



**GOLDMAN SACHS MUTUAL FUND
STP/SWP ENROLMENT FORM**

Application No. _____

**Asset
Management**

For GOLDMAN SACHS INDIA EQUITY FUND (GSIEF) [An open ended equity scheme]

To be accompanied with Application Form if STP/SWP is not from existing folio

Please read the Key Information Memorandum, common instructions and STP/SWP instructions before completing this STP/SWP Enrolment Form. All sections to be filled legibly in English and in BLOCK LETTERS.

Broker/Distributor Name*:	ARN- 6574	Sub-Broker Name & Code	Registrar Serial No.
Employee Name & EUIN:	EUIN- E019976		
*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 ✓) any one, in the absence of indication of the option the form is liable to be rejected: New Registration Renewal Change in STP/SWP amount/date

1. APPLICANT'S INFORMATION

Folio No. (for existing Unit Holder) _____

Name of First / Sole Applicant / Non-Individual Investors _____

PAN _____ KYC[‡] compliant (Please ✓) (Refer instruction no. 3(d) of the Application Form)

Name of Second Applicant _____

PAN _____ KYC[‡] compliant (Please ✓) (Refer instruction no. 3(d) of the Application Form)

Name of Third Applicant _____

PAN _____ KYC[‡] compliant (Please ✓) (Refer instruction no. 3(d) of the Application Form)

Name of Guardian (in case First / Sole Applicant is a Minor)/Name of Corporate Contact (in case of Non-Individual Investors) _____

Mr./Mrs./Ms. _____

Relationship with Minor (Please ✓): Father Mother Court appointed Legal Guardian (Attach proof)

Designation (In case of corporate contact) _____ PAN _____ KYC[‡] compliant (Please ✓) (Refer instruction no. 3(d) of the Application Form)

[‡]Please submit the duly filled KYC Application Form and supporting documents for all Applicants / POA holders / Guardians (as applicable) who are not KYC compliant.

2. SYSTEMATIC TRANSFER PLAN (STP) (please ✓ the relevant Scheme, Option and Date)

<p>Transfer From</p> <p>Scheme: Goldman Sachs India Equity Fund (GSIEF)</p> <p>Plan: <input type="checkbox"/> Direct Plan <input type="checkbox"/> Distributor Plan</p> <p>Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend</p> <p>Dividend option: <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment</p>	<p>Transfer To</p> <p>Scheme _____</p> <p>Plan: <input type="checkbox"/> Direct Plan <input type="checkbox"/> Distributor Plan</p> <p>Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend</p> <p>Dividend option: <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment</p> <p>Only for GSSTF: Dividend Option: <input type="checkbox"/> Daily Reinvestment <input type="checkbox"/> Weekly Reinvestment</p> <p>Default Option: Growth Default Dividend Option: Dividend Reinvestment (Weekly Reinvestment for GSSTF)</p>
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3. SYSTEMATIC WITHDRAWAL PLAN (SWP) (please ✓ the relevant Scheme, Option and Date)

SWP from Goldman Sachs India Equity Fund (GSIEF)

Option: Growth Dividend **Dividend Option:** Payout Reinvestment

STP/SWP Frequency: Monthly

Date: 1st 15th

Default STP/SWP Date: 15th

STP/SWP Options

Amount per installment ₹* _____

Period of Enrolment From** M M Y Y Y Y M M Y Y Y Y

*Subject to minimum of ₹ 1000/- and in multiples of ₹ 1/- thereafter. ** Minimum 12 installments.

4. CONFIRMATION AND SIGNATURE/S

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 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 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

SIGNATURES	First/Sole Applicant/ Guardian/ POA Holder	
	Second Applicant/ POA Holder	
	Third Applicant/ POA Holder	

ACKNOWLEDGMENT SLIP (To be filled in by the Investor)

Application No. _____

 Asset Management	Date	DD MM YYYY	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Acknowledgement Stamp </div>
	Received from Mr./Ms./M/s.	_____ STP/SWP application for transfer of Units;	
	from GSIEF	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
	Dividend Option	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment	
	For a monthly STP/SWP amount of ₹	_____ for STP/SWP Date: <input type="checkbox"/> 1st <input type="checkbox"/> 15th	