Goldmar Sachs
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GOLDMAN SACHS MUTUAL FUND SIP / VIP AUTO DEBIT (ECS) FORM

Asset Management	FOR GOLDMAN SACHS OPEN END	DED EQUITY SCHEN	IES			_	
To be accompanied w	ith Application Form for new registration on instructions and SIP/VIP Instructions before comp	leting this Form					
Broker/Distribut			ARN:	Sub-Broker Na	me & Code	Registrar Serial No.	
Employee Name						nogiolar condition	
"I/We hereby con distributor or not	firm that the EUIN box has been intentionally left blank b vithstanding the advice of in-appropriateness, if any, prov	y me/us as this is an "executi ided by the employee/relatio	on-only" transaction without any nship manager/sales person of th	interaction or advice by the e	mployee/relationship r	nanager/sales person of the above advisory fees on this transaction"	
	rough a broker/Distributor, will be captured as DIREC				or had not onlying ou any		
	I be paid directly by the Investor to the Distributor / broker I the absence of indication of the option the form is			e service rendered by the Distr Renewal	ibutor / broker Change of ECS	Bank 🗌	
,,			gh ECS Debit Clearing		j		
1. TRANSACTION	CHARGES FOR APPLICATIONS THROUGH DISTR	IBUTORS ONLY (Please tid	ck (✔) any one)				
🗆 I confirm that	I am a first time Investor across mutual funds.	first time Investor across mutual funds.			nutual funds.		
	as transaction charge and payable to the Distri			ransaction charge and p	ayable to the Distri	butor)	
	nsaction routed through an empanelled Distrib	•			(500 5 1 1	_	
	the absence of indication of the option the form is I	lable to be rejected: Nev	V Registration 🗀 🛛 K	enewal 🗆 Cha	nge of ECS Bank		
	to the Goldman Sachs Mutual Fund for a Systematic ns, rules and regulations of the SIP/VIP.	Investment Plan (SIP)/Value	e Averaging Investment Plan (V	'IP) through ECS Auto Debit	under the following	Scheme and agree to abide by	
	sted PAN copy and KYC Acknowledgement Letter [#] of	all Applicants / POA holder	s / Guardian, as applicable, if r	not submitted earlier)			
Name of First / Sol	e Applicant / Non-Individual Investor						
	case 1st / sole applicant is a minor)						
#Please submit the	duly filled KYC Application Form and required docum	nents for all Applicants/ PO	A holders/ Guardian (as applica	able) who are not KYC comp	oliant.		
3. SIP/VIP DETAIL	S						
Scheme:	innet Dien Dietzikusten Dien			(Please mentio	on the scheme name yo	u are investing in)	
	rect Plan Distributor Plan	For Dividend Option:	Payout	Reinvestment			
Default Option: Grow			n: Dividend Reinvestment	nenivestnent			
	SIP (Systematic Investment Plan)			VIP (Value averaging In	vestment Plan)		
Micro SIP#	Yes 🗆 No		Micro VIP [#] □ Yes	□ No			
SIP Date From: M	$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	Y Y Y Y	VIP Date From: M M Y			rs): M M Y Y Y Y	
*Each SIP amount ₹			*Nominal amount ₹ Maximum ECS debit amount		t should be for nominal	amount) than nominal amount)	
	vestment date 1st 15th (Default SIP Date of installments including first instrument should be 12		Preferred monthly investment				
	will be at least 30 days after the date of allotment)		* Minimum installment should				
* Minimum installm	ent should be ₹ 1000/- and in multiples of ₹ 1/- then	eafter. All ECS debits will	GS CNX 500.			· · · · · · · · · · · · · · · · · · ·	
be similar to the firs			First VIP ECS debit will be at lea	,		mum investment will be ZERU	
# Investors who wish to	opt for Micro SIP/VIP should provide the KYC Application Form	and required documents along w	vith the Application Form, if attested I	KYC Acknowledgment Letter is n	ot provided.		
4. BANK DETAILS							
Account holder nam PAN of bank accour	e as in bank records:						
Bank Name:				Mandatory Enclosures: Blank cancelled cheque First SIP/VIP cheque 			
Branch Name:				Cheque No.	Date	Amount (₹)	
Address:							
A		City:		A			
Account Number: 9 Digit MICR Code:				Account Type (Please tick		Current	
11 Digit IFSC Code:				□ Others (please specify)			
J. CONFIRMATION I/We hereby decla payments referred transaction is dela responsible. I/We t	N AND SIGNATURE/S e that the particulars given in this form are correct above through direct debit/ participation in RBI's El yed or not effected at all for reasons of incomplete urther undertake that any changes in my / our bank of the second second second second second second second and second second second second second second second second second second second second second second second second sec	and complete and express ectronic Clearing Service (information, I/we will not l letails will be informed to t	my/our willingness to (i) apply debit clearing), or (iii) change nold Goldman Sachs Mutual Fi he Fund immediately. I/We hav	for Purchase of Units of th details of my/our bank ma und/AMC/Trustee or any of re read and agreed to the Te	ne Scheme mentione ndate as stated in t ther authorities/servi erms and Conditions i	d above, (ii) make installment his form, as applicable. If the ces providers/representatives n the instructions to this form.	
First	/Sole Applicant/Guardian/POA Holder	Seco	nd Applicant/POA Holder		Third Applicar	nt/POA Holder	
6. AUTHORISATIO	IN OF THE BANK ACCOUNT HOLDER						
	t I/We have registered for the RBI's Electronic Cleari elow mentioned bank account with your bank. I/We ccount.		e carrying this ECS mandate for				
Signature (As per Bank Record)				Banker's Attestation Certified that the signature of account holder and the			
1st Holder				details of bank are correct			
2nd Holder							
3rd Holder							
Name of Minor		Minor's DOB	MMYYYY	Signature of authorised offic	ial from bank (bank sta	amp and date)	

Application No.

