

**COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES (Please fill in BLOCK Letters)**

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))

\* 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.

SIGNATURE(S)			
	1 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> Applicant / Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 16)**

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

EXISTING FOLIO NO.		NAME	
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**1. FIRST APPLICANT DETAILS**

Name (Mr. / Ms. / M/s.)   
(Name should be as per PAN / Aadhaar Card)

Name of Guardian (in case of Minor)

Relationship of Guardian  Father  Mother  Legal Guardian [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]

PAN/PEKRN NO.  Date of Birth

(Enclose KYC Acknowledgement)

KIN (CKYC Identification No.)  AADHAAR No #

Email ID  Telephone (O)

Mobile No.  Telephone (R)

Country Code

Correspondence Address of 1st Applicant

City

Pin  State

Address for Correspondence for NRI Applicants only ( Please (✓) ) Indian by Default  Foreign

Foreign Address (Mandatory for NRI / FI )

City

Zip  Country

TIME STAMP HERE

**2. MODE OF HOLDING (Please ✓)**

Single  Joint  Anyone or Survivor

**3. JOINT APPLICANT DETAILS**

	Second Applicant	Third Applicant
Name (Name should be as per PAN / Aadhaar Card)	<input type="text"/>	<input type="text"/>
PAN/PEKRN (Enclose KYC Acknowledgement)	<input type="text"/>	<input type="text"/>
KIN (CKYC Identification No.)	<input type="text"/>	<input type="text"/>
AADHAAR No #	<input type="text"/>	<input type="text"/>

**4. BANK ACCOUNT (Pay Out) Details of First Applicant (Mandatory to attach bank account proof in case the payout bank account is different from the source/investment bank account)**

Name of Bank

Branch Name and Address

City  Pin

Account No.

IFS Code  (Please provide a copy of CANCELLED cheque leaf)

9 digit MICR Code

Account Type (Please ✓)		
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

TEAR HERE

(To be filled in by the First applicant/Authorized Signatory): Received from : <input type="text"/>							Signature, Date & Stamp
Scheme Name	Plan (✓)	Option (✓)	Dividend Facility(✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments					All purchases are subject to realisation of cheque / demand draft		

**5. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-1).**

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?

<b>First Applicant (including Minor)</b>	<b>Second Applicant</b>	<b>Third Applicant</b>
☞ <input type="checkbox"/> Yes <input type="checkbox"/> No	☞ <input type="checkbox"/> Yes <input type="checkbox"/> No	☞ <input type="checkbox"/> Yes <input type="checkbox"/> No

**If "YES", please provide the following information (mandatory):**

Details	First Applicant (including Minor)	Second Applicant	Third Applicant
Country of Birth			
Place/City of Birth			
Nationality			
Country of Tax Residency 1			
Tax Payer Ref. ID No <sup>^</sup>			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No.2			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or Other, Please specify]			

<sup>^</sup> 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 attach 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)

<b>Scheme Name</b>			
<b>Plan</b> (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option.	
<b>Option</b> (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <u>Frequency</u>	<b>Scheme / Plan / Option</b>	
<b>Dividend Facility</b> (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer		
<b>Payment Mode</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> DD (Third Party Declaration Mandatory)	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> RTGS
<b>Cheque / D.D. No. &amp; Date</b>	<b>Cheque / DD Amount (Rs.)</b>	<b>Drawn on Bank and Branch</b>	

**7. TAX STATUS (Please ✓)**

<input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non-Repatriable) <input type="checkbox"/> NRI – Minor (Repatriable) <input type="checkbox"/> NRI – Minor (Non-Repatriable) <input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> HUF	<input type="checkbox"/> Pension and Retirement Fund <input type="checkbox"/> Financial Institutions <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership Firm <input type="checkbox"/> FII / FPI <input type="checkbox"/> Bank	<input type="checkbox"/> Government Body <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> NPS Trust <input type="checkbox"/> Fund of Fund <input type="checkbox"/> Gratuity Fund <input type="checkbox"/> AOP <input type="checkbox"/> BOI	<input type="checkbox"/> NGO <input type="checkbox"/> LLP <input type="checkbox"/> PIO <input type="checkbox"/> NPO _____ [Please specify] <input type="checkbox"/> Others _____ [Please specify]
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**8. DEMAT ACCOUNT DETAILS (OPTIONAL)**

**If you wish to hold units in Demat mode, please provide below details and enclose  Latest Client Master /  Demat Account Statement**  
Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. <u>  I  </u> <u>  N  </u> _____	Target ID No. _____
Beneficiary Account No. _____	_____

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned.

