

Ι

I |

APPLICATION NO.

	COMMON					lease fill in BLOCK Letters)	
ARN & Nam	e of Distributo	or Branch Co	Dde G) Sub-Bro	oker ARN Code	Sub-Broker Cod	e EUIN* (Employee Unique Identification Number)	Reference No.
ARN-	154960		ARN -				
		action (only where EUIN				or advice by the employee/relationship manager/s	l
						or and the distributor has not charged any advisory	
SIGNATURE(S)	1 st Applicant / G	uardian / Authorised	Signatory	2 nd Applicant / Aut	horised Signatory	3 rd Applicant / Authorised	Signatory
		•••			e investors' assessment /AGENTS ONLY (of various factors including the service rend SEE NOTE 16)	lered by the distributo
In case the subsci	iption amount is F	Rs. 10,000/- or more ar	nd if your Distribute	or has opted to recei	ve Transaction Charges	s, Rs. 150 (for first time mutual fund investutor. Units will be issued against the bala	
EXISTING FO	1						
1. FIRST APP	L	ILS					
Name (@- (Mr. / Ms. / M/s.)							
(Name should be as p	1 1 1	d)					
Name of Guardia (in case of Minor)		than Mathan D		Diana mandatarika mala		ha salatiana di Minanu itt. Quantiani	
Relationship of G	10.@	ther Mother	Legai Guardian [be the document evidencing the Date of Birth	he relationship of Minor with Guardian]	
(Enclose KYC Acknowl					ADHAAR No #		
(CKYC Identification No	.) <u> </u>						
-					1	lephone (O)	
Mobile No. 🧊	Country Code				Ie	elephone (R)	
Correspondence	Country Code						
Address of CP 1st Applicant							
City							
Pin		Sta	te			TIME STAMP HER	
Foreign Address	Address for Corres	spondence for NRI Applic	ants only (Please (/) Indian by Default	Foreign		
(Mandatory for NRI / FII)							
City							
Zip			Co	ountry			
2. MODE OF H	IOLDING (Plea	ase ✔) Joint	Anyone or S	Survivor			
3. JOINT APP	LICANT DETA						
Name (Name shou	d ha aa	Seco	nd Applicant			Third Applicant	
per PAN / Aadhaar Ca	ard)						1
PAN /PEKRN (Enclose KYC Acknowle	dgement)						
KIN (KYC Identification No.)							
AADHAAR No#							
Cara A. BANK A	CCOUNT (Pav	Out) Details of Fir	st Applicant (M	andatory to attach bank :	account proof in case the pa	ayout bank account is different from the source/in	vestment bank account)
Name of Bank							
Branch Name							
and Address							
City						Pin	
Account No.			<u> </u>	1 1 1		Account Type (P	
						Savings NRO	FCNR
IFS Code				(Please prov	de a copy of CANCELLED che	que leaf)	Others
9 digit MICR Code				- TEAR HERE			
SBI MUTUAL	FUND Sponsor : S	State Bank of India Manager : SBI Funds Man	agement Pvt. Ltd.	ACKNOWLED	GEMENT SLIP	APPLICATION NO.	
(To be filled in b	(A Joint Vent	ture between SBI & AMUN ant/Authorized Signato	DI)	To be filled in by	the Investor		
Received from :			•				Signature Date &
Scheme		Plan (✓) Option (✓ ☐ Regular ☐ Growth	,		e/ DD Amount (Rs.)	Bank and Branch Cheque / DD No. 8	Date Stamp
		Direct Divider					
Attachments					All purchase	es are subject to realisation of cheque / demai	nd draft

