SAHARA MUTUAL FUND

KEY INFORMATION MEMORANDUM & APPLICATION FORM



SAHARA INTERVAL FUND (A Debt Oriented Interval Fund with no assured returns)

Sr. IQ1SEP 10

An offer for units at NAV based price during the Specified Transaction Period

PLAN	SPECIFIED TRANS	SACTION PERIOD	OPENS ON	SPECIFIED TRANSACTION PERIOD CLOSES ON					
Quarterly Plan - Series 1	12th 9	September, 2010			16th September, 2010				
1. DISTRIBUTOR INFORMATI	ON (AMFI registered	only) (Not to be fille	ed in by App	licant)					
Name and AMFI Reg. No. (ARN)	Sub Agent's Name and	ARN Investor Serv	rice Centre	Serial I	No. Date of Receipt / Ti	ime			
ARN									
Jpfront commission, if any will be p	aid by me/us to the AMF	I registered and empar	nelled (with Sal	nara Mutual Fund) A					
. PLEASE CHOOSE ANY ON	OPTION FOR MAKI	NG INVESTMENTS.	[Please tick	(✓)]	FOR EXISTING INVESTORS (Please P	roceed to 14 & 10)			
Growth / Dividend Payout Dividend Reinvestment if Option is not specified, default option would be Dividend Reinvestment. **No. Folio No. **No. Foli									
	-	•	· ·		,				
APPLICANT'S INFORMATION	N [PAN is mandatory	/ for all investment	s and for all	applicants]	(Please refer to KIM Instruction No.	.6)			
lame of Sole / First Applicant (Fi	rst / Middle / Surname)	∬ Mr. ∭ Ms.	M/s.	Date of Birth (In ca	ase of Minor)	YY			
lame of Guardian (In case of Minor)	OR Contact Person (for N	on-individuals) Mr.	Ms.	Da	te of Birth	YY			
ame of Second Applicant		Mr	Ms	Da	te of Birth DDD / MM M / Y	YY			
amo of Third Appliant		NA	Ma		te of Birth DD / MM / Y	IV IV			
ame of Third Applicant		Mr	Ms	Da		1 1 1			
0 - d									
lode of Holding [PI. √] 1. ↓ 1. *MANDATORY DETAILS	•	er or Survivor/s 3.			ICATED WHEN APPLICANTS ARE MORE THAN O	ONE)			
	Applicant /Guardian		and Applicant	ox copy of PAN Care	Third Applicant				
	Applicant / Guardian	Seco	ли Арріїсані		Third Applicant				
PAN									
I. (√)	PAN Copy		PAN Copy		PAN Copy				
kindly furnish original PAN card									
KYC Acknowledgement atta		ubmitted ☐ [PI. ✓]			, _				
. Occupation of the 1st Appl		_	Status/	Category of the 1st	Applicant [PI. \(\sigma \)]				
Professional 6. Studer Agriculturist 7. House	,	1. Resident Individual Con behalf of mi HUF 4. Company	nor 6. Par 7. Pro	P/BOI 9. tnership Firm 10. prietorship Firm 11. dy Corporate 12.	NRI 15. Banks	ution			
service 9. Forex	Dealer	Listed Ur	listed			_			
ddress of Sole / First Applicant	/ Guardian (P.O. Box Addre	ess is not sufficient) (Local	Address for NRIs	'Flls)					
City	Code datory) S	State I / We give consent to receive Account Statement/other upon				√)□			
-mail:									
). No.	Res	i.:	Ot	fice:				
RI / FII Overseas Address (Mano	atory) (P.O. Box Address	is not sufficient)							
						+			
		— — —T EAR HE R	E— — — -						
SAHARA ASSET M. Corporate Office: 97-98, 9th Floor, Atla Nariman Point, Mum Website: www.sahai	pai - 400 021.	TE LIMITED WLEDGEMENT Email: saharamutual@sah	•	by investor)	Sr. IQ1SEP 10				
eceived from		NTERVAL FUND		ount Paid	Collection Centre, Stamp, Date & Time, Si	ianatur			
QUARTERLY PL		Y PLAN - SR. 1	s. (in Figures) :		Sales and Sales, Stamp, Date a fille, Si	griutui			
ldress:		CK (*)]	, ,						
	Dividend Opti	011	s. (in Words) :		1				
			heque/ DD No.:		-				
n application for purchase of units, subject to cheque(s)/demand draft(s) as per details.	realisation Payout		ated :		-				
PAN submitted KYC Ack. submit	" _	ank Name :		-					
I / II Y OUDITINGU IN I O MON. SUDITIN	iou.	B	ranch :		_				

