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Identification No.)	Ш																		
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SBI MUTUAL FUND	Sponso Investm (A Joint	r: State B ent Mana Venture be	ank of In ger : SB etween S	idia I Funds BI & AM	Manage	ement	Pvt. Lte	d.			EDGEN by the I	MENT S	SLIP	APP	LICATI	ON NO).	_	_
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5. FATCA & CRS INFORMAT	TION: For Indi	ividuals / Proprieto	r (Mandatory). No	n-Individua	al investors should mandato	rily fill separate	FATCA/CRS & UBO Form (Annexure-1).						
Is the applicant(s) Country													
First Applicant (including I	Minor)		Second A Tes		~	Third Applicant Yes No						
			₩		No		∐ res ∐No						
If "YES", please provide	the follow												
Details		First Applicar	nt (including l	Minor)	Second Applic	ant	Third Applicant						
Country of Birth													
Place/City of Birth													
Nationality													
Country of Tax Residence	y 1												
Tax Payer Ref. ID No^													
Identification Type [TIN or Other, Please specify]]												
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Identification Type [TIN or Other, Please specify]]												
Country of Tax Residenc	y 3												
Tax Payer Ref. ID No. 3													
Identification Type [TIN or Other, Please specify]]												
^ In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is yet available or has not yet been issued, please provide an explanation and a this to the form. (Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)													
6. INVESTMENT AND PAYMENT DETAILS One time Investment Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form)													
One time Investment		Systematic Inves	stment Plan (SIP)	(Please	submit SIP Enrolment & OTI	M Form)							
Scheme Name													
Plan (Please ✓)	Regula	ar 🗌	Direct		In case of Dividend Transfe	er facility, please r	mention target scheme along with plan/option.						
Option (Please ✓)	Growth	1	Dividend		Scheme / Plan / Option								
Dividend Facility (Please ✓)	Reinve	estment	Payout	Transf	er								
Dividend Frequency	Daily	☐ We	ekly 🔲 Fo	rtnightly	■ Monthly	Quarterly	☐ Annually						
Payment Mode	Cheque	·	DD (Third Party	Declaration	n Mandatory)	und Transfer	RTGS						
Cheque / D.D. No. &	Date	Cheque /	DD Amount (Rs.)		С	rawn on Bank	and Branch						
7. STP ENROLMENT DE	TAILS On	ted for STP:	Yes	No	(If Yes, please submit STP I	Enrolment Form	(Transaction slin)						
8. TAX STATUS (Please		100 101 011 .	165	NO	(ii res, piease submit off i	Lillollilett i orti	griansaction supj						
Resident Individual	/)	D Pone	on and Patiroment	t Eund	Government Boo	tv	I NCO						
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NRI (Repatriable)	· uai uiui i		Limited Company	,	Trust		LLP						
NRI (Non-Repatriable)			te Limited Compan		NPS Trust		☐ PIO						
NRI– Minor (Repatriable)			Corporate	ıy	Fund of Fund		□ NPO						
NRI – Minor (Non-Repatria	blo)		•		Gratuity Fund		[Please specify]						
Sole-Proprietor	bie)		ership Firm		AOP		Others						
HUF		FII / F	·PI		□ BOI		[Please specify]						
9. DEMAT ACCOUNT D	ETAILS (O						1 11111 11 11 21						
If you wish to hold units	in Demat	mode, please p											
	<u> </u>			ication for			held with the Depository Participant.						
National Securities Depository Limited (NSDL) Central Depository Services (India) Limited (CDSL)													
Depository Participant Name		1 1 1	1 1 1	Deposito Participa	•								
DP ID No.	I N			Target ID	No.								
Beneficiary Account No.													
Please note wherever units	are allotted	in Demat Mode,	Statement of Acc	count will b	pe issued by the Depositor	y concerned.							
		· <u> </u>	<u> — — т</u>	AR HERE –	<u></u>								
Any communication in co	onnection wi	th this applicatio	n should be add	ressed to	the Registrar or the Inves	ment Manage	÷r						
Investment Manager :	a Donalis				R	egistrar:	Management Consists Did 11d						

SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai – 400 051
Tel: 022- 61793511
Email: customer.delight@sbimf.com

TOLL FREE NO: 1800 425 5425

Website : www.sbimf.com

Computer Age Management Services Pvt. Ltd., SEBI Registration No. : INR000002813) Rayala Towers, 158, Anna Salai,Chennai – 600 002