----- **TEAR HERE** -----

Any communication in connection with this application should be addressed to the Registrar or the Investment Manager

**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- 61793511  
Email: customer.delight@sbimf.com

**TOLL FREE NO : 1800 425 5425**  
**Website : www.sbimf.com**

**Registrar:**  
Computer Age Management Services Pvt. Ltd.,  
SEBI Registration No. : INR000002813)  
Rayala Towers, 158, Anna Salai, Chennai – 600 002  
Tel: 022 - 2778 6501/ 6551  
Email: enq\_L@camsonline.com  
Website: www.camsonline.com

**9. OTHER PERSONAL INFORMATION – (Please ✓)**

	First Applicant	Second Applicant	Third Applicant
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Father's Name</b>			
<b>Spouse's Name</b>			
<b>Date of Birth</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Occupation (Please ✓)</b>	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____
<b>Gross Annual Income in Rs. (Please ✓):</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.
<b>OR Network in Rs.</b>			
<b>Network as of date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Politically Exposed Person [PEP]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
<b>Type of address given at KRA</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office

**10. NOMINATION : I wish to nominate the following person/s to receive the proceeds in the event of my death. (With effect from 01/04/2011, for individual investors applying with single holding, Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11)**

	Nominee 1	Nominee 2	Nominee 3
<b>Name of the Nominee</b>			
<b>Name of the Guardian (In case Nominee is Minor)</b>			
<b>Percentage (Mandatory if more than one Nominee)</b>			
<b>Relationship with Nominee</b>			
<b>Date of Birth* (Mandatory if Nominee is Minor)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**11. NOMINATION : I do not wish to nominate any person at the time of making the investment.**

**Signature**

**12. INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION**

**Name of Contact Person**

Is the entity involved / providing any of the following services  Yes  No Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates)  Yes  No  
 For Foreign Exchange / Money Changer Services  Yes  No Money Lending / Pawning  Yes  No

**NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.**

**13. DECLARATION :** I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that (i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the Fund") is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time; (iii) the monies invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We am/are aware that a U.S. person (within the definition of the term "US Person" under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/resident of Canada; (v) the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us; (vi) \* as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) \*\* I/We am/are Non Resident of Indian Nationality/Origin and that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account; (viii) \*\*\* I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand); (ix) all information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting; (x) that we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same; (xi) I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; (xii) Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto; (d) as may be required by domestic or overseas regulators/tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency; (f) I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same. (xiii) If the name given in the Application is not matching PAN/Aadhar card, application may liable to get rejected or further transactions may be liable to get rejected

\* Applicable to other than Individuals / HUF; \*\* Applicable to NRIs; \*\*\* Applicable to "Micro investments"

# I/We hereby provide my/our consent for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

<b>SIGNATURE(S)</b> (ALL Applicants must sign)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>1<sup>st</sup> Applicant / Guardian / Authorised Signatory</b>	<b>2<sup>nd</sup> Applicant / Authorised Signatory</b>	<b>3<sup>rd</sup> Applicant / Authorised Signatory</b>	
<b>Date</b>	<b>Place</b>		

**SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM**

New investors subscribing to the scheme through SIP must submit this Form alongwith Common Application Form

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EJIN* (Employee Unique Identification Number)	Reference No.

**Declaration for "execution-only" transaction (only where EJIN box is left blank) :** I/We hereby confirm that the EJIN 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.

