

GOLDMAN SACHS MUTUAL FUND SIP / VIP AUTO DEBIT (ECS) FORM FOR GOLDMAN SACHS OPEN ENDED EQUITY SCHEMES

Application No.

Asset Management

To be accompanied with Application Form for new registration

| \bigcap | Broker/Distributor Name*: Bonanza Portfolio Ltd. | ARN: 0186 | Sub-Broker Name & Code | Registrar Serial No. |
|-----------|---|--|---|-----------------------------------|
| Г | Employee Name & EUIN: | | | |
| Г | "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 i | nteraction or advice by the employee/relationship | manager/sales person of the above |

| Broker/Distribut Employee Name | | | | | | | |
|---|--|---|--|--|--|--|--|
| Employee Name | | nza Portfolio Ltd. | | ARN: 0186 | Sub-Broke | r Name & Code | Registrar Serial No. |
| <u>' '</u> | | han hann interesionally left blank by | | :! .// ++iisb + | | h | |
| | | has been intentionally left blank by n of in-appropriateness, if any, provide | ad by the employee/relatio | inship manager/sales person of | the distributor and the dist | ributor has not charged any | advisory fees on this transaction". |
| | | butor, will be captured as DIRECT Investor to the Distributor / broker bas | ed on the Investors' assess: | ment of various factors including | the service rendered by the | Distributor / broker | |
| Please(✓) any one, ir | the absence of indic | ation of the option the form is lia | , | - | Renewal | Change of ECS | Bank 🗆 |
| | | | • • | gh ECS Debit Clearing | | | |
| | | LICATIONS THROUGH DISTRIB | UTORS ONLY (Please ti | | | | |
| | | vestor across mutual funds. Irge and payable to the Distribu | ıtor) | | ım an existing Investor s transaction charge ar | r in mutual funds. 1d payable to the Distri | ibutor) |
| Applicable for tra | ansaction routed thi | rough an empanelled Distribut | or who has 'opted in' t | o receive transaction cha | rges | | |
| Please(✓) any one, ir | the absence of indica | ation of the option the form is liab | le to be rejected: Nev | v Registration 🔲 | Renewal 🗆 | Change of ECS Bank | |
| the terms, condition Folio No. for existing (Please attach atten Name of First / Sol | to the Goldman Sachs ns, rules and regulation ng Investor | /C Acknowledgement Letter* of all ividual Investor | | | | Debit under the following | Scheme and agree to abide by |
| #Please submit the | duly filled KYC Applic | cation Form and required documen | its for all Applicants/ PO | A holders/ Guardian (as appl | icable) who are not KYC (| compliant. | |
| 3. SIP/VIP DETAIL | LS | | | | | | |
| Scheme: | | | | | (Please m | ention the scheme name yo | ou are investing in) |
| Plan: | Direct Plan | ☐ Distributor Plan | | | | | |
| Option: Geow | | ☐ Dividend | For Dividend Option: | Payout n: Dividend Reinvestment | ☐ Reinvestment | | |
| Boldar option: Glow | | matic Investment Plan) | Bordan Bividena Option | n. Dividend Henryestinent | VIP (Value averagir | ng Investment Plan) | |
| SIP Date From: M *Each SIP amount ₹ Preferred monthly in (Minimum number First SIP ECS debit * Minimum installn be similar to the first | Yes No | | th) fter. All ECS debits will | | No No VIP Date (First VIP instal ont ₹ ent date | to (maximum up to 12 yi Iment should be for nominal (should be higher th (Default VIP Date 15th oles of ₹ 1/- thereafter. VIF | amount) than nominal amount)) |
| 4. BANK DETAILS | • | | | | | | |
| | ne as in bank records: | | | | | | |
| PAN of bank accour | nt holder: | | | | Mandatory Enclosures: | | |
| | unt noide. | | | | | | |
| Bank Name: | | | | | | cheque First SIP/VIP | cheque |
| Bank Name: Branch Name: | | | | | | | cheque (₹) |
| Bank Name: | | | O'. | | ☐ Blank cancelled | cheque First SIP/VIP | |
| Bank Name: Branch Name: Address: | | | City: | | ☐ Blank cancelled Cheque No. | cheque First SIP/VIP Date | Amount (₹) |
| Bank Name: Branch Name: Address: Account Number: | | | City: | | ☐ Blank cancelled Cheque No. Account Type (Please | cheque ☐ First SIP/VIP Date etick ✓) ☐ Savings ☐ | Amount (₹) |