Tel: 044 - 28881101 / 36 Email: enq_L@camsonline.com Website: www.camsonline.com

10. OTHER PER	SONAL INFORMAT		se 🗸) First Applica	nt	9/	econd App	licant	Third Applicant						
Gender		Male	Female	Other	☐ Male	Female	Other	Male Female Other						
Father's Name		Wide	r emale	Otriei	iviale	гептаге	Other	Iviaic	I emale	Other				
Spouse's Name	1													
Date of Birth		D D	MMY	YYYY	D D N	1 M Y	YYY	D D	MMY	YYY				
Occupation (Please ✔)		Private S	ent Service [ector Service [ector Service [Business Agriculturist Retired Housewife Forex Dealer	Professiona Governmen Private Sea Public Sec Student Doctor Others	nt Service ctor Service	Business Agriculturist Retired Housewife Forex Dealer	Private	ment Service [Sector Service [Sector Service	Business Agriculturist Retired Housewife Forex Deale				
Gross Annual I	ncome in Rs.	Below 1	_	1-5 Lacs	Below 1 La	ac	1-5 Lacs	Below 1	<u> </u>	1-5 Lacs				
(Please ✔):		5-10 Lac 25 Lacs		10-25 Lacs > 1 Cr.	5-10 Lacs 25 Lacs -	1 Cr.	☐ 10-25 Lacs ☐ > 1 Cr.	5-10 La		10-25 Lacs > 1 Cr.				
OR Networth in	Rs													
Networth as of			na Laa Laa La	v I v I v I		LMLVI	v v v							
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Type of address	sed Person [PEP]	Yes Residentia		Related to PEP	Yes Residential	No Business	Related to PEP	☐ Yes ☐ Resident		Related to PEP Reg. Office				
	: I wish to nominate the								_					
single holding, Non	nination is mandatory. H	lowever, in ca	se you do not w Nominee 1	ish to nominate	olease sign poir	t 12) Nominee 2			Nominee 3	p applying man				
Name of the Nomin Name of the Guard (In case Nominee is Mi	ian													
	ory if more than one Nominee	2)												
Relationship with N		1 1	1 1 1	1 1 1	1	. 1 1 1		1 1	1 1 1 1	1 1 1				
,	datory if Nominee is Minor)	DDD	M M Y	YYYY		A M Y	YYYY	DD	MMY	YYYY				
Signature of Nomin (*Mandatory in case of N		\otimes			8			8						
12. NOMINATION	N: I do not wish to no	ominate any	person at the	time of makir	ng the investm	nent.								
Signature														
13.INSTITUTION	NAL INVESTORS A	DDITIONAL	L INFORMAT	ION										
Name of Contac	ct Person													
	d / providing any of the	•	vices Yes	☐ No G	aming / Gambl	ing / Lottery	Services (e.g. Ca	sinos, Bettin	g Syndicates)	Yes No				
	ge / Money Changer Se ual investors should ma		Yes Yes	_	loney Lending / r m (Annexure-I)	•	nis form.			Yes No				
have not received or been and is not held or designed (iii) the monies invested by Securities laws) / resident other mode), payable to hir Bye laws, Trust Deed or Pa Origin and that funds for the hold only a single PAN Exe - (Rupees Fifty Thousand) to be false or untrue or mis when provided by me/ us the tax/revenue authoritie. We shall keep you forthwil laws, such as FATCA and be any change in any infor am aware that the Fund m by domestic or overseas re advisor for any questions a the taxpayer identification PAN/Aadhar card, applice *Applicable to other than # I/We hereby provide my	We confirm that the informinduced by any rebate or gifts, or differ the purpose of contravention by me in the schemes of the Function of Canada are not eligible for immediate the schemes of the Function of Canada are not eligible for immediate the schemes of the Function of Canada are not eligible for immediate the schemes of the function of the different competing intereship Deed and resolutions presenting ty CRE (it is all information provided in the sleading or misrepresenting; (x) to the Fund, its Sponsor, AMC, it is in India or outside India whereath informed in writing about any of CRS: (a) the Fund may be require the informed in writing about any of CRS: (a) the Fund may be require about my/our tax residency; (f) I have number is true, correct, and contain may liable to get rejected of Individuals / HUF; ** Applicable v/our consent for (f) collecting, store on sent for sharing/disclosing of arme in my/our folios.	