ACKNOWLEDGMENT SLIP FOR SIP/VIP THROUGH ECS (To be filled in by the Investor)

Goldman	Date DDMMYYYY Name of Sole/First Account Holder)
Goldman Sachs	Investment Details: Goldman Sachs Fund		
	Option : 🔲 Growth 🔲 Dividend 🔲 Dividend Option: 🔲 Payout 🗌 Reinvestment	Acknowledgement Stamp	
Asset	SIP/VIP Amount ₹ Frequency : Monthly	otamp	
Management	SIP/VIP from MMYYYY to MMYYYY Date SIP/VIP Date 1st or 15th		

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8	achs	

Asset

Management

GOLDMAN SACHS MUTUAL FUND SIP AUTO DEBIT (ECS) FORM (For GSSTF)

Application No

Stamp

Го	be a	accompani	ed with	Application	Form t	for new	registration	1	

Please read the common Instructions and SIP instructions before completing this Form 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 Please(1) any one, in the absence of indication of the option the form is liable to be rejected: New Registration Renewal 🗆 Change of ECS Bank □ SIP Through ECS Debit Clearing 1. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please tick () any one) □ I confirm that I am a first time Investor across mutual funds. □ I confirm that I am an existing Investor in mutual funds. (₹ 150 deductible as transaction charge and payable to the Distributor) (₹ 100 deductible as transaction charge and payable to the Distributor) Applicable for transaction routed through an empanelled Distributor who has 'opted in' to receive transaction charges Please(1) any one, in the absence of indication of the option the form is liable to be rejected: New Registration Renewal 🗌 Change of ECS Bank 2. APPLICANT'S INFORMATION I/We hereby apply to the Goldman Sachs Mutual Fund for a Systematic Investment Plan (SIP)/Value Averaging Investment Plan (VIP) through ECS Auto Debit under the following Scheme and agree to abide by the terms, conditions, rules and regulations of the SIP/VIP Folio No. for existing Investor Name of First / Sole Applicant / Non-Individual Investor Guardian Name (in case 1st / sole applicant is a minor) #Please submit the duly filled KYC Application Form and supporting documents for all Applicants / POA holders / Guardians (as applicable) who are not KYC compliant. **3. SIP DETAILS** Scheme: Goldman Sachs Short Term Fund SIP (Systematic Investment Plan) Micro SIP#: 🛛 Yes 🗌 No SIP Date To : <u>MM YYY</u> SIP Date From : Direct Plan Distributor Plan Plan *Each SIP amount : ₹_ Option: Growth Dividend Preferred monthly investment date :
1 1st
15th (Default SIP date: 15th) i) Daily Reinvestment (Minimum number of installments including first instrument should be 12, First SIP ECS debit will be at least 30 days after the date of allotment.) ii) Weekly Reinvestment *Minimum installment should be ₹ 1000/- and in multiples of ₹ 1/- thereafter. All ECS debits wil be similar to the first Default Option: Growth instrument issued Default Dividend Option: Weekly Reinvestment # Investors who wish to opt for Micro SIP should provide the required details in the Micro SIP Annexure, if attested PAN copy and KYC Acknowledgment Letter is not provided **4. BANK DETAILS** Account holder name as in bank records: Pan of bank account holder: Mandatory Enclosures □ Blank cancelled cheque □ First SIP/VIP cheque Bank Name: Cheque No. Amount (₹) Branch Name: Date Address: Citv: Account Number: Account Type (Please tick(✓)) □ Savings □ Current 9 Digit MICR Code: □ NRE □ NRO □ FCNR 11 Digit IFSC Code: □ Others (please specify) **5. CONFIRMATION AND SIGNATURE/S** I/We hereby declare that the particulars given in this form are correct and complete and express my/our willingness to (i) apply for Purchase of Units of the Scheme mentioned above, (ii) make installment payments referred above through direct debit/ participation in RBI's Electronic Clearing Service (debit clearing), or (iii) change details of my/our bank mandate as stated in this form, as applicable. If the transaction is delayed or not effected at all for reasons of incomplete information, I/we will not hold Goldman Sachs Mutual Fund/AMC/Trustee or any other authorities/services providers/representatives responsible. I/We further undertake that any changes in my / our bank details will be informed to the Fund immediately. I/We have read and agreed to the Terms and Conditions in the instructions to this form. First/Sole Applicant/Guardian/POA Holder Second Applicant/POA Holder Third Applicant/POA Holder 6. AUTHORISATION OF THE BANK ACCOUNT HOLDER This is to inform that I/We have registered for the RBI's Electronic Clearing Service(Debit Clearing) and that my/our payment towards my/our investment in the Scheme of Goldman Sachs Mutual Fund shall be made from our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate form to get it verified & executed. Mandate verification charges, if any, may be charged to my/our account. Bank Account Number Signature (As per Bank Record) Banker's Attestation Certified that the signature of account holder and the details of bank are correct as per our records. 1st Holder 2nd Holder 3rd Holder Minor's DOB DD MM YYY) Name of Minor Signature of authorised official from bank (bank stamp and date) Application No. ACKNOWLEDGMENT SLIP FOR SIPTHROUGH ECS (To be filled in by the Investor) Date DD MM YYYY Name of Sole/First Account Holder Goldmai Sachs Scheme: 🛛 Goldman Sachs Short Term Fund Acknowledgement Investment Details : Option : Growth Dividend: Daily Reinvestment Weekly Reinvestment

Frequency : Monthly

Date

SIP Date 1st or 15th

MM YYYY to MM YYYY

Asset

Management

SIP Amount ₹

SIP from