6. BANK ACCOUNT DETAILS	OF FIRST UNIT H	OLDER (Mandatory as	per SEBI guidelines) (For existing investo	ors, details to be p	provided only in case of change)					
*A/c. No.			A/c. Type (✓)	SAVINGS	CURRENT	□NRE □ NRO [FCNR				
Bank Name											
Branch Name											
Branch Address											
* I/We hereby confirm that			City			Pin Code					
bankaccount of the first unit- holder is true and correct. MICR Cod	bankaccount of the first unit-										
nolder is true and correct. MICR Code (9 digit) 7. NOMINATION DETAILS											
I/We	hei	eby nominate the under n	nentioned person to r	eceive the amount	t to my/our credit	t in the event of my/our death i	ndicated against				
I/We hereby nominate the under mentioned person to receive the amount to my/our credit in the event of my/our death indicated against the Name(s) of the Nominee(s). I/We also understand that all payments and settlements made to such nominee shall be a valid discharge by the AMC / Mutual Fund / Trustee.											
Name &	Guardian Name & Address			Relationship	Date of Birth						
Address of the Nor	inee (in case nominee is a minor)				with the holder	(if minor)					
8. SWITCH REQUEST (Pl. mer	ntion Plan name in t	he space below)	Please note that S	witch can be do	ne either in Ur	nits or in Amount only and	not both.				
To : Sahara Interval Fund QuarterlyPlan Series 1 Growth / Dividend Payout Dividend Reinvestment											
From : Scheme / Option											
9. INVESTMENT & PAYMENT	DETAILS - (Minimu	m Application of Rs	. 5,000 /- and add	ditional investr	nents in mul	tiples of Re. 1/- thereafte	er)				
*I/We hereby declare that I/we are making this investments on our personal behalf & are not beneficiaries of any fund obtained in contravention of Prevention of Money Laundering Act or any amendments or modifications to the Act including any circular, guidelines issued by Government of India. *Cheque / DD to be drawn in favour of 'Sahara Interval Fund Quarterly Plan Series 1'. Pl write the application no. on the reverse of the Cheque/DD											
Net Amount (Rs.)		Chg / DD No.		Chg/D	DD Dt. D	/ M M / Y	YYY				
Drawn on (Bank/ Branch Name)											
Net Amount (Rs.)		Amount in words (Rs.) [
Account Type [(Please (√)]	SAVINGS	CURRENT	NRE	NRO [FCNR	Others					
10. DECLARATION & SIGNAT	URES										
I/We have read and understood the contents of the Scheme Information Document/Key Information Memorandum and Addendum(s) thereto of Sahara Interval Fund Quarterly Plan Series 1 and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as applicable from time to time. I/We hereby declare that I/We are making this investment from our own funds on my/our personal behalf and are not beneficiaries of any fund obtained in contravention of Prevention of Money Laundering Act or any guidelines issued from time to time. * I/We hereby confirm that I am / We are NRIs/PIOs/FIIs and that the funds are remitted in accordance with applicable provisions of the Foreign Exchange Management Act, 1999 and rules and guidelines issued thereunder. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. In furtherance of the 'Know Your Customer' policy, the AMC shall have absolute discretion to reject any application, prevent further transactions by an investor / unit holder, including mandatory redemption of units, if the unit holder / investor does not satisfy the 'Know Your Customer' requirements of the AMC or the AMC believes that the transaction is suspicious in nature as regards money laundering. *Applicable for NRIs/PIOs/FIIs. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Date / /2010											
SIGNATURE/(S)											
[Section 4 & 6, may please be noted carefully for											
all applicants]											
	Sole / First Applic	ant / Guardian	Se	cond Applicant		Third Applica	ant				

SAHARA ASSET MANAGEMENT COMPANY PRIVATE LIMITED

Corporate Office: 97-98, 9th Floor, Atlanta, Nariman Point, Mumbai - 400 021.

Ph: (022) 675 20121-27, Fax: (022) 66547855

Email: saharamutual@saharamutual.com Website: www.saharamutual.com

Registrar: KARVY COMPUTER SHARE PVT. LTD. (KARVY)

(Unit : Sahara Mutual Fund)
21, Avenue 4, Street No. 1, Banjara Hills, Hyderabad - 500034
Ph: 040 - 23420802, 23312454, Email : service_smf@karvy.com

Note: All future communciation in connection with this application should be addressed to the Registrar at the address given in this form, quoting full name of sole/first applicant, the application serial number, the name of the scheme/option, amount invested, date and the place of the AMC/ Collection Centre where the application was lodged/submitted.

For details of PAN / Know Your Client (KYC) norms, please contact the nearest AMC/KARVY /ISC or refer to the Scheme Information Document / KIM for further details.

CHECKLIST

- Please ensure that your Application Form is
- Complete in all respects & signed by all applicants
 Name, Address and Contact Details are mentioned in full.

- Name, Address and Confact Details are inentioned in full.

 Bank Account Details are entered completely and correctly.

 Permanent Account Number (PAN) of all Applicants is mentioned and verified copy is given.

 KYC for All Applications of Rs. 50000/- and above.