lirectly or indirectly nof any act, rules, it do not attract the restments with the schemes of various assed by the Compad from abroad thre kN) issued by kYC his application for that we authorize rustees, their emprer it is legally requishanges/modification to any in do may also be concave understood the nplete. I also confriruther transactic to NRIs; *** Application and usage (firmy Aadhaar num	r, in making this inves regulations or any star provisions of Foreigi per Fund and I/We am/s smutual funds from a pany/Firm/Trust, I/Wough approved banking the provision to disclose, share loyees/RTAs or any luired and other such into to the information and personal, tax and uding if the Fund doe stitutions such as with a strained to withhold and immit that I have read a ons may be liable to goable to "Micro investii) validating/authentiaber(s) including dem	tment; (ii) the amount tutue or legislation or an Contribution Regular or a U.S. person/amongst which a sche e am/are authorised to ng channels or from m rand also confirm that exures is/are true and e, remit in any form, m ndian or foreign gove egulatory/investigatic provided or any other beneficial owner infor s not receive a valid senholding agents for the day out any sums finents of this Form (reand understood the FA et rejected timents" cating and (ii) updating ographic information v	invested/to be invest ny other applicable la tions Act ("FCRA"); sesident of Canada; (me of the Fund is beit enter into the transac y/our Non Resident E the aggregate of lum correct to the best of ode or manner, all / ammental or statutory in agencies or such cadditional informatic mation and certain or electrification from me purpose of ensuring orn my/our account dalong with the FATC TCA Terms and Coramy/our Adhaar nu	ed by me/us in the wis or any notificative and year in J We am/are a viy the ARN holde and receive and on be external/Ordinary. The summer or judicial author or judicial author or judicial author wither third party, comes may be require tifications and die) the Fund may appropriate with raclose or suspen CA/CRS Instruction dittions below an amber(s) in accorrement companies	e scheme(s) of SBI Mut titions, directions issued aware that a U.S. perso ir has disclosed to me/u t to me/us; (vi)* as per th shalf of the Company/Fir account/FCNR Account stallments in a rolling 12 ge and belief and I/Wes ation provided by me/ us tities/agencies including on a need to know basis uired by you from time to cocumentation from inve be obliged to share info sholding from the account d my account(s) and (e) ons) and hereby confirm id hereby accept the sai	ual Fund ("the Fiby any governmen (within the define in within the define in within the define in within the welf in within the welf in within the within	und") is derived througental or statutory authoration of the term 'US Pisions (in the form of train and Articles of Associal de am/are Non Resident not hold a Permanent Arfinancial year does not asee any of the specified anges, updates to such SEBI, the Financial Intigation of advising me/ds compliance with taxer to audit of the specified anges, updates to such SEBI, the Financial Intigation of advising me/ds compliance with taxer to advise you within 3 coount with relevant taxer is in relation thereto; (d'uthat I am/we are requirent provided by me/us o me given in the Applications and the second second in the Applications and the second	h legitimate sources rity from time to time; erson' under the US il commission or any tion of the Company, tof Indian Nationality/ occount Number and texceed Rs. 50,000/ information is found in information as and relligence Unit-India, us of the same; (xi) I/We as may be required authorities; (c) I/We as may be required to contact my tax in this Form including ation is not matching under) and PMLA. 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ARN & Name of Di		Branch Code (only for SBG)		ker ARN Code			EUIN* (Employee Unique Identit		Reference No.