| Bank Name: Branch Name: Address: | | | City: | | ☐ Blank cancelled Cheque No. | cheque ☐ First SIP/VIP Date tick ✓) ☐ Savings ☐ FCNR | Amount (₹) |
| Bank Name: Branch Name: Address: Account Number: 9 Digit MICR Code: 11 Digit IFSC Code: | | | City: | | Blank cancelled Cheque No. Account Type (Please NRE NRO | cheque ☐ First SIP/VIP Date tick ✓) ☐ Savings ☐ FCNR | Amount (₹) |
| Bank Name: Branch Name: Address: Account Number: 9 Digit MICR Code: 11 Digit IFSC Code: 5. CONFIRMATIO I/We hereby decla payments referred transaction is dela | N AND SIGNATURE, re that the particular above through direct yed or not effected a rurther undertake that | /S s given in this form are correct an debit/ participation in RBI's Elec t all for reasons of incomplete inf any changes in my / our bank det | d complete and express tronic Clearing Service (ormation. I/we will not | my/our willingness to (i) app debit clearing), or (iii) chang hold Goldman Sachs Mutual he Fund immediately. I/We h | Blank cancelled Cheque No. Account Type (Please | cheque First SIP/VIP Date ctick ✓) Savings FCNR ecify) of the Scheme mentione mandate as stated in youther withorties/servi | Amount (₹) 1 Current d above, (ii) make installment is form, as applicable. If the ces providers/representatives |
| Bank Name: Branch Name: Address: Account Number: 9 Digit MICR Code: 11 Digit IFSC Code: 5. CONFIRMATIO I/We hereby decla payments referred transaction is dela responsible. I/We | re that the particulars above through direct yed or not effected a | given in this form are correct an debit/ participation in RBI's Elec t all for reasons of incomplete inf any changes in my / our bank det | d complete and express tronic Clearing Service (ormation, I/we will not ails will be informed to t | my/our willingness to (i) app debit clearing), or (iii) chanc hold Goldman Sachs Mutual he Fund immediately. I/We h ond Applicant/POA Holder | Blank cancelled Cheque No. Account Type (Please | cheque First SIP/VIP Date ctick ✓) Savings FCNR ecify) of the Scheme mentione mandate as stated in youther withorties/servi | Amount (₹) 1 Current d above, (ii) make installment is form, as applicable. If the ces providers/representatives in the instructions to this form. |
| Bank Name: Branch Name: Address: Account Number: 9 Digit MICR Code: 11 Digit IFSC Code: 5. CONFIRMATIO I/We hereby decla payments referred transaction is dela responsible. I/We | re that the particulars above through direct yed or not effected a further undertake that | given in this form are correct an debit/ participation in RBI's Elec t all for reasons of incomplete inf any changes in my / our bank det rdian/POA Holder | d complete and express tronic Clearing Service (ormation, I/we will not ails will be informed to t | he Fund immediately. I/We h | Blank cancelled Cheque No. Account Type (Please | cheque First SIP/VIP Date Letick V) Savings FCNR ecify) of the Scheme mentioner mandate as stated in the yother authorities/servine Terms and Conditions in | Amount (₹) 1 Current d above, (ii) make installment is form, as applicable. If the ces providers/representatives in the instructions to this form. |
| Bank Name: Branch Name: Address: Account Number: 9 Digit MICR Code: 11 Digit IFSC Code: 11 Digit IFSC Code: 5. CONFIRMATIO I/We hereby decla payments referred transaction is dela responsible. I/We Firs 6. AUTHORISATIC This is to inform the be made from our beharged to my/our a Signature (As per 1st Holder 2nd Holder | re that the particulars above through direct yed or not effected ar further undertake that t/Sole Applicant/Guar DN OF THE BANK At at I/We have registere sellow mentioned bank account. | given in this form are correct an debit/ participation in RBI's Elec t all for reasons of incomplete inf any changes in my / our bank det rdian/POA Holder | d complete and express tronic Clearing Service (ormation, I/we will not ails will be informed to t Seco Service(Debit Clearing) | he Fund immediately. I/We h and