

**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*:	ARN:	Sub-Broker Name & Code	Registrar Serial No.
Employee Name & EUIN:			

"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".

\*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

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](http://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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Existing Folio No. \_\_\_\_\_ Date: \_\_\_\_\_

First / Sole Holder Name \_\_\_\_\_  
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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 : \_\_\_\_\_

**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](http://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.

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Please (✓)  Yes  No If yes,  Repatriation basis  Non-repatriation basis

**Signature**

\_\_\_\_\_  
 First Holder/Guardian/POA Holder

\_\_\_\_\_  
 Second Holder/POA Holder

\_\_\_\_\_  
 Third Holder/POA Holder