ARN-1830	38		ARN -				` ' ' ' ' ' '	,	
eclaration for "execution-only" tra									
SIGNATURE(S)	THE UDOVE CIDENDUCT OF	Total and the device of the ap	propriatoricoo, il ari	y, provided by the emple	your old to home manage	genounce person or a	to distributor and the distributor	nao not onarged any ac	visory lees on the transaction.
1 st App		an / Authorised Signat		2 nd Applicant / A				nt / Authorised	Signatory
pfront commission shall be paid dire	GES FOR AP	PLICATIONS THROU	IGH DISTRI	BUTORS/AGE	NTS ONLY				
In case the subscription amo first time mutual fund investo			ount and paid	to the distributor.	Units will be issue			stor) or Rs. 100/-	(for investor other than
Folio No./Application I	No		<u> </u>	NVESTOR I	DETAILS				
Name of 1 st Applicant SIP with Cheque No.:									
oir with Cheque No		1			2			3	
Scheme Name									
Plan	Regular	Direct		Regular	Direct		Regular	Direct	
Option	Growth		luency	Growth	Dividend	Frequency	Growth	Dividend	Frequency
Dividend Facility	Reinvest	Payout		Reinvest	Payout		Reinvest	Payout	
Each SIP									
nstalment Amount (₹)									
SIP Frequency	Weekly	(1 st , 8 th , 15 th and 22 nd)		Weekly	(1st, 8th, 15th an	nd 22 nd)	Weekly	/ (1 st , 8 th , 15 th a	nd 22 nd)
. ,			uarterly	Monthly	(Default)	Quarte	. 🖳 - 1	y (Default)	Quarterly
SIP Date	1 st	15 th 30 th	bruary, last business	1 st	15 th	30 th (For February, last b	usiness 1 st	15 th	30 th
(for Monthly & Quarterly)	5 th	20 th day)	braary, and back root	5 th	20 th	day)	5 th	20 th	(For February, last business day)
SIP Period	10 th	25 th	/ V	10 th	25 th	v I v I v	10 th	25 th	v I v I v I
on remou	From To	1 M Y Y		From M	M Y	<u>т</u> <u>т</u> <u>т</u>	From To	M Y	YYY
	OR 3 yrs	☐ 5 yrs ☐ 10	yrs	OR 3 yrs	☐ 5 yrs	☐ 10 yrs	OR 3 yrs	☐ 5 yrs	☐ 10 yrs
	□15 yrs		elect any one)	□15 yrs	☐ Perpetua	al (Select any	one) 15 yrs	☐ Perpetu	ual (Select any one)
1	Time Debit Ma	andate (if already reg	istered in th	ne Folio) Bank A/c N	lo l				
Bank Name				TOP-UP					
Top-up Amount Rs.		1			2			3	
(in multiples of Rs. 500 o									
Top-up Frequency DECLARATION: I/We here		alf - Yearly ne particulars given in this	Annual mandate form		alf - Yearly press my willingn	Annu ess to make pay		- Yearly nent in the scheme	Annual es of SBI Mutual Fund.
I/We hereby confirm and d that SBI Mutual Fund and it	eclare that the m	onies invested by me in the	ne schemes of	SBI Mutual Fund	do not attract the	provisions of I	oreign Contribution Re	gulations Act ("F	CRA"). I/We are aware
not effected for reasons of account. I/We confirm that									
not exceed Rs. 50,000/- (Ru mode), payable to him for									
the terms and conditions a payments for which I/We h				m time to time of	the respective Sc	heme(s) of SBI	Mutual Fund. I/We here	eby authorize the	bank to honour such
		ONE	TIME DE	BIT MAN					
SBI MUTUA A PARTNER F	L FUND	1	I IIVIL DI	-DII WAN	DAILIO	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Date		/
A PARTNER F	ORLIFE	UMRN					Date	IVI IVI I	
Sponsor Bank Code						ity Code			
	, hereby auth	orize SBI Mutua	al Fund		То	debit (Pleas	se ✓) SB/CA/C	C / SB-NRE /	SB-NRO / Other
MODIFY CANCEL Bank	k A/c No.								
with Bank	Bank	. Name		IFSC			OR MICR		
an amount of Rupees				[₹			
FREQUENCY: We	eeklv 🕅 M	onthly Quarterly	7 As &	when presente	ed DFR		Fixed Amount	✓ Maxin	num Amount
Folio No.:	-2.07 23 1710		₩ , to α			ie No.:		₩ WIGNIII	
Appln No. :				_	Ema				
	r the debit of ma	andate processing charg	es by the bar	_ nk whom I am au			as per latest schedule	of charges of the	he bank.

Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me.

I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I have authorized the debit.

Signature of 2nd Bank Account Holder

Signature of 3rd Bank Account Holder

Signature of 1st Bank Account Holder



Tat Applicant (Saurdian Asthorized Signatory	A PARTNER		E													s.	3101/17	
ARN-183038	ADN & Name of Di	tributor	Brand									ers)	F	-UIN*		Boforon	oo No	
New Horse, and any of vescular certy transaction (only where EUR) bors is the thicky (Mere isoration 1 (g)) Wherelevy commit is called a city and set exhibition (e) and any one produce in the control of the distinct or solved by the employmentation of the distinct or solved by the distinc			(only	for SBG)	-		AKN C	oue	Sub-Bit	okei (Joue	(Employe	e Uniqu	e Identificati	on Number)	Keieren	ce No.	
Whe host performand are E. Nikh but here incretizingly be life to by make as this and a mechanism of the above m			 n (only whe			r Instructi	on 1 (r	o))										
Tat Applicant (Saurdian Asthorized Signatory	* I/We hereby confirm that the EU	IN box has been	intentionally	left blank by m	ne/us as this	is an "exec	cution-only	" transa	ction without	any intera of the dis	action or tributor a	advice by thand the distri	ne emplo butor has	yee/relation s not charge	ship manager, d any advisory	sales person fees on this	of the above transaction.	
Transport of the Control of Part Detect De	SIGNATURE(S)																	
in case the subscription amount is 18, 10,000 - or more and if your Districtuor has copied to receive Transaction Changes, Rs. 130 (bit first time mutual fund investor) or 18, 100-16 (mixed time mutual) fund winestor) of the distributor. Unlis will be issued against the balance amount invested. INVESTOR DETAILS (MANDATORY) EXISTING FOLIO NO. Name (MAMSAMS) Email ID Mobile No. Trieghono No. PAN Exempt KYC Ref no (PAN Exempt KYC	Upfront commission shall be	paid directly by	the investo	r to the AMF	I registere	d Distribut	tors base	d on th	e investors	assessi	ment of		ctors inc					
Email ID Mobile No. Name Pan Exempt KYC Ref no PAN Exempt KYC Re	In case the subscription am	ount is Rs. 10	0,000/- or m	ore and if	your Distri	butor has	opted to	receiv	e Transac	tion Cha	arges, F	Rs. 150 (fo	or first t					
EXISTING FOLIO NO. Annibel No.				ill be deduc	ted from	the subsc	ription a	mount	and paid to	the dis	stributor	r. Units wi	ll be iss	sued agair	st the balar	nce amoun	t invested.	
Mobile No. Telephone No.																		
Mobile No. Telephone																		
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PAN EXEMPLY KYC Ref no [PEKRN for Micro investments] - [Pan (Peasse /) [Pian (Peasse /) [Pian (Peasse /) [Peasse ensure in Micro investment Amount (Rs. in Figures) DEMAT ACCOUNT DETAILS Investment Amount (Rs. in Figures	Mobile No.																	
First Applicant / Guardian	-																	
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of contravention of any act	ovisions of	Foreigr	n Contrik	bution R	egulation	ns Act ("F	FCŔA"); (iv) I/We	am/are a	ware that	a U.S.	person (within th	e definit	ion of the	e term 'U	S Persor	n' under i	the US S	Securities	s laws) /	residen	nt of Cana	ida aré no	ot eligible	for inve	estments	
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I/We am/are authorised to channels or from my/our N that the aggregate of lump	lon Reside	nt Exter	nal/Ordi	nary acc	count/FCN	NR Acco	unt; (viii)	*** I/We	do not ho	old a Pern	nanent	Account	Number	and hold	d only a s	single PA	iu iiiai ii N Exemp informati	ot KYC R	Reference	e No. (PE	EKRN) is	sued by	KYC Re	gistration	Agency	and also	confirm	
to the best of my/our know / any of the information pr	vledge and	d belief	and I/We	e shall b	oe liable	in case a	any of the	e specifi	ed informa	ation is fo	und to	be false	or untrue	e or misl	leading o	r misrepr	esenting	(x) that	we auth	orize you	u to discl	lose, sh	are, remit	in any fo	orm, mod	le or ma	nner, all	
authorities/agencies includ	ling but no	ot limited	d to SE	Bľ, the F	inancial	İntellige	nce Unit-	India, th	e tax/reve	enue auth	orities	in India d	or outsid	e India v	wherever	it is lega	ally requi	red and	other su	ch regul	atorý/inv	estigation	on agenci	es or suc	ch other	third par	tý, on a	
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to contact my tax advisor f * Applicable to other than	or any qu	estions a	about m	y/our tax	residen	icy;			•				, .	,		,			- F. 24	,	1-/	. (-/		"			,	
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All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

Investment Manager :

SBI Funds Management Pvt. Ltd. (A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39, G Block,
Bandra Kurla Complex, Bandra (East), Mumbai – 400 051
Tel: 022- 61793537
Email: customer.delight@sbimf.com

Website: www.sbimf.com

Registrar:

Computer Age Management Services Pvt. Ltd., SEBI Registration No.: INR000002813) Rayala Towers, 158, Anna Salai, Chennai – 600 002 Tel: 044 - 30407236, Fax: 044 - 30407101

Email: enq_L@camsonline.com Website: www.camsonline.com