Applicant/POA Holder and that my/our payment tov | Blank cancelled Cheque No. Account Type (Please NRE NRO Others (please spot) for Purchase of Units edetails of my/our bank Fund/AMC/Trustee or arave read and agreed to the vards my/our investment form to get it verified & Bank Account Number Banker's Attestation Certified that the sign | cheque First SIP/VIP Date ctick Y Savings FCNR ecify) of the Scheme mentione mandate as stated in thy other authorities/servine Terms and Conditions in Third Applicant in the Scheme of Goldmexecuted. Mandate verif | Amount (₹) I Current d above, (ii) make installment his form, as applicable. If the ces providers/representatives in the instructions to this form. ht/POA Holder an Sachs Mutual Fund shall ication charges, if any, may be |
| Bank Name: Branch Name: Address: Account Number: 9 Digit MICR Code: 11 Digit IFSC Code: 11 Digit IFSC Code: 5. CONFIRMATIO I/We hereby decla payments referred transaction is dela responsible. I/We Firs 6. AUTHORISATIC This is to inform the be made from our beharged to my/our a Signature (As per 1st Holder 2nd Holder 3rd Holder | re that the particulars above through direct yed or not effected ar further undertake that t/Sole Applicant/Guar DN OF THE BANK At at I/We have registere sellow mentioned bank account. | given in this form are correct an debit/ participation in RBI's Elect all for reasons of incomplete information any changes in my / our bank det rdian/POA Holder CCOUNT HOLDER and for the RBI's Electronic Clearing | d complete and express tronic Clearing Service (formation, I/we will not ails will be informed to t Seco Service(Debit Clearing) thorise the representation | he Fund immediately. I/We hond Applicant/POA Holder and that my/our payment tov we carrying this ECS mandate | Blank cancelled Cheque No. Account Type (Please NRE NRO Others (please spot) for Purchase of Units edetails of my/our bank Fund/AMC/Trustee or arave read and agreed to the vards my/our investment form to get it verified & Bank Account Number Banker's Attestation Certified that the sign | cheque First SIP/VIP Date ctick /) Savings FCNR ecify) of the Scheme mentione amandate as stated in the yother authorities/servine Terms and Conditions in Third Application the Scheme of Goldmexecuted. Mandate veriful | Amount (₹) I Current d above, (ii) make installment his form, as applicable. If the ces providers/representatives in the instructions to this form. ht/POA Holder an Sachs Mutual Fund shall ication charges, if any, may be |
| Bank Name: Branch Name: Address: Account Number: 9 Digit MICR Code: 11 Digit IFSC Code: 11 Digit IFSC Code: 5. CONFIRMATIO I/We hereby decla payments referred transaction is dela responsible. I/We Firs 6. AUTHORISATIC This is to inform the be made from our beharged to my/our a Signature (As per 1st Holder 2nd Holder | re that the particulars above through direct yed or not effected ar further undertake that t/Sole Applicant/Guar DN OF THE BANK At at I/We have registere sellow mentioned bank account. | given in this form are correct an debit/ participation in RBI's Elect all for reasons of incomplete information any changes in my / our bank det rdian/POA Holder CCOUNT HOLDER and for the RBI's Electronic Clearing | d complete and express tronic Clearing Service (formation, I/we will not ails will be informed to t Seco Service(Debit Clearing) thorise the representation | he Fund immediately. I/We h and Applicant/POA Holder and that my/our payment tov | Blank cancelled Cheque No. Account Type (Please NRE NRO Others (please sp Oth | cheque First SIP/VIP Date ctick /) Savings FCNR ecify) of the Scheme mentione amandate as stated in the yother authorities/servine Terms and Conditions in Third Application the Scheme of Goldmexecuted. Mandate veriful | d above, (ii) make installment his form, as applicable. If the ces providers/representatives in the instructions to this form. ht/POA Holder an Sachs Mutual Fund shall ication charges, if any, may be and the |

