

GOLDMAN SACHS MUTUAL FUND

	Application	No
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Asset Management	APPLICATION FORM FOR OPEN ENDED EQUITY SCHEMES						
	rmation Memorandum and the instructions in this Application Form. All sections to be filled legi						
Broker/Distribute	or Name*: AR	N:	Sub-Broker Name & Co	ode Re	gistrar Serial No.		
Employee Name	& EUIN:						
"I/We hereby con	execution-only" transaction (mandatory if EUIN box is left blank) (Refer Instruc firm that the EUIN box has been intentionally left blank by me/us as this tra ove distributor/sub broker or notwithstanding the advice of in-appropriateness	nsaction is executed without , if any, provided by the empl	any interaction or advice by oyee/relationship manager/s	ales person of the dis	stributor/sub broker".		
First/Sole Applican	t/ Guardian/ P0A Holder Second Applicant/ P0	DA Holder Third		Applicant 	/POA Holder		
*If not routed thro	ugh a broker/Distributor, will be captured as DIRECT.						
1. TRANSACTIO	N CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY	(Refer instruction 2 and pleas					
	at I am a first time Investor across mutual funds.		existing Investor in mutual f				
	e as transaction charge and payable to the Distributor) transaction routed through an empanelled Distributor who has 'opted in' t		action charge and payable	to the Distributor)			
2. FOLIO NO. FOR Folio No. for ex Name of First /	R EXISTING INVESTOR (Refer instruction 3 (a))	cords under the folio no. mentioned :	along side will apply for this applic				
	IFORMATION (Refer instruction no. 3(b))						
	le Applicant / Non-Individual Investor (In case of minor, there shall not be any join	t holders)					
Mr./Mrs./Ms./M/s.	DAM*	OD DEVDN*					
	or minor) attached (Please ✓)	OR PEKRN*		KYC compliant			
	of fillifor) attached (riease ♥)			(Refer instruction	on no. 3(d)		
Nationality Gross Annual Income	e per annum (Please ✔) : ☐ Below 1 Lac ☐ Rs.1 - 5 Lac ☐ Rs.5 - 10 Lac ☐ F	s.10 - 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# (Ple	ease ✓) ☐ (Refer instruction	n no. 3(d)			
Nationality							
,	e per annum (Please ✔) : ☐ Below 1 Lac ☐ Rs.1 - 5 Lac ☐ Rs.5 - 10 Lac ☐ F	s.10 - 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 Mr./Mrs./Ms.	(in case first / sole applicant is a minor)/ Name of Corporate Contact (in case of	non-individual Investors)					
Relationship with Mir	nor (Please ✔): ☐ Father ☐ Mother ☐ Court appointed Legal Guardian	(Please attach proof.)					
Designation (For corp		Nationality					
PAN*	OR PEKRN*	KYC compliant# (Ple	ease ✔) 🔲 (Refer instruction	n no. 3(d)			
Name of the Seco		·		11101 0(4)			
Mr./Mrs./Ms./M/s.							
Date of Birth	D M M Y Y Y PAN*	OR PEKRN*		KYC compliant	(Please ✓) □		
Nationality				(Refer instruction	on no. 3(d)		
	e per annum (Please ✔) : ☐ Below 1 Lac ☐ Rs.1 - 5 Lac ☐ Rs.5 - 10 Lac ☐ F	s 10 - 25 lar □ > 25 lar	Net worth as on date Rs.	(Net worth should not	ho alder then 1 yearl		
O1000 Allilludi Illicollic		3.10 20 Lac	Not worth as on date his.				
Place of Birth	Country of Tax Residence		Tax ID Number^				
	y (PoA) Holder Details - Second Holder						
Mr./Mrs./Ms.	00.05/(0.00)	VVC sampliant (Dless	no () 🗖 (D. () ;	0/11			
PAN*	OR PEKRN*		se ✓) ☐ (Refer instruction no	i. 3(d)			
Gross Annual Income	per annum (Please ✔) : ☐ Below 1 Lac ☐ Rs.1 - 5 Lac ☐ Rs.5 - 10 Lac ☐ F	s.10 - 25 Lac □ > 25 Lac		(Net worth should not	be older than 1 year)		
Place of Birth	Country of Tax Residence		Tax ID Number^				
ACKNOWLEDG	GMENT SLIP (To be filled in by the Investor)		Application No.				
Goldman Sachs	Date D. D. M. M. Y.Y.Y.Y. Received from Mr./Ms./M/s./Mrs.		an application for Sul	bscription of			
	Units of Goldman Sachs		**		Acknowledgement		
Asset Management	☐ Growth Option ☐ Dividend Option with ☐ Payout ☐ Reinvestment facility along Cheque / DD Date ☐ D M M Y Y Y Y Amount (₹)	·			Stamp		