		uuais/110pi	ietor (Mandatory). Non-Ind	vidual investors should mandate	orily fill separate FA	TCA/CRS & UBO Form (Annexure-1).
Is the applicant(s) Country	y of Birth / Na	tionality / Ta	,			
First Applicant		inor)		nd Applicant		Third Applicant
G Ves	No No		cə 🔤 Yes	No		Yes 🗌 No
If "YES", please provide	e the following	ng informat	tion (mandatory):			
Details	I	First Applie	cant (including Mino) Second Applie	cant	Third Applicant
Country of Birth						
Place/City of Birth						
Nationality						
Country of Tax Residence	v 1					
	.,					
Tax Payer Ref. ID No [^]						
Identification Type [TIN or Other, Please specify	a					
	-					
Country of Tax Residence	cy 2					
Tax Payer Ref. ID No.2						
Identification Type						
[TIN or Other, Please specify	/]					
Country of Tax Residence	cy 3					
Tax Payer Ref. ID No. 3						
Identification Type						
[TIN or Other, Please specify	-					
^ In case Tax Identification Nur	mber is not availa	able, kindly pro	ovide its functional equivaler	t. If no TIN is yet available or has r in which applicant is a tax resider	not yet been issued, p	lease provide an explanation and attach
€ 6. INVESTMENT AN			y and mention an countries		in a provide relevant	
One time Investment			vestment Plan (SIP) (P	ease submit SIP Enrolment & OT	TM Form)	
		yotomatio m				
Scheme Name						
Plan (Please ✓)	Regular		Direct	In case of Dividend Trans	fer facility, please menti	on target scheme along with plan/option.
Option (Please ✓)	Growth		Dividend	Scheme / Plan / Option	n	
Dividend Facility (Please ✓)	Reinvest	tment	Payout	ransfer		
Dividend Frequency	Daily	<u> </u>	Weekly 🗌 Fortnigh	tly 🗌 Monthly	Quarterly	Annually
Payment Mode	Cheque		DD (Third Party Decla	ration Mandatory)	Fund Transfer	T RTGS
Cheque / D.D. No. 8		Chog	ue/DD Amount (Rs.)		Drawn on Bank and	
		Onequ			Drawn on Dank and	Dialicii
7. STP ENROLMENT DI	ETAILS Opte	ed for STP:	Yes No	(If Yes, please submit STP	P Enrolment Form/Tra	nsaction slip)
7. STP ENROLMENT DI 8. TAX STATUS (Please		ed for STP:	Yes No	(If Yes, please submit STP	P Enrolment Form/Tra	nsaction slip)
			Yes No	(If Yes, please submit STP		nsaction slip)
8. TAX STATUS (Please Resident Individual Resident Minor (through C	✓)	Pe		Government Bo		
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable)	✓)	Pe Fin Pu	ension and Retirement Functions nancial Institutions ublic Limited Company	Government Bo		NGO
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable)	✓)	Pe Fin Pu Pr	ension and Retirement Fund nancial Institutions ublic Limited Company ivate Limited Company	Government Bo Society Trust NPS Trust		NGO
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI– Minor (Repatriable)	✔) Guardian)	Pe Fii Pu Pr Bc	ension and Retirement Func- nancial Institutions Iblic Limited Company ivate Limited Company ody Corporate	Government Bo Society Trust NPS Trust Fund of Fund		NGO LLP PIO
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable)	✔) Guardian)	Pe Fii Pu Pr Bo P?	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm	Government Bo Society Trust NPS Trust		NGO LLP PIO NPO
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI– Minor (Repatriable) NRI – Minor (Non-Repatriable)	✔) Guardian)	Pe Fin Pu Pr Bo Pa Fin	ension and Retirement Func- nancial Institutions Iblic Limited Company ivate Limited Company ody Corporate	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund		NGO LLP PIO NPO [Please specify]
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI– Minor (Repatriable) NRI – Minor (Non-Repatriable) Sole-Proprietor	✔) Guardian) able)	Pe Fit Pu Pu Pr Bc P P Fit Bc P Bc P Bc P Bc Bc	ension and Retirement Fund nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP		NGO LLP PIO NPO [Please specify] Others
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI– Minor (Repatriable) NRI – Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D	O		ension and Retirement Func- nancial Institutions Iblic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI Ink	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI	ody	 NGO LLP PIO NPO [Please specify] Others [Please specify]
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI– Minor (Repatriable) NRI– Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units	OP	Pe Fin Pu Pr Bo Pa Fin Ba TIONAL) mode, please	ension and Retirement Func- nancial Institutions Iblic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI Ink e provide below detail	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI	ody lient Master / 🗌	NGO LLP PIO NPO [Please specify] Others
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI– Minor (Repatriable) NRI – Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se	Suardian) Guardian) DETAILS (OP s in Demat m quence of nar	Pe Fin Pu Pr Bo Pa Fin Ba TIONAL) node, please mes as men	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI ank e provide below detail ttioned in the applicatio	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of	bdy l ient Master / 🛄 f the account held	NGO LLP PIO NPO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant.
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI– Minor (Repatriable) NRI– Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Security	Suardian) Guardian) DETAILS (OP s in Demat m quence of nar	Pe Fin Pu Pr Bo Pa Fin Ba TIONAL) node, please mes as men	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI Ink e provide below detail titioned in the application	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor	bdy l ient Master / 🛄 f the account held	NGO LLP PIO NPO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant.
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI– Minor (Repatriable) NRI – Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se	Suardian) Guardian) DETAILS (OP s in Demat m quence of nar	Pe Fin Pu Pr Bo Pa Fin Ba TIONAL) node, please mes as men	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI Ink e provide below detail titioned in the application (NSDL)	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of	bdy l ient Master / 🛄 f the account held	NGO LLP PIO NPO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant.
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI– Minor (Repatriable) NRI– Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Securit Depository	Suardian) Guardian) DETAILS (OP s in Demat m quence of nar	Pe Fin Pu Pr Bo Pa Fin Ba TIONAL) node, please mes as men	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI ank e provide below detail tioned in the application (NSDL)	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor pository ticipant Name	bdy l ient Master / 🛄 f the account held	NGO LLP PIO NPO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant.
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI– Minor (Repatriable) NRI– Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Securit Depository Participant Name DP ID No.	Suardian) DETAILS (OP s in Demat m quence of nar ties Deposito	Pe Fin Pu Pr Bo Pa Fin Ba TIONAL) node, please mes as men	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI ank e provide below detail tioned in the application (NSDL)	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor	bdy l ient Master / 🛄 f the account held	NGO LLP PIO NPO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant.
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI – Minor (Repatriable) NRI – Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Securit Depository Participant Name	Suardian) DETAILS (OP s in Demat m quence of nar ties Deposito	Pe Fin Pu Pr Bo Pa Fin Ba TIONAL) node, please mes as men	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI ank e provide below detail tioned in the application (NSDL)	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor pository ticipant Name	bdy l ient Master / 🛄 f the account held	NGO LLP PIO NPO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant.
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI – Minor (Repatriable) NRI – Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Securit Depository Participant Name DP ID No. Beneficiary Account No.	Suardian) BETAILS (OP' s in Demat m quence of nar ties Deposito I N	Pee Fin Pu Pr Pr Ba Pee Fin Pr Ba Fin Ba TIONAL) rode, please mes as men pry Limited	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI unk e provide below detail titioned in the application (NSDL) De Pa	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor pository ticipant Name	lient Master / [] f the account held ry Services (India	NGO LLP PIO NPO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant.
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI – Minor (Repatriable) NRI – Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Securit Depository Participant Name DP ID No. Beneficiary Account No.	Suardian) BETAILS (OP' s in Demat m quence of nar ties Deposito I N	Pee Fin Pu Pr Pr Ba Pee Fin Pr Ba Fin Ba TIONAL) rode, please mes as men pry Limited	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI ink e provide below detail itioned in the application (NSDL) De Pa Le, Statement of Account	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor pository ticipant Name jet ID No.	lient Master / [] f the account held ry Services (India	NGO LLP PIO NPO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant.
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI – Minor (Repatriable) NRI – Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Securit Depository Participant Name DP ID No. Beneficiary Account No. Please note wherever units	Suardian) Guardian) DETAILS (OP' s in Demat m quence of nar ties Deposito I N are allotted in	Pe Fin Pu Pr Ba Pa Pa Pa Fin Ba TIONAL) Prode, please mes as men pry Limited	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI ink e provide below detail itioned in the application (NSDL) De Pa Le, Statement of Account	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor pository ticipant Name get ID No.	bdy lient Master / f the account held ry Services (India ory concerned.	NGO LLP PIO NPO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant.
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Non-Repatriable) NRI – Minor (Repatriable) NRI – Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Securit Depository Participant Name DP ID No. Beneficiary Account No. Please note wherever units	Suardian) Guardian) DETAILS (OP' s in Demat m quence of nar ties Deposito I N are allotted in	Pe Fin Pu Pr Ba Pa Pa Pa Fin Ba TIONAL) Prode, please mes as men pry Limited	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI ink e provide below detail itioned in the application (NSDL) De Pa Le, Statement of Account	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor pository ticipant Name jet ID No.	bdy lient Master / f the account held ry Services (India ory concerned.	NGO LLP PIO NPO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant.
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Repatriable) NRI - Minor (Repatriable) NRI - Minor (Repatriable) NRI - Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Securit Depository Participant Name DP ID No. Beneficiary Account No. Please note wherever units Any communication in c Investment Manager :		Pe Fin Pu Pr Ba Pa Pa Pa Fin Ba TIONAL) Prode, please mes as men pry Limited	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI ink e provide below detail itioned in the application (NSDL) De Pa Le, Statement of Account	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor pository ticipant Name get ID No.	bient Master / f the account held ry Services (India ory concerned. esment Manager Registrar:	NGO LLP PIO PIO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant. a) Limited (CDSL)
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Repatriable) NRI - Minor (Repatriable) NRI - Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Securit Depository Participant Name DP ID No. Beneficiary Account No. Please note wherever units Any communication in		Pe Fin Pu Pr Ba Pa Pa Pa Pa Pa Pa Pa Pa Pa P	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI unk e provide below detail titioned in the application (NSDL) De Pa Tar le, Statement of Account TEAR H ation should be addresse	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor pository ticipant Name get ID No.	bdy	NGO LLP PIO PIO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant. a) Limited (CDSL) nagement Services Pvt. Ltd.,
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Repatriable) NRI - Minor (Repatriable) NRI - Minor (Repatriable) NRI - Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Securit Depository Participant Name DP ID No. Beneficiary Account No. Please note wherever units Any communication in c Investment Managemer (A Joint Venture betwee 9th Floor, Crescenzo, C-		Pe Fin Pu Pr Ba Pa Pa Pa Pa Pa Pa Pa Pa Pa P	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI unk e provide below detail attioned in the application (NSDL) De Pa Tar le, Statement of Account 	Government Bo Society Trust NPS Trust Fund of Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor pository ticipant Name pet ID No. Will be issued by the Depositor and to the Registrar or the Inve 800 425 5425 mf com	bdy lient Master / f the account held ry Services (India ry Concerned. bory concerned. cory concerned. esment Manager Registrar: Computer Age Mar SEBI Registration I Rayala Towers, 15	NGO LLP PIO PIO IVPO [Please specify] Others [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant. a) Limited (CDSL) hagement Services Pvt. Ltd., No. : INR00002813) 58, Anna Salai,Chennai – 600 002
8. TAX STATUS (Please Resident Individual Resident Minor (through C NRI (Repatriable) NRI (Repatriable) NRI - Minor (Repatriable) NRI - Minor (Repatriable) NRI - Minor (Non-Repatria Sole-Proprietor HUF 9. DEMAT ACCOUNT D If you wish to hold units Please ensure that the se National Securit Depository Participant Name DP ID No. Beneficiary Account No. Please note wherever units Any communication in c Investment Manager : SBI Funds Managemer (A Joint Venture between		Pe Fin Pu Pr Ba Pa Pa Pa Pa Pa Pa Pa Pa Pa P	ension and Retirement Func- nancial Institutions ublic Limited Company ivate Limited Company ody Corporate artnership Firm I / FPI unk e provide below detail titioned in the application (NSDL) De Pa Tar le, Statement of Account TEAR H ation should be addresse	Government Bo Society Trust NPS Trust Gratuity Fund Gratuity Fund AOP BOI s and enclose Latest CI n form matches with that of Central Depositor pository ticipant Name get ID No. will be issued by the Deposito RE d to the Registrar or the Inve 800 425 5425 mf.com	bdy	NGO LLP PIO PIO [Please specify] Others [Please specify] Demat Account Statement with the Depository Participant. a) Limited (CDSL) nagement Services Pvt. Ltd., No. : INR00002813) 58, Anna Salai,Chennai – 600 002 01 / 36

