum V	'IP ECS Debit amount ₹				
Preferred monthly	investment date □1st □15	oth (Default SIP/VIP Date	e:15th)					
For VIP: First VIP Inst	allment should be for the nominal amou	unt which should be minimum	n ₹2000/- and in multiple of ₹1/- th	st instrument amount. Minimum number nereafter. VIP is only applicable for GS CI th the Application Form, if attested PAN co	IX 500.	•		
DEMAT ACCOU	NT DETAILS - Please fill below	details if you wish to hold	the Units in dematerialised for	m. (Refer instruction no. 8)				
NATIONAL SECU	JRITIES DEPOSITORY LTD. (N	SDL)		CENTRAL DEPOSITORY SERVI	CES (IN	DIA) LTD. (CD	ISL)	
Depository Participa	ant Name			Depository Participant Name				
DP-ID	IN			Beneficiary A/c No.				
Beneficiary A/c No.								
Intention to Not No	<ul> <li>If demat details are filled in, no ominate (Mandatory for new folios vish to register nominee(s) in the Nominee</li> </ul>	of Individuals where mode			A	location (%) by	which	Signature of
Intention to Not No	ominate (Mandatory for new folios vish to register nominee(s) in the	of Individuals where mode above folio E	e of holding is single and who d Yes, please see my nomin	o not wish to nominate) ation details below	the	location (%) by v Units will be sha each Nominee sh aggregate to 10	ould	Signature of Nominee / Guardian
Intention to Not No □ No, I do not v	ominate (Mandatory for new folios vish to register nominee(s) in the	of Individuals where mode above folio E	e of holding is single and who d Yes, please see my nomin Name of Guardian (in case Nominee	o not wish to nominate) ation details below Relationship	the	Units will be sha each Nominee sh	ould	
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Intention to Not No	ominate (Mandatory for new folios vish to register nominee(s) in the Nominee  Nominee  Ve hereby nominate the above mention valid discharge by the AMC/Mutual Fulles and instructions on nomination sp in time to time.	of Individuals where mode above folio C  Date of Birth  Date of Birth	of holding is single and who d Yes, please see my nomin Name of Guardian (in case Nominee is a Minor)	o not wish to nominate) ation details below  Relationship with Guardian  my/our folio in the event of my/our deat	the	Units will be sha sach Nominee sh aggregate to 10	ould  00%	Nominee / Guardian
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CONTACT

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Goldman Sachs

Asset Management