SIGNATURE(S)			
	<b>1<sup>st</sup> Applicant / Guardian / Authorised Signatory</b>	<b>2<sup>nd</sup> Applicant / Authorised Signatory</b>	<b>3<sup>rd</sup> Applicant / Authorised Signatory</b>

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY**

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150/- (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

**INVESTOR DETAILS**

Folio No./Application No.						
Name of 1 <sup>st</sup> Applicant						
SIP with Cheque No.:						
	<b>1</b>		<b>2</b>		<b>3</b>	
<b>Scheme Name</b>						
<b>Plan</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
<b>Option</b>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>
<b>Dividend Facility</b>	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout
<b>Each SIP Instalment Amount (₹)</b>						
<b>SIP Frequency</b>	<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> )	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> )	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> )	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly
<b>SIP Date (for Monthly &amp; Quarterly)</b>	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)	<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)	<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)	<input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>
<b>SIP Period</b>	From <u>  /  /  </u> To <u>  /  /  </u> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Select any one)	From <u>  /  /  </u> To <u>  /  /  </u> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Select any one)	From <u>  /  /  </u> To <u>  /  /  </u> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Select any one)	From <u>  /  /  </u> To <u>  /  /  </u> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Select any one)	From <u>  /  /  </u> To <u>  /  /  </u> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Select any one)	From <u>  /  /  </u> To <u>  /  /  </u> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Select any one)

Use Existing One Time Debit Mandate (if already registered in the Folio)

Bank Name		Bank A/c No	
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**TOP-UP SIP**

	<b>1</b>		<b>2</b>		<b>3</b>	
Top-up Amount Rs. (in multiples of Rs. 500 only)						
Top-up Frequency	<input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly	<input type="checkbox"/> 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 Mutual Fund. I/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 ("FCRA"). I/We are aware 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 delayed or 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/our bank 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 March does 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 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. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

**ONE TIME DEBIT MANDATE FORM (OTM)**

UMRN		Date	
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Sponsor Bank Code		Utility Code	
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CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize <b>SBI Mutual Fund</b>	To debit (Please ✓) <input type="checkbox"/> SB / CA / CC / SB-NRE / SB-NRO / Other
MODIFY	Bank A/c No.	
CANCEL		

with Bank		Bank Name		IFSC		OR MICR	
-----------	--	-----------	--	------	--	---------	--

an amount of Rupees   /  /   ₹   /  /  

FREQUENCY:  Weekly  Monthly  Quarterly  As & when presented DEBIT TYPE:  Fixed Amount  Maximum Amount

Folio No.:   /  /   Moblie No.:   /  /  

Appln No. :   /  /   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.

<b>PERIOD</b>	From <u>  /  /  </u>
	To <u>  /  /  </u>
	Or <input type="checkbox"/> Until cancelled

Signature of 1<sup>st</sup> Bank Account Holder

Signature of 2<sup>nd</sup> Bank Account Holder

Signature of 3<sup>rd</sup> Bank Account Holder

Name as in Bank records

Name as in Bank records

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.

**TRANSACTION SLIP (Please fill in BLOCK Letters)**

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))

\* 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.

SIGNATURE(S)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 16)**

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

**INVESTOR DETAILS (MANDATORY)**

EXISTING FOLIO NO. \_\_\_\_\_

Name (Mr/Ms/M/s) \_\_\_\_\_

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

**PAN DETAILS (Enclose PAN copy & KYC acknowledgement)**

First Applicant / Guardian	Second Applicant	Third Applicant
PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____	PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____	PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____
KIN (KYC Identification No.) _____	KIN (KYC Identification No.) _____	KIN (KYC Identification No.) _____

**ADDITIONAL PURCHASE REQUEST**

Scheme Name		
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option. <b>Scheme / Plan / Option</b> _____
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	
Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)	

**DEMAT ACCOUNT DETAILS**

If you wish to hold units in Demat mode, please provide below details and enclose the latest Client Master / Demat Account Statement (Mandatory). Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. _____	Target ID No. _____
Beneficiary Account No. _____	Beneficiary Account No. _____

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned. Further allotment of units (through additional purchase / SIP) in the same scheme/plan will be allotted in Demat mode and investors can do further transactions through their Depository Participant only.