I

10. OTHER PER	SONAL INFORMAT	ION – (Please ✔) First Applic	o.m.t	Second A	Applicant	Third App	licent
Condox					<u> </u>		
Gender		Male Female	Other	Male Fem	ale Other	Male Femal	e Other
Father's Name							
Spouse's Name)						
Date of Birth		DDMMY	Y Y Y	D D M M	ΥΥΥΥΥ	D D M M Y	ΥΥΥΥ
Occupation (Please ✔)		 Professional Government Service Private Sector Service Public Sector Service Student Doctor Others 	 Business Agriculturist Retired Housewife Forex Dealer 	 Professional Government Service Private Sector Service Public Sector Service Student Doctor Others 	ice 🗌 Retired	 Professional Government Service Private Sector Service Public Sector Service Student Doctor Others 	
Gross Annual I	ncome in Rs	Below 1 Lac	1-5 Lacs	Below 1 Lac	1-5 Lacs	Below 1 Lac	1-5 Lacs
(Please ✔):		5-10 Lacs 25 Lacs - 1 Cr.	☐ 10-25 Lacs ☐ > 1 Cr.	5-10 Lacs 25 Lacs - 1 Cr.	☐ 10-25 Lacs ☐ > 1 Cr.	5-10 Lacs 25 Lacs - 1 Cr.	☐ 10-25 Lacs ☐ > 1 Cr.
OR Networth in	Rs.						
Networth as of	date	D D M M Y	Y Y Y	D D M M Y	YYYY	D D M M Y	ΥΥΥΥ
Politically Expo	sed Person [PEP]	Yes No	Related to PEP	Yes No	Related to PEP	Yes No	Related to PEP
Type of address	given at KRA	Residential Business	Reg. Office	Residential Busir	ness 🔲 Reg. Office	Residential Busine	ss 🔲 Reg. Office
		e following person/s to rece lowever, in case you do not v			(With effect from 01/		
Name of the Nomir	nee	Nominee 1		Nomin	ee 2	Nominee	43
Name of the Guard		-					
(In case Nominee is M Percentage (Mandat	ory if more than one Nominee						
Relationship with N	-						
Date of Birth* (Man	datory if Nominee is Minor)	D D M M Y	ΥΥΥΥ	D D M M	YYYY	D D M M Y	Y Y Y
Signature of Nomir (*Mandatory in case of I		8		8		8	
12. NOMINATIO	N : I do not wish to n	ominate any person at th	ne time of makir	ng the investment.			
Signature							
13.INSTITUTIO	NAL INVESTORS A	DDITIONAL INFORMA	TION				
Name of Conta							
For Foreign Exchar	ige / Money Changer Se	e following services Yes rvices Yes andatorily fill separate FATC	No N	Ioney Lending / Pawning		asinos, Betting Syndicates) Yes No
have not received or beer and is not held or designe (iii) the monies invested L Securities laws) / residem other mode), payable to h Bye laws, Trust Deed or Pa Origin and that funds for th hold only a single PAN Ex- (Rupees Fifty Thousand to be false or untrue or mi when provided by me/ us the tax/revenue authoritie We shall keep you forthw laws, such as FATCA and be any change in any info am aware that the Fund n by domestic or overseas r advisor for any questions: the taxpayer identificatior PAN/Aadhar card, applic * Applicable to other than	ninduced by any rebate or gifts, d for the purpose of contraventio y me in the schemes of the Funr of Canada are not eligible for im m/her for the different competing artnership Deed and resolutions p e subscriptions have been remitt empt KYC Reference No. (PEKK), (ix) all information provided in th sleading or misrepresenting; (x) to the Fund, its Sponsor, AMC, t is in India or outside India where th informed in writing about any of (CRS: (a) the Fund may be requ rmation provided; (b) In certain c nay also be required to provide in egulators/tax authorities, the Fun humber is true, correct, and cor ation may liable to get rejected o Individuals / HUF; ** Applicable	mation provided in this form is true & directly or indirectly, in making this inver- n of any act, rules, regulations or any se d do not attract the provisions of Forei vestments with the Fund and IWe am (schemes of various mutual funds from assed by the Company / Firm/Trust, IA ed from abroad through approved ban RN) issued by KYC Registration Agen his application form together with its ar that we authorize you to disclose, sha trustees, their employees/RTAs or an ver it is legally required and other suck changes/modification to the information irrot to seek additional personal, tax ar irroumstances (including if the Fund do formation to any institutions such as wind may also be constrained to withhold ave understood the information require mplete. I also confirm that I have read or further transactions may be liable to to to RNRs; *** Applicable to "Micro inve	estment; (ii) the amount statute or legislation or a ign Contribution Regula v/are not a U.S. person/ n amongst which a sche We am/are authorised to king channels or from m cy and also confirm that nnexures is/are true and are, remit in any form, m y Indian or foreign gove h regulatory/investigatio on provided or any othe nd beneficial owner infol bes not receive a valid so vithholding agents for th and pay out any sums fer ements of this Form (rea a and understood the FA oget rejected astments"	invested/to be invested by me/us ny other applicable laws or any no titions Act ("FCRA"); (iv) IWe arm me of the Fund is being recomme enter into the transactions for and y/our Non Resident External/Ordit the aggregate of lump sum and S a correct to the best of my/our kno loode or manner, all / any of the inf mmental or statutory or judicial au on agencies or such other third pa r additional information as may be mation and certain certifications a elf-certification from me) the Fund e purpose of ensuring appropriate rom my/our account or close or such dalong with the FATCA/CRS Insti UTCA Terms and Conditions belo	in the scheme(s) of SBI Mu tifications, directions issued fare aware that a U.S. persc nolder has disclosed to me/u nded to me/us; (vi)* as pert on behalf of the Company/Fir nary account/FCNR Accoun Wedge and belief and I/We ormation provided by me/u uthorities/agencies including arequired by you from time t and documentation from inwe may be obliged to share info e withholding from the accou spend my account(s) and (e ructions) and hereby confirm w and hereby accept the sa	Itual Fund ("the Fund") is derived thi Iby any governmental or statutory ar on (within the definition of the term 'L us all the commissions (in the form or the Memorandum and Articles of Ass m/Trust; (vii) ** IWe anvare Non Res t; (viii) *** We do not hold a Perman 2 months period or financial year doe shall be liable in case any of the spec is, including all changes, updates to g but not limited to SEBI, the Financi s, without any obligation of advising o time; (xii) Towards compliance wit setors. IWe ensure to advise you will ormation on my account with relevant int or any proceeds in relation theret) IWe understand that I am / we alver that the information provided by me ame. (xiii) I f the name given in the Ap	rough legitimate sources uthority from time to time; JS Person' under the US of trail commission or any ociation of the Company, ident of Indian Nationality/ ent Account Number and s not exceed Rs. 50,000/ fifed information as and al Intelligence Unit-India, me/us of the same; (xi) I/ h tax information sharing thin 30 days should there nt tax authorities; (c) I/We o; (d) as may be required equired to contact my tax fus on this Form including plication is not matching
	r consent for sharing/disclosing c	toring and usage (ii) validating/auther of my Aadhaar number(s) including dei					
SIGNATURE(S)							
(ALL Applicants	\otimes		\otimes		\otimes		
must sign)		an / Authorised Signatory	2 nd Applic	ant / Authorised Signato		rd Applicant / Authorised S	Signatory

