

**GOLDMAN SACHS MUTUAL FUND
COMMON TRANSACTION FORM
(For GS CNX 500, GSIEF and GSSTF)**

Application No. _____

Asset Management

For existing Non-ETF Investors only

Please strike unused section to avoid unauthorised use

Please read Key Information Memorandum and the instructions in this 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:		
<p>"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".</p>		

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

Uprfront 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

Existing Folio No. _____ Date: _____

First / Sole Holder Name _____

(Please attach attested PAN copy and KYC Acknowledgement Letter of all Applicants / POA holders / Guardian, as applicable, if not submitted earlier)

1. ADDITIONAL PURCHASE

#I/We want to Purchase Units of the below Scheme for ₹ (in figure) _____

Cheque/DD No for ₹ _____ Dated _____ Drawn on (Bank) _____

Branch _____ Account No. _____ Account Type _____

a) Equity Schemes

Goldman Sachs India Equity Fund (GSIEF) Goldman Sachs CNX 500 Fund (GS CNX 500) Plan: Direct Plan Distributor Plan

Option: Growth* Dividend Dividend option Payout Reinvestment**

b) Debt Scheme

Goldman Sachs Short Term Fund (GSSTF) Plan: Direct Plan Distributor Plan

Option: Growth* Dividend Dividend option Daily Reinvestment Weekly Reinvestment**

(*Default Option; **Default Dividend Option)

#For Additional Purchase of Rs. 10,000 and more: In case the transaction is routed through an empanelled Distributor who has 'opted in' to receive transaction charges, a transaction charges of Rs.100/- will be deducted from the purchase amount and paid to the Distributor. Units will be issued against the balance amount invested.

Do you want Units in demat form? [Please tick(✓)] Yes No If existing holding is in physical mode and demat details are filled up, it will be deemed that allotment of Units for additional Purchase is required in dematerialised form. For all such cases a new folio will be created and all account related information will be captured as per the details available with Depository Participant

NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)

Depository Participant Name: _____

DPID No.: I N _____

Beneficiary A/c No. _____

CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)

Depository Participant Name: _____

Beneficiary A/c No. _____

2. REDEMPTION

Scheme: _____ Plan: Direct Plan Distributor Plan

Option: Growth Dividend Dividend Option (Please Specify) _____ Please Redeem (₹): _____ or _____ Units.

To receive Redemption proceeds in a registered bank account other than your default bank account, please fill in the details below:

Bank Name: _____ Registered Account No.: _____

3. SWITCH

I/We would like to Switch _____ Units or ₹ (in figures) _____ ₹ (in words) _____

From : Scheme _____ Plan: _____ Option: _____

To : Scheme _____ Plan: _____ Option: _____

4. CANCELLATION OF SIP/VIP/SWP

I/We want to cancel all the future SIP Installment / VIP Installment / SWP of Scheme _____

Plan: _____ Option: _____

Date: 1st 15th Period: From _____ MM YYYY To _____ MM YYYY Amount ₹ _____

5. CANCELLATION OF STP/VTP

I/We want to cancel all the future STP VTP

From : Scheme _____ Plan: _____ Option: _____

To : Scheme _____ Plan: _____ Option: _____

Date: 1st 15th Period: From _____ MM YYYY To _____ MM YYYY Amount ₹ _____

DECLARATION(S) & SIGNATURE(S)

Please note that by signing this Transaction Form, the Investors also give the Important Declarations set out in the instructions section of the Transaction 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 Transaction Form, including the Important Declarations in the instructions to the Transaction 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

Signature _____

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

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6. CHANGE OF BANK MANDATE (FOR DEFAULT BANK ACCOUNT)

Existing bank account as per Account Statement:

Bank Name _____ Account No. _____

New bank account details

Please attach blank cancelled cheque / bank letter confirming new bank account details

Bank Name : _____ Branch _____

Account No. _____ City _____ State _____

MICR No. for ECS (9 Digit No. next to your cheque number) _____

IFSC Code. (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your local bank branch) _____

Account Type (Please tick (✓)) Savings Current NRE NRO FCNR Others (please specify) _____

Note: Please submit a new SIP/VIP Auto Debit (ECS) Form in case you want to change the ECS bank for SIP/VIP.

7. CHANGE OF ADDRESS

New Details:

New Address : _____

City _____ Pin _____ State _____

Note: Investors who are KYC Compliant, change of address needs to be carried with the respective KYC Registration Agency (KRA) through which the initial KYC was done.

8. CHANGE OF TELEPHONE NUMBER/FAX NUMBER/E-MAIL ADDRESS

Tel No. : Off.: _____ Resi.: _____ Mobile: _____

Fax : _____ E-mail : _____

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