| ACKNOWLEDGN | IENT SLIP FOR SIP/VIP THROUGH ECS (To be filled in by the Investor) | Application No. | |
|---------------------|---|-----------------|--------------------------|
| Goldman Sachs | Date D.D. M.M. Y.Y.Y.Y. Name of Sole/First Account Holder | | Acknowledgement Stamp |
| Asset Management | SIP/VIP Amount ₹ | | Otamp |



GOLDMAN SACHS MUTUAL FUND SIP AUTO DEBIT (ECS) FORM

| Λ | nn | lica | tion | NIO |
|---|----|------|------|-----|

Acknowledgement

Stamp

| Asset (For GSSTF) Management | | | | | | | |
|--|--|---|--|--|--|--|--|
| To be accompanied with Application Form for Please read the common Instructions and SIF | | | | | | | |
| Broker/Distributor Name*: | IIIStructions | | RN: | Sub-Broker N | lame & Code | Registrar Serial No. | |
| Employee Name & EUIN: | | | | | | | |
| "I/We hereby confirm that the EUIN box relationship manager/sales person of the of the distributor and the distributor has *If not routed through a broker/Distribu Jpfront commission shall be paid directly by th | e above distri not charged | butor or notwithstanding the advi any advisory fees on this transact | ce of in-appropriatenes ion". | s, if any, provided by the | e employee/relation | nship manager/sales person | |
| pprront commission snail be paid directly by the Please(✓) any one, in the absence of indic | | | | | | ered by the Distributor / broker ange of ECS Bank 🛚 | |
| | | SIP Through E0 | CS Debit Clear | ing | | | |
| 1. TRANSACTION CHARGES FOR | APPLICAT | IONSTHROUGH DISTRIBU | TORS ONLY (Please | e tick (✓) any one) | | | |
| ☐ I confirm that I am a first time Inve (₹ 150 deductible as transaction charge Applicable for transaction routed three | ge and paya | ble to the Distributor) | (₹ 100 deductible | t I am an existing Inve e as transaction charge | je and payable to | | |
| Please(✓) any one, in the absence of indi- | | | | | enewal 🗆 | Change of ECS Bank | |
| 2. APPLICANT'S INFORMATION | | | | | | | |
| I/We hereby apply to the Goldman Saci following Scheme and agree to abide by Folio No. for existing Investor Name of First / Sole Applicant / Non-Ind Guardian Name (in case 1st / sole applic #Please submit the duly filled KYC Appli | the terms, ividual Inves | conditions, rules and regulation tor or) | s of the SIP/VIP. | | | | |
| 3. SIP DETAILS | | | | | | | |
| Scheme: Goldman Sachs Short Term Ful Plan | lan | Micro SIP*: ☐ Yes ☐ No *Each SIP amount : ₹ Preferred monthly investmer (Minimum number of installmedate of allotment.) *Minimum installment should instrument issued # Investors who wish to opt fo copy and KYC Acknowledgmen | SIP Date From It date: ☐ 1st ☐ Ints including first instruct I be ₹ 1000/- and in m r Micro SIP should pro | ument should be 12. Firs nultiples of ₹ 1/- therea vide the required details | SIP Date T late: 15th) t SIP ECS debit will fter. All ECS debi | ts wil be similar to the first | |
| 4. BANK DETAILS | | copy and KTC Hoknowicaginer | it Ecitor is not provide | | | | |
| Account holder name as in bank recor | rdo: | | | | | | |
| Pan of bank account holder: | | | | Mandatory Enclosu | Ires' | | |
| | | | | ☐ Blank cancelled | | SIP/VIP cheque | |
| Branch Name: | | | | Cheque No. | Date | Amount (₹) | |
| Address: | | | | | | | |
| | | City: | | | | | |
| Account Number: 9 Digit MICR Code: | | | | Account Type (Please tick(√)) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR | | | |
| 11 Digit IFSC Code: | Others (please specify) | | | | | | |
| 5. CONFIRMATION AND SIGNATU | JRE/S | | | | | | |
| I/We hereby declare that the particulars mentioned above, (ii) make installment p of my/our bank mandate as stated in the Goldman Sachs Mutual Fund/AMC/Trusbank details will be informed to the Fundament of the Fundament | ayments ref is form, as a tee or any o | erred above through direct deb applicable. If the transaction is ther authorities/services provide | it/ participation in RBI delayed or not effect lers/representatives | I's Electronic Clearing S ed at all for reasons o responsible. I/We furt | Service (debit clea f incomplete infor ner undertake tha | ring), or (iii) change details rmation, I/we will not hold | |
| First/Sole Applicant/Guardian/POA H | lolder | Second Applic | ant/POA Holder | | Third Applican | t/POA Holder | |
| 6. AUTHORISATION OF THE BANK | ACCOUN | T HOLDER | | | | | |
| This is to inform that I/We have registered Sachs Mutual Fund shall be made from a executed. Mandate verification charges, if a | ur below me | entioned bank account with your | bank. I/We authorise t | he representative carry | | | |
| Signature (As per Bank Record) 1st Holder | | | | Banker's Attestation Certified that the sign details of bank are of | gnature of accoun | | |
| 2nd Holder | | | | | |] | |
| 3rd Holder | | | D MM VVVV | | | | |
| Name of Minor | | Minor's DOB | א א א א ואוואו ע | Signature of authorise | ed official from ban | k (bank stamp and date) | |
| ACKNOWLEDGMENT SLIP FOR SI | PTHROUG | GH ECS (To be filled in by 1 | he Investor) | Applicat | ion No | | |
| | / Name of | Sole/First Account Holder | | | | | |

Investment Details : Option : Growth Dividend: \square Daily Reinvestment \square Weekly Reinvestment

SIP Date 1st or 15th

Frequency : Monthly

SIP Amount ₹ ___