 Appropriate Option is selected. If the Dividend Option is chosen, Dividend Payout or Re-investment is indicated.
- If units are applied for jointly, Mode of Operation of account is indicated.

 Investment Cheque/DD is drawn in favour of "Sahara Interval Fund Quarterly Plan Series 1", dated and
- Application Number is mentioned on the reverse of the Cheque/DD. Documents, as applicable, are submitted along with the Application Form.

INSTRUCTIONS TO INVESTORS FOR FILLING UP THE APPLICATION FORM

1. The form should be filled in English in **BLOCK LETTERS**. Please tick (P) in the appropriate box, where boxes have been provided. 2. The Signature(s) should be in English or in any of the Indian languages specified in the Eighth Schedule of the Constitution of India. Thumb Impressions must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under his/her official seal. Applications by minors should be signed by their guardian. In case of HUF, the KARTA should sign on behalf of the HUF. Similarly, for the Association of Persons (AOP) the application must be signed by the Authorised Signatory. 3. The cheque/demand draft should be drawn in favour of "Sahara Interval Fund Quarterly Plan - Series 1" and crossed "Account Payee Only". The cheque/demand draft should be payable locally at the centre where the Application is deposited. The cheque/ demand draft should be drawn on any bank which is a member/sub-member of the Bankers Clearing House of that city. In case the Investors subscribes to the units of the scheme through a demand draft/pay order/Bankers Cheque, the cost towards such instruments, if any shall be borne by the Investor. 4. Investors are requested to choose an Option, in the application form. If such a choice is not being indicated by the investor, it will be deemed that the investor has opted for Dividend Re-investment option. As per SEBI guidelines, it is mandatory for the first applicant to provide the name of the bank, branch, address, account type and account number at the time of application. 6. PAN / KYC norms: It is Mandatory for all applicants to submit the copy of the PAN card. In line with SEBI guidelines / Prevention of Money Laundering Act 2002 (PMLA), KYC is mandatory for applications of Rs. 50000/- and above for all applicants. 7. Application without PAN / Bank account details will not be accepted. 8. NRIs / Persons of Indian origin seeking to apply for Units on a non-repatriation basis may make payments by cheques /drafts drawn out of Non-Resident Ordinary (NRO) accounts payable at the centre where the application form is accepted. 9. Payments by Cash, Stock Invests, Post-dated cheques or out station cheques will not be accepted. 10 Plase refer to the chart on "specified transaction period" as defined on page 1 of this KIM. 11. In case of an application under Power of Attorney or by a limited company, body corporate, registered society, trust or partnership, etc. the relevant Power of Attorney or the relevant resolution or authority to make the application as the case may be, or duly certified copy thereof, along with Memorandum and Articles of Association/bye-laws must be lodged along with the application form. 12. Applicants should specify the mode of holding. In case of joint holders, the first named holder will receive all the account statements, income/ redemption/refund warrants and any other correspondence sent from time to time. 13. Applications complete in all respects, may be submitted at the Collection Centres at locations mentioned in the KIM/Application Form as appointed by the AMC. 14. Applications incomplete in any respect or not accompanied by a cheque/demand draft for the amount payable are liable to be rejected and the money paid will be refunded without interest. 15. If the applicant wishes to nominate in respect of this investment, kindly fill up the nomination details in the application form. 16. The nomination can be made only by individuals applying for/ holding units on their own behalf signed singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. 17. A minor can be nominated and in that event, the name and address of the guardian of the minor nominee shall be provided by the unit holder. 18. The Nominee shall not be a trust, society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange control regulations in force, from time to time. 19. Nomination in respect of the units stand rescinded upon the transfer of units. 20. Transfer of Units in favour of Nominee shall be valid discharge by the Asset Management Company against the legal heir. 21. The cancellation of nomination can be made only by those individuals who have held units on their own behalf singly or jointly and who made the original nomination. On cancellation of the nomination, the nomination shall stand rescinded and the Asset Management Company shall not be under any obligation to transfer the units in favour of the Nominee. 22. No separate receipt will be issued for the application money. The Investor Service Centre will stamp

Accompanying documents

Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee/Company Secretary/Authorised Signatory/Notary Public.

not completed in any respect/s is liable to be rejected by the AMC.

Documents	Companies	Societies	Partnership Firms	Investments through POA	Trusts	FIIs
Resolution/Authorisation to invest	✓	✓			✓	✓
List of Authorised Signatories with Specimen signature(s)	√	√	√	√	✓	~
Memorandum & Articles of Association		√				
Trust Deed					✓	
Bye-laws		✓				
Partnership Deed			✓			
Overseas Auditors' Certificate						✓
Notarised Power of Attorney				✓		
Account Type/FIRC/Approval from FIPB						√

Registrar: KARVY COMPUTER SHARE PVT. LTD. (KARVY)

and return the acknowledgement slip in the application form, to acknowledge receipt of the application. 23. Application form/s

(Unit : Sahara Mutual Fund)

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