Place

Date



S-2809/17

ARN-154960 Employee Ungue Identification Number Declaration for wheth SIM bot is MI bask 11W beday come the SIM bot is the service of the above distance incentification in constraining the acree of the above distance incentification in constraining the acree of the above distance incentification in constraining the acree of the above distance incentification in constraining the acree of the above distance incentification in constraining the acree of the above distance incentification in constraining the acree of the above distance incentification in constraining the acree of the above distance incentification in constraining the acree of the above distance incentification in constraining the acree of the above distance incentification in constraining the acree of the above distance incentification in account and and the autoversion incentification in account incentification in account and a local constraint account incentification in account incentification in account and a local constraint account incentification in account incentification in account account incentification in account and a local constraint account incentification in account account incentification in account account incentification incentification in account and account incentification incentification in account account incentification incentification in account account incentification incentification in account account incentificatine account andin account account incentaccount incentification inc	New	v investors s	SIP ENROLME	NT CU	M ONE TI	ME DEBIT MAN Submit this Form alo	IDATE		licat <u>ion Form</u>					
ARN 154960 ARN - Decision for vacuum equity instruction (by ubue Filth for the links) "//dx links of the response for a vacuum equity instruction equity instructing equity instruction equity instructing equity instruct			Branch Code	i	•		de	EUIN*	Reference No.					
attachangenaturgenerative of the finance of the second provided in the regulational second provided in the second	ARN- 1549	60	/	ARN -			(,)/	<u>,</u>						
SIGNATURES ** Applicant / Authorised Signatory ** Applicant / Authorised Signatory The Applicant / Authorised Signatory ** Applicant / Authorised Signatory The Applicant / Authorised Signatory ** Applicant / Authorised Signatory The Applicant / Authorised Signatory *** Applicant / Authorised Signatory The Applicant / Authorised Signatory *** Applicant / Authorised Signatory The Applicant / Authorised Signatory *** Applicant / Authorised Signatory The Applicant / Authorised Signatory *** Applicant / Authorised Signatory Folio No: Application No: INVESTOR DETAILS Scheme Name Investor Details Pinn Regular Direct Option Growth Ovdend Fegular Direct Option Growth Ovdend Fegular Sterme Name Intervest Pegout Resinvest Pegout Sterme Name Intervest Pegout Resinvest Pegout Resinvest Pegout Sterme Name Inteapplin the Applicant														
Laplicant / Autorised Signatory 2* Applicant / Autorised Signatory 2* Applicant / Autorised Signatory TRANSACTION CHARGES FOR APPLICATIONS THROUGH OSTRIBUTORS SAGENTS ONLY Transaction of the subscription of the subsc			notwittistanding the advice of in-app		ly, provided by the empty	yeerelationship manager/sales pe			nas not charged any a					
TRANSACTION CHARGES POR APPLICATIONS THROUGH DISTRIBUTIONS/AGENTS ONLY In the Set Biolaborgian mount is 8. SUBJECT and Set	1 st App				2 nd Applicant / A	uthorised Signatory	dered by the dist	3 rd Applicar	nt / Authorised	Signatory				
Inst time rule and investory will be doubled from the subscription ancur an pade to the database. Units will be issued agains the balance amount invested: Fold No.:Application No. Name of 1*Application Scheme Name Plan Option Growth Direct Option Growth Direct Direct Option Growth Direct Direct Direct Peryout Regular Direct Direct Peryout Regular Direct Direct Peryout Regular Direct Direct Peryout Regular Direct Option Growth Direct Peryout Regular 1* SIP Date 1* (ror Syn (or Monthly Direct OR 3 yrs D	TRANSACTION CHAR	GES FOR AP	PLICATIONS THROU	GH DISTR	IBUTORS/AGE	INTS ONLY								
Folio No./Application No. Name of PApplicant SIP with Cheque No.: 1 2 3 Scheme Name I 2 3 Plan Opcode Origon Growth Diroct Regular Diroct Option Opcode Opcode Percent Reinvest Percent Reinvest Percent Each SIP Instalment Amount (7) SiP Frequency Weekly (1*, 8*, 15* and 22**) Weekly (1*, 8*, 15* and 22**) Weekly (1*, 8*, 15* and 22**) Monthy (Default) Outarterly Instalment Amount (7) To 20* 0* 0* 3* 0* <th>In case the subscription and first time mutual fund investo</th> <th>ount is Rs. 10,000 or) will be deducte</th> <th>)/- or more and if your Distred from the subscription american and the subscription american ameri American american am American american a American american am American american ameri American american ame</th> <th>ount and paid</th> <th>I to the distributor.</th> <th>Units will be issued agains</th> <th>(for first time t the balance</th> <th>e mutual fund inve amount invested.</th> <th>stor) or Rs. 100/-</th> <th>(for investor other th</th> <th>an</th>	In case the subscription and first time mutual fund investo	ount is Rs. 10,000 or) will be deducte)/- or more and if your Distred from the subscription american and the subscription american ameri American american am American american a American american am American american ameri American american ame	ount and paid	I to the distributor.	Units will be issued agains	(for first time t the balance	e mutual fund inve amount invested.	stor) or Rs. 100/-	(for investor other th	an			
Name of 1*Applicant SIP with Cheque No: Scheme Name Plan Regular Direct Regular Dividend Facility Reinvest Payout Reinvest Payout Reinvest Payout Reinvest SIP Frequency Weekly (1*, 8*, 15* and 22**) Monthy (Default) Quarterly SIP Date 1* 15* (for Monthy 6 20* SIP Period From To 0* OR 3 78 5 yrs SIP Period From To 0* 0* OR 3 78 5 yrs 10 yrs Is yrs 5	Folio No./Application I	No.			NVESTOR	DETAILS								
BIP with Chaque No:: 1 2 3 Plan Regular Direct Regular Direct Option Growth Dividend Frequency Growth Dividend Prequency Dividend Facility Reinvest Payout Reinvest Payout Reinvest Payout SIP Frequency Weekly (1*, 8*, 15* and 22**) Instalment Amount (7) SIP Date 1* 15* 30* 1* 15* 30* Growth Dividend Facility Growth Dividend Facility Reinvest 1* 15* 30* SIP Date 1* 15* 30* 1* 15* 30* 30* Guarterly Bote 1* 15* 30* 10* 25* 20* 8* 20* 0* 30* Guarterly 10* 25* 10* 1* 15* 9* 20* 0* 0* 0* 0* 0* 0* 0* 0* 0*														