Name of the Third Applicant Mr./Mrs./Ms./M/s. Date of Birth D D M M Y Y Y PAN*		OR PEKRN*		KYC compliant (Please ✓) ☐ (Refer instruction no. 3(d)
Gross Annual Income per annum (Please ✓) : ☐ Below 1 Lac	☐ Rs 1 - 5 Lac ☐ Rs 5 - 10 Lac	\square Rs 10 - 25 lac \square > 25 lac	Net worth as on date Rs.	(Net worth should not be older than 1 year)
Place of Birth	Country of Tax Residence	10.10 20 200 20 7 20 200	Tax ID Number^	
Power of Attorney (PoA) Holder Details - Third Holder Mr./Mrs./Ms. PAN* OR PE		KYC compliant (Pleas	re ✓) ☐ (Refer instruction n	o. 3(d)
Gross Annual Income per annum (Please ✔) : ☐ Below 1 Lac	☐ Rs.1 - 5 Lac ☐ Rs.5 - 10 Lac	\square Rs.10 - 25 Lac \square > 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 sufficie	nt)		
City	State		Pincode	
Overseas Address (Mandatory for NRIs /FIIs) (Principal place	e of business/operations required if diffe	erent from mailing/correspondence addre	SS)	
Contact details of First / Sole Applicant / Non-Individual inves	etor (Please mention the STD/ISD (Codes)		
Office Tel.: Residence Tel.:	Fax	Mobile:		
E-Mail: We wish to receive the account statement/scheme wise annual report or an abrid Applicable if E-mail address is mentioned above) (Refer instruction 7). Please attach proof. PAN is not mandatory for certain Investors(Refer instolders / Guardians (as applicable) who are not KYC compliant.			□ lled KYC Application Form and suppo	rrting documents for all Applicants / POA
I. MODE OF OPERATION (Please √) (Refer instruc	tion no. 4)			
☐ Joint ☐ Single	☐ Anyone or	Survivor (Defaul	t : Anyone or Survivor)	
☐ Individual (Indian Resident) ☐ Non-Resident In☐ Registered Financial Institution / Commercial Bank☐ Hindu Undivided Family ☐ Investment through 6. OCCUPATION (of First / Sole Applicant) (Please ☐ Professional ☐ Business ☐ Housewife ☐ F ☐ Forex Dealer ☐ Proprietorship ☐ Others (please Is any person associated with this account a current/former head of family member or close advisor of such an individual; or is this account a current former head of the comments of the com	☐ Foreign Institutional invest Power of Attorney ☐ Other (F ② ✓) (Refer instruction no. 4) detired ☐ Student ☐ Public Sect a specify) f state, senior official in any government, se	or (FII) Partnership Firm Please Specify) or/ Government Service Privat	□ Trust □ Society / Cha	ulturist
. BANK ACCOUNT DETAILS (Refer instruction no. 5) (Investors opting to invest in demat form to ensure that bank account Name of the Bank Bank City Account No. 9 Digit MICR Code	Pincode	mentioned) Branch State 11 Digit IFSC Code Savings □ Current □ NRE □ NRO	☐ FCNR ☐ Others (please sp	(Mandatory for credit via NEFT/RTGS)
B. INVESTMENT DETAILS (Refer instruction no. 6) Scheme:		(Plea:	se mention the scheme name yo	ou are investing in)
Plan: ☐ Direct Plan ☐ Distributor F Option: ☐ Growth ☐ Dividend Default Option: Growth		rout 🗆 Reinvestment		
CONTACT				Goldman Sachs
	Phone : 18	800 266 1220		Accet

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

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9. PAYMENT DET	TAILS (Refer instruction no. 6)	☐ Non-Third Party Payment	☐ Third Party Payment (Ref	er instruction no. 6 (k), (I))						
Investment through	☐ Lump sum ☐ SIF	P/VIP (Please ✓) (Please	also fill in the SIP/VIP Auto Debit (ECS) Form for Investment through	SIP/VIP)					
Cheque/Demand Dra	oft Details: Instrument Bank Na		Instrument D	ate DDMMY			nount (₹) h Name			
Account Type (Please	✓) ☐ Savings ☐ Current	□ NRE □ NRO □ FCN	NR □ Others (please specify)							
Cheque/Demand Draft s	should favour as per the scheme name	mentioned in the KIM and SID	. For SIP/VIP, first instal	ment should be vide cheque/demand	d draft.					
SIP (Systematic Inv	restment Plan)/VIP (Value Av	eraging Investment Pla	nn)							
	IP# ☐ Yes ☐ No will be at least 30 days after the date ₹/*VIP Nominal amount ₹	SIP/VIP Date Fro of allotment)		SIP/VIP Date To M P ECS Debit amount ₹						
Preferred monthly For SIP: *Minimum ins For VIP: First VIP Instal	investment date □1st □1 tallment should be ₹1000/- and in m Ilment should be for the nominal amo opt for Micro SIP/VIP should provide t	ultiples of ₹ 1/- thereafter. A unt which should be minimum	II ECS debits should be same as first ₹2000/- and in multiple of ₹1/- the	instrument amount. Minimum numb reafter. VIP is only applicable for G	S CNX 500.	v				
10. DEMAT ACCOUN	T DETAILS - Please fill below	details if you wish to hold	the Units in dematerialised form	n. (Refer instruction no. 8)						
NATIONAL SECU	RITIES DEPOSITORY LTD. (N	SDL)	C	ENTRAL DEPOSITORY SEF	RVICES (IN	DIA) LTD. (CI	OSL)			
Depository Participa				lepository Participant Name						
DP-ID Beneficiary A/c No.	IN		E	eneficiary A/c No.						
Delicitionary A/C NO.										
□ NO, I do not wi	No, I do not wish to register nominee(s) in the above folio Nominee Date of Birth Name of Guardian (in case Nominee is a Minor) Relationship with Guardian with Guardian Name of Guardian (in case Nominee is a Minor) Name of Guardian (in case Nominee is a Min			the	Allocation (%) by which the Units will be shared by each Nominee should 1000/					
Nominee 1						aggregate to 1	JU%			
Address										
Nominee 2										
Address										
Nominee 3										
Address										
nominee(s) shall be a v	e hereby nominate the above mentio valid discharge by the AMC/Mutual F es and instructions on nomination sp time to time.	und/Trustees.		•						
12. CONFIRMATION	I and Signature/S (Ref	er instruction no. 11 and 12)								
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 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.				nfirm 2	Second Applicant/ POA Holder	A				
Application to White 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. [Please */] Yes No If yes, Repatriation basis Non-repatriation basis POA Holder										

CONTACT

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