Scheme Name 1 2 3 Plan Plan Regular Direct Regular Direct Option Growth Dividend Frequency Growth Dividend Frequency Dividend Facility Reinvest Payout Reinvest Payout Reinvest Payout Each SIP Instalment Amount (f) Sup Prequency Weekly (1*, 8*, 15* and 22**) Weekly (1*, 8*, 15* and 22**) Woekly (1*, 8*, 15* and 22**) Woekly (1*, 8*, 15* and 22**) SIP Prequency Weekly (1*, 8*, 15* and 22**) Weekly (1*, 8*, 15* and 22**) Woekly (1*, 8*, 15* and 22**) Woekly (1*, 8*, 15* and 22**) SIP Date 1** 15* 30* 5** 20* 5** 20* 6** 20* 6** 20* 6** 0** 0** SIP Date 1** 15* 30* 5** 20* 5** 20* 6** 20* 6** 20** 6** 20** 6** 20** 6** 6** 20** 6** 20** 6** 6** 20** 6** 6** 20** 6** 6** 6** <th></th>														
Plan Regular Direct Regular Direct Regular Direct Option Growth Dividend Frequency Growth Dividend Frequency Dividend Facility Reinvest Payout Reinvest Payout Reinvest Payout Each SIP Instaiment Amount (t) SIP Frequency Weekly (1*, 8*, 15* and 22**) Weekly (1*, 8*, 15* and 22**) Monthly (Default) Quarterly SIP Date 1* 15* 30* Frequency Monthly (Default) Quarterly Mont			1			2			3					
Image: Mage: Mage	Scheme Name		1											
Divided Facility Beinvest Payout Reinvest Payout Each SIP Instalment Amount (1) Reinvest Payout Reinvest Payout SIP Frequency Weekly (1", 8", 15" and 22") Weekly (1", 8", 15" and 22") Monthly (Default) Quarterly SIP Date (10r Monthly 6 1" 15" 30" 1" 15" 30" Construct 5" 20" 1" 15" 30" 1" 15" 30" Construct 5" 20" 1" 15" 30" 1" 15" 30" Guarterly 10" 25" 20" 11" 15" 30" 10" 25" 20" 10" 25" 20" 10" 25" 20" 10" 25" 10" 25" 10" 25" 10" 25" 10" 25" 10" 15" 15" 10" 25" 10" 10" 25" 10" 15" 15" 10" 25" 10" 10" 25" 10" 15" 15" 10" 15" 15" 15" 15" 15"	Plan	Regular	Direct		Regular	Direct		Regular	Direct	ect				
Each SIP instainment Amount (1) SIP Frequency Weekly (1*, 6*, 15* and 22**) Monthly (Default) Quarterly Monthly (Default) Quarterly Monthly (Default) Quarterly SIP Date (for Monthly 6 Quarterly) 1* 15* 30* SIP Date (for Monthly 6 Quarterly) 1* 15* 30* Quarterly) 10* 25* 20* 00 I0* 25* 20* 00 10* 25* SIP Period From To 07* 70 07 70 OR 3 yrs 5 yrs 10 yrs 76 08* 3 yrs 5 yrs 10 yrs OR 3 yrs 5 yrs 10 yrs 76 08* 3 yrs 5 yrs 10 yrs ID sys Perpetual (Select ary one) 15 yrs Perpetual (Select ary one) 15 yrs Perpetual (Select ary one) ID op-up Frequency Half - Yearly Annual Half - Yearly Annual Half - Yearly Annual ID op-up Frequency Half - Yearly Annual Half - Yearly Annual Half - Yearly		Growth	Dividend Freq	uency	Growth	Dividend Freq	uency	Growth	Dividend	Frequency	_			
Instalment Amount (?) SIP Frequency Weekly (1 ^s , 8 ^s , 15 ^s and 22 ^{sc}) Monthly (Default) Quarterly Monthly (Default) Quarterly SIP Date 1 ^{sc} (for Monthly 4 1 ^{sc} Quarterly 1 ^{sc} 10 ^{sc} 2 ^{sc} Monthly (Default) Quarterly I off 2 ^{sc} Quarterly 10 ^{sc} 10 ^{sc} 2 ^{sc} 00 ^{sc} 2 ^{sc} 01 ^{sc} 2 ^{sc} <td< th=""><th>Dividend Facility</th><th>Reinvest</th><th>Payout</th><th></th><th>Reinvest</th><th>Payout</th><th></th><th>Reinvest</th><th>Payout</th><th></th><th></th></td<>	Dividend Facility	Reinvest	Payout		Reinvest	Payout		Reinvest	Payout					
Monthly (Default) Quarterly Monthly (Default) Quarterly SIP Date 1* 15* 30* monthly (Default) Quarterly SIP Date 1* 15* 30* monthly (Default) Quarterly Guarterly 10* 25* 20* monthly (Default) Quarterly SIP Period From 1* 15* 20* monthly (Default) OR 3 yrs 5 yrs 100* 25* 10* 25* SIP Period From To 0*														
SIP Date 1* 15* 30* 1* 15* 30* (for Monthly 6 5* 20* 60* 5* 20* 67* 67*	SIP Frequency							Weekly	y (1 st , 8 th , 15 th a					
Shr Date If a freeze, ust balles If a freeze, ust balles (for Monthly 6) 10 ⁿ 25 ⁿ 20 ⁿ If a freeze, ust balles SiP Period From 10 ⁿ 25 ⁿ 10 ⁿ 25 ⁿ SiP Period From If a freeze, ust balles From If a freeze, ust balles From If a freeze, ust balles OR 3 yrs 5 yrs Perpetual (Select any one) If s rs If s rs Perpetual (Select any one) If s rs If				larterly	·	, ,	luarterly			Quarterly	у 			
Quarterly) 10° 25° 10° 25° 60° SIP Period From From From To 0° 3 yrs 5 yrs 10° 25° SIP Period From To OR 3 yrs 5 yrs 10 yrs 0°			(For Fe	bruary, last business		(For Febr	uary, last business			(For February, last busin	ess			
To To <t< th=""><th>Quarterly)</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>day)</td><td></td></t<>	Quarterly)									day)				
OR 3 yrs 5 yrs 10 yrs OR 3 yrs 5 yrs 10 yrs Issues Issue	SIP Period	· · · · · · · · · · · · · · · · · · ·	И М У У У		••••••	мүүү	Y	• • • • • • • • • • • • • • • • • • • •	мү	Y Y Y				
Is yrs Perpetual (Select ary one) Bank Name Bank A/c No Bank A/c No Bank A/c No Top-up Amount Rs. 1 2 3 (in multiples of Rs. 500 only) Half - Yearly Annual Half - Yearly Annual DECLARATION : IWe hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutt We neaby confirm and declare that the particulars given in the schemes of SBI Mutt We neaby confirm and declare that the particulars given in the schemes of SBI Mutt DECLARATION : IWe hereby declare that the particulars given in the schemes of SBI Muttal Fund on the account through Direct Debit / NACH facility. If the transaction is de that SBI Muttal Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is do not effected for reasons of incomplete or incorrect information, IWe would not hold the user institution responsible. We will also inform SBI Muttal Fund Hit contexts in the SD(00). Rupee Fifty Thusang Muttal Fund Addend is service providers and Addend Sister Halt - Yearly Annual Det exceed RS 50000: Rupee Fifty Thusang Hite Addend Addend Sister Halt her Commission or a mode), payable to him for the different competing Schemes' only. The ANN holder has disclosed to melus alif the commission or a mode), payable to hi				Y		5 vrs 10 v	Y							
Bank Name Derv P SIP 1 2 3 Top-up Amount Rs. (in multiples of Rs. 500 only) 1 2 3 Top-up Frequency Half - Yearly Annual Half - Yearly Annual DECLARATION : (We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutt (We hereby confirm and declare that the mories invested by me in the schemes of SBI Muttual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). (We are the complete or incomplete or				, ,	_					,	э)			
TOP-UP SIP 1 2 3 Top-up Amount Rs. (in multiples of Rs. 500 only) Half - Yearly Annual Half - Yearly Annual DECLARATION : (We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutu We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("CRA"). (We a that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is due to the offer reasons of incomplete or incorrect information, (We would not hold the user institution responsible. (We will also inform SBI Mutual Fund RTA about any changes in my/ account. (We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SPI installments in rolling 12 months period or financial year i.e. April to Ma not exceed Rs. 50,000/ (Rupees Fifty Thousand) (applicable for "Micro investments" only). The AIM holder has disclosed to melus all the commissions (in the form of trail commission or at mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to melus. (We have ead, understood and a the terms and conditions and contents of the SID, SAI, KIM and Adderda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. (We have signed and endorsed the Mandate Form. Sponsor Bank Code Utility Code CREATE / MODIFY IWe, hereby authorize SBI Mutual Fund To debit (Please /)	Use Existing One	Time Debit Ma	andate (if already regi	stered in th	ne Folio)									
1 2 3 Top-up Amount Rs. (in multiples of Rs. 500 only) Image: Control of the second seco	Bank Name													
(in multiples of Rs. 500 only) Half - Yearly Annual Half - Yearly Annual Top-up Frequency Half - Yearly Annual Half - Yearly Annual DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Muttual Fund on ot attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We at the schemes of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Muttual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is de not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Muttual Fund(RTA about any changes in my/account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to Ma not exceed Rs. 50,000/. (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or a mongs twich the Scheme is being recommended to me/us. I/We have read, understood and a the terms and conditions and contents of the SID, SAL, KIM and Addenda issued from time to time of the respective Scheme is being recommended to me/us. I/We have read, understood and a the terms and conditions and contents of the SID, SAL, KIM and Addenda issued from time to time of the respective Scheme is being recommended to me/us. I/We have esigned and endorsed the Mandate Form. Sponsor Bank Code <			1		TOP-UP				3					
DECLARTION : I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutu IVe hereby confirm and declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutu IVe hereby confirm and declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutu IVe hereby confirm and declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutu IVe and models service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit /NACH facility. If the transaction is de not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/account. I/We confirm that the aggregate of the lump sum investment (fresh purchase) and SDI installments in rolling 12 months period or financial year i.e. April to Ma not exceed 85.50,000. (Rupees Fifty Tousand) (applicable for "Micro investments" only. The ARN holden the schemes is being recommended to me/us. I/We have read, understood and a the terms and conditions and contents of the SD, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We have read, understood and a the terms and conditions and contents of the SD, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We have read, understood and a the mandate form. Sponsor Bank Code Utility C		nly)												
Sponsor Bank Code CREATE / I/We, hereby authorize SBI Mutual Fund MODIFY CANCEL Bank A/c No. IFSC Date D Date D Date D Date D Date D Date D Date D Date D Date D Date D Date D	DECLARATION : I/We here I/We hereby confirm and d that SBI Mutual Fund and i 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	by declare that the eclare that the m ts service provide incomplete or in the aggregate of upees Fifty Thous the different com nd contents of th	he particulars given in this r onies invested by me in the ers and bank are authorized correct information, I/We v the lump sum investment sand) (applicable for "Micro- ppeting Schemes of various e SID, SAI, KIM and Adder	nandate form le schemes of d to process t would not hol (fresh purcha: o investments s Mutual Fund nda issued fro	are correct and ex f SBI Mutual Fund transactions by de d the user instituti se & additional pur " only). The ARN h ds from amongst v	press my willingness to m do not attract the provisic biting my/our bank accour on responsible. [/We will a chase) and SIP installment older has disclosed to me which the Scheme is being	ake payment ons of Foreign through Di also inform S ts in rolling 1 b/us all the co recommend	s towards investm n Contribution Re irrect Debit / NACH SBI Mutual Fund/f 2 months period o ommissions (in th ded to me/us. I/W	regulations Act ("F gulations Act ("F I facility. If the tra TA about any ch or financial year i e form of trail coi e have read, und	CRA"). I/We are awa nsaction is delayed anges in my/our ba e. April to March do nmission or any oth erstood and agreed	are or nk es ner to			
Sponsor Bank Code CREATE / I/We, hereby authorize SBI Mutual Fund MODIFY CANCEL Bank A/c No. IFSC Date D Date D Date D Date D Date D Date D Date D Date D Date D Date D Date D			ONE .		EBIT MAN	DATE FORM ((OTM)				_			
Sponsor Bank Code Utility Code CREATE I/We, hereby authorize SBI Mutual Fund MODIFY Bank A/c No. To debit (Please ✓) With Bank Bank Name IFSC	SBI MUIUA	L FUND	1			· ·		te D D						
CREATE / MODIFY I/We, hereby authorize SBI Mutual Fund MODIFY Bank A/c No. With Bank Bank Name IFSC OR MICR					1	Litility Cod		·	··					
MODIFY Bank A/c No. CANCEL Bank A/c No. with Bank Bank Name		horoby outb	orizo SPI Mutur			-		SB/CA/C	C / SB-NRE /	SB-NRO / Othe	r			
with Bank Bank Name IFSC OR MICR	MODIFY Bank													
		Bank	Name		IFSC			OR MICR	 ۱					
	an amount of Rupees						₹							
FREQUENCY: Weekly Monthly Quarterly As & when presented DEBIT TYPE : Fixed Amount Maximum Amount		ekly 🛛 M	onthly 🛛 Quarterly	🖌 As &	when present	ed DEBIT TYP		xed Amount	🖌 Maxir	num Amount				
Folio No.: Moblie No.:			, <u>,</u> ,											
Appln No. : Email ID:	Appln No. :				1	Email ID:								
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. PERIOD From Image: Colspan="2">Signature of 1st Bank Account Holder To 3 1 2 9 9 Or Until cancelled Signature of 1st Bank Account Holder Signature of 2nd Bank Account Holder Signature of 3rd Bank Account 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 reference of the bank records of the ba	PERIOD From	2 2 0 9 celled	9 Signature of 1 st B	ank Accoun Bank reco	t Holder S	ignature of 2 nd Bank A Name as in Bar	ccount Hol	lder Sigr	nature of 3 rd Ba Name as i	nk Account Holde n Bank records	÷r			

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.



		TRAN	SACTION SL	IP (Please	fill in BLO	CK Lett	ters)				
ARN & Name	or	Branch Code (only for SBG)	Sub-Broker	ARN Code	Sub-Broke	r Code	(Employ	El /ee Unique	JIN* Identification Nu	umber)	Reference No.
ARN- 1549	60		ARN -				(
Declaration for "execution-or		 n (only where EUIN boy		r Instruction 1 (n))						
* I/We hereby confirm that the EU distributor or notwithstanding the	IN box has been	intentionally left blank by r	me/us as this is an "exe	cution-only" transa	action without any	interaction o	or advice by t	the employe	e/relationship n	nanager/sa	les person of the above
		ophateness, ir any, provide		atononip managen		c distributor			iot charged any	uuvisory it	
SIGNATURE(S)	icant / Guard	ian / Authorised Sigr	atory 2nd	Applicant / Au	thorised Signa	tory		3rd Ap	olicant / Auth	norised S	Signatory
Upfront commission shall be	paid directly by	the investor to the AM	FI registered Distribu	itors based on th	ne investors' ass	essment o		actors inclu	uding the serv	ice rende	ed by the distributor
TRANSACTION CHAR In case the subscription am						• • • •			ne mutual fun	nd investo	or) or Rs 100/- (for
investor other than first time	e mutual fund	investor) will be dedu									
INVESTOR DETAILS	(MANDAT	ORY)		1 1 1							
EXISTING FOLIO NO) .										
Mame (Mr/Ms/M/s)											
Email ID					1						
Mobile No.]							
Telephone No.											
PAN DETAILS (Enclos First Applic				econd Appli	oont				Third An	alioant	
						1 1	1 1	1 1	Third Ap		1 1 1 1
PAN Exempt KYC Ref n			AN Exempt KYC	Pof no				omot KV	C Ref no		
(PEKRN for Micro investm			PEKRN for Micro ir					•	investments))	
KIN (KYC Identification I	No.)	к	IN (KYC Identification	ation No.)			KIN (KYC	C Identifi	cation No.)		
ADDITIONAL PURCH	ASE REQL	JEST									
Scheme Name											
Plan (Please 🗸)	🗌 Re	gular	Direct		In case of Di	vidend Tran	nsfer facility,	, please me	ention target so	cheme alo	ng with plan/option.
Option (Please ✓)		owth	Dividend		Scheme / P	lan / Optio	on				
Dividend Facility (Please			Payout	Transfer	Bank and Bra	ach			Choque		
Cheque	DD Amount	t (Rs.)		Drawnon	Darik ariu Dra	ich			Cneque	e/ D.D. N	lo. & Date
Investment A	mount (Pe	in Figuros)			Invos	tmont Am	nount (Rs	in Word	c)		
investment P	inount (KS.	in Figures/			IIIVES				5)		
DEMAT ACCOUNT D If you wish to hold un		t mode nlesse pr	ovide below det	ails and onc	lose the late	st Client	Master	/ Demat	t Account S	Stateme	ant (Mandatory)
Please ensure that the	sequence of	of names as menti	oned in the appl	lication form	matches wit	<u>h that of</u>	f the acc	ount hel	d with the	Deposit	tory Participant.
National Sec	urities De	pository Limited	(NSDL)	Depository		Deposito	ory Serv	ices (In	dia) Limite	ed (CDS	3L)
Participant Name		1 1 1 1		- Participan							
DP ID No.	I N			Target ID N	lo.						
Beneficiary Account No.											
Please note wherever u additional purchase / SIF											
SWITCH REQUEST	/ III allo culli	o concinci, pian trina					in thanbad			opeener	
Amount				OR Number	of Units				OR	All	units (Please 🗸)
From Scheme			_	т	o Scheme						
Plan (✔)	Optior	n (✔)			Plan (🗸)		Opt	ion (🖌)		Dividen	d Facility(√)
Regular	Growth				Regular		Growi			leinvestm ransfer	nent 🗌 Payout
Direct	Dividend	1		Ir	case of Dividen	d Transfer					ith plan/option.
REDEMPTION REQU	Гет			S	cheme / Plan /	Option_					
Scheme	201										
Plan (✓) □ Regular	Di	irect		0	ption (🗸)	Growth			Dividend		
						Growth					
Amount	@	<u> </u>		Imber of Units				DR 📙 /	All units (Plea	ase 🗸)	
SBI MUTUAL			TION SLIP -				Spons	or: State B	ank of India,		
A PARTNER FO	R LIFE	TRANSAC		in by the Inve			Investr	ment Mana	ger : SBI Funds etween SBI & Al	Managen MUNDI)	ient Pvt. Ltd.
Folio No.				,							
(To be filled in by the Firs	t applicant/Au	uthorized Signatory) :									Stamp
Received from										Sig	nature & Date
Additional Purchase / Redemption		Scheme Name /Plan/0	uption/Dividend Fa	cility		Amount			Units		
Systematic Investment	Soho	eme Name /Plan/Optic	n/Dividend Eacility	,	Amount (Rs.)		Freque			SIP/SW	/P Date
Plan / Withdrawal Plan	SCITE		and muchu Facility		Amount (KS.)		rieque	споу	1 st		7P Date 0 th 15 th 20 th
									25 th		February, last business day)
Systematic Transfer Plan / Switch Over		Scheme Name /Plan	Option/Dividend F/	,	/	Amount		U	nits	STP	Commencement Date
i ian / Switch Over		From	IC.	,							

S-3101/17

Change of Address (Please 🗸)

SYSTEMATIC I		STME	ENT F	PLAN	I (SIP	<u> </u>				subscr	ibing to	SIP thr	ough D	irect l									- C		_		
SIP with Ch	eque					SIP	witho	ut Che	eque							In case	e this a	applica	tion is	for M	icro S	P (Ple	ease tio	ck (✔))		AICRO	SIP
Scheme Name/Pla Dividend Frequend		tion/																									
Payment Mechani	sm				Post Dated Cheques SIP Direct Debit/ NACH (Please arguide the detaile below)											,											
(Please ✓ any one Frequency (Please		000)		(Please provide the details below) (Please complete SIP Direct Debit/NACH Registration cum Mandate Weekly SIP (1 st , 8 th , 15 th and 22 nd) Monthly SIP (Default) Quarterly SIP									orm)														
SIP Date (for Mont		-	erlv)		-	ekiy S	1F (1-				<u></u> г	145	th		-		_			Oth (Fer		_		-	P		
(Pleas					1 st		3·			10 th		15			20 th		25 ^t			50 (FOI	rebruary	, last dus	siness da	y)			
SIP Tenure				From D D M Y Y Y Y 3 years 5 years 10 years OR Installmer To D M M Y Y Y OR 15 years Perpetual (Select any one) No of SIP Installmer							ts																
Cheque(s) Details					No. of Cheques SIP Installment Amount (in figures) Cheque Nos																						
Cheques drawn or	ı			Name of Bank & Branch																							
	011.13																										
SWP / STP FA	CILI	IY RI	EQUI	-51	ę	Schen	ne / Pl	an		SW	/P inst	allmer	nt amo	unt (Rs)		Aı	mount	(in wo	ords)			Frequ	ency	(Pleas	e√ar	ny one)
Systematic Withdr	awal	Plan (SWP)								1 1110			unt (-	1 st , 8 th ,		
							1			<u> </u>											1		_	onthly Jarterl			
					P From		M	Y	Υ	Y Y			_		SWP	То	M	_	Y	Y	Y			alf-yea			
					P Date		1 st		th	10 th		15 th		20 th		25 th		30 th	(For Fel	bruary, la	st busine			nnual			
				SIP	Facilit	ty Req	luest (e√an From (Regula	ar STI	5		C	ASTP				x STF					
Systematic Transf	fer Pla	an (ST	P)	Sche	eme																10(0		<u>cj</u>				
				Plan	(✓)			Reg	ular		🗌 D	irect				Pla	n (🗸)			🗌 Re	egular			Direct			
				Optic	on (🗸)			Grov	vth		🗌 Di	vidend				Opti	on (🗸)		🗌 Gr	owth			Divide	nd		
																		Facility	· · ·	_	einvest			Payou		Trar	
																		vidend T Plan /			please	mentio	n target	scheme	e along v	ith plar	n/option.
STP Frequency &	Enrol	ment			aily		Mont	nly	STP	Instal	Iment	Amou	unt (Rs	s.)		Joch		From	opiic	<u></u>				STP	То		
Period (Please 🗸 any one	e)				Veekly	,	Quar	terlv							D	D M	М	Y	Y	Y Y	C					Y	
CHANGE OF A	<i>'</i>	ESS	FOR						entity	and	Add	Iress	proc	of m	andat	ory)											
Local Address of																											
1st Applicant												1			1			1									
Landmark																											
City												1			1						Pin						
State												1									1						
	Addre	ss for (Corres	ponde	nce for	r NRI A	pplica	nts onl	y (Plea	ise (√)) India	I In by De	fault			For	eign										
Foreign Address											ĺ	l.		Ē.			ľ										
(Mandatory for NRI / FII)					1							i			1					İ	1		1				
City																											
Country												1						Zip									
DECLARATION																		locuments									
induced by any rebate or g of contravention of any act	, rules, i	regulation	ns or any	y statute	or legisla	ation or	any othe	r applica	ble laws	or any r	otificatio	ns, direct	ions issu	ied by	any gover	nmental	or statute	ory autho	rity from	time to	time; (iii)	the mor	nies inves	sted by r	ne in the	scheme	s of the
Fund do not attract the pro with the Fund and I/We arr	n/are not	a U.S. p	erson/re	sident of	Čanada;	; (v) the .	ARN hold	der has o	lisclosed	to me/us	s all the	commissio	òns (in th	ne form	of trail co	mmissior	n or any	other mo	de), paya	able to h	im/her fo	r the diffe	erent con	npeting s	chemes o	f various	s mutual
funds from amongst which I/We am/are authorised to	enter int	o the tra	nsaction	s for and	d on heh:	alf of the	Compa	hv/Firm/T	rust (vii)	** I/We	am/are	Non Resi	ident of I	ndian I	Vationality	Origin a	nd that fi	unds for t	the subs	criptions	have he	en remitt	ted from	abroad t	hrough ai	proved	hanking
channels or from my/our N that the aggregate of lump	sum an	d SIP ins	stallment	s in a ro	illing 12 r	months p	eriod or	financial	year doe	is not ex	ceed Rs	s. 50,000/·	 (Rupee) 	s Fifty	Thousand); (ix) all	informati	ion provic	led in thi	is applica	ation form	i togethe	er with its	annexu	es is/are	true and	correct
to the best of my/our know / any of the information pro-	/ledge ar ovided b	nd belief v me/ us	and I/W s, includi	e shall b ng all ch	e liable i nanges, u	in case a updates t	any of the to such i	e specifie nformatic	ed inform in as and	ation is f I when p	iound to provided	be false by me/ u	or untrue	e or mi Fund,	sleading o its Spons	or misrepr or, AMC,	resenting trustees	; (x) that s, their er	we auth nployees	orize yo RTAs c	u to discl r any Ind	ose, sha lian or fo	ire, remit preign go	in any for the second sec	orm, mod tal or sta	e or mai tutory or	nner, all judicial
authorities/agencies includineed to know basis, without																											
time to time; (xii) Towards I/We ensure to advise you	complia	nce with	tax infor	mation s	sharing la	aws, such	h as FAT	CA and	CRS: (a	the Fur	nd may	be require	ed to see	ek addi	tional pers	sonal, tax	and bei	neficial o	wner info	ormation	and certa	ain certifi	ications a	and docu	mentatior	from in	vestors.
account with relevant tax a thereto; (d) as may be requ	uthorities	s; (c) I/W	'e am av	vare that	the Fund	ď may al	Íso be re	quireḋ ta	provide	informati	ion to ar	ny instituti	ons such	as wit	hholding a	agents fo	r the pur	pose of e	ensuring	appropri	ate withh	olding fro	om the a	ccount o	r any pro	ceeds in	relation
to contact my tax advisor fe * Applicable to other than	or any q	uestions	about m	y/our tax	residenc	cy;								at any .					n ouopoi	ia inj ac	oouniioj				at i ani,		ioquirou
SIGNATURE(S			·, /p	piloabio																							
Applicants must sign as per mode	\otimes				⊗									\otimes)												
of holding	1:	st App	pplicant/Guardian/ Authorised Signatory 2nd Applicant/Authorised Signatory 3rd Applicant/ Au						Autho	orised	Signa	tory															
Date			Place																								
										TE	AR HE	RE -		-						_						-	
All future				n in c	onneo	ction	with t	his ap	oplica	tion s	hould				to the	Regi	strars	to th	e sch	ieme	or S	BIMF	Corp	orate	Office) .	
Investmen SBI Funds		-		D\# 1	td								egistra moute		qe Ma	nader	nent '	Servic	es Pi	vt. I te	1						
(A Joint Ve		0				UNDI)					SE	BI Re	egist	ration	No. :	INR0	00002	2813)								
9th Floor, 0 Bandra Ku	Cresc	enzo,	C-38	& 39), G B	lock,	,	- 400	051						ers, 1 04072						600 C	02					
Tel: 022- 6	61793	537			. ,	, יייטו		-00	501				-		L@ca	/			JU4U	101							
Email: customer delight@shimf.com									ww.ca																		

Tel: 022- 61793537
Email: customer.delight@sbimf.com
Website : www.sbimf.com