**SWITCH REQUEST**

Amount \_\_\_\_\_ OR Number of Units \_\_\_\_\_ OR  All units (Please ✓)

From Scheme \_\_\_\_\_ To Scheme \_\_\_\_\_

Plan (✓)	Option (✓)	Dividend Facility (✓)
<input type="checkbox"/> Regular	<input type="checkbox"/> Growth	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout
<input type="checkbox"/> Direct	<input type="checkbox"/> Dividend	<input type="checkbox"/> Transfer

In case of Dividend Transfer facility, please mention target scheme along with plan/option.  
**Scheme / Plan / Option** \_\_\_\_\_

**REDEMPTION REQUEST**

Scheme \_\_\_\_\_

Plan (✓)  Regular  Direct Option (✓)  Growth  Dividend

Amount \_\_\_\_\_ OR Number of Units \_\_\_\_\_ OR  All units (Please ✓)

----- ✂----- TEAR HERE ----- ✂-----

**TRANSACTION SLIP - ACKNOWLEDGEMENT**

Sponsor : State Bank of India,  
Investment Manager : SBI Funds Management Pvt. Ltd.  
(A Joint Venture between SBI & AMUNDI)

Folio No. \_\_\_\_\_ To be filled in by the Investor

(To be filled in by the First applicant/Authorized Signatory) :

Received from				Stamp Signature & Date
Additional Purchase / Redemption	Scheme Name / Plan / Option / Dividend Facility	Amount	Units	
Systematic Investment Plan / Withdrawal Plan	Scheme Name / Plan / Option / Dividend Facility	Amount (Rs.)	Frequency	SIP/SWP Date
				<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th <input type="checkbox"/> 30th (For February, last business day)
Systematic Transfer Plan / Switch Over	Scheme Name / Plan / Option / Dividend Facility	Amount	Units	STP Commencement Date
	From _____ To _____			

Change of Address (Please ✓)

**SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST** (Investors subscribing to SIP through Direct Debit/ NACH must fill up the Registration cum Mandate Form)

<input type="checkbox"/> SIP with Cheque <input type="checkbox"/> SIP without Cheque		In case this application is for Micro SIP (Please tick (✓)) <input type="checkbox"/> MICRO SIP									
<b>Scheme Name/Plan/Option/ Dividend Frequency</b>											
<b>Payment Mechanism</b> (Please ✓ any one)		<input type="checkbox"/> <b>Post Dated Cheques</b> (Please provide the details below)									
		<input type="checkbox"/> <b>SIP Direct Debit/ NACH</b> ( Please complete SIP Direct Debit/NACH Registration cum Mandate Form)									
<b>Frequency</b> (Please ✓ any one)											
<input type="checkbox"/> <b>Weekly SIP (1<sup>st</sup>, 8<sup>th</sup>, 15<sup>th</sup> and 22<sup>nd</sup>)</b>		<input type="checkbox"/> <b>Monthly SIP (Default)</b>									
<input type="checkbox"/> <b>Quarterly SIP</b>											
<b>SIP Date</b> (for Monthly & Quarterly) (Please ✓)											
<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)											
<b>SIP Tenure</b>											
From <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>		D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years    OR <b>No of SIP Installments</b> <input type="text"/>	
D	D	M	M	Y	Y	Y	Y				
To <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>		D	D	M	M	Y	Y	Y	Y	OR <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetual (Select any one)	
D	D	M	M	Y	Y	Y	Y				
<b>Cheque(s) Details</b>											
No. of Cheques		SIP Installment Amount (in figures)									
Cheque Nos											
<b>Cheques drawn on</b>											
Name of Bank & Branch											

**SWP / STP FACILITY REQUEST**

<b>Systematic Withdrawal Plan (SWP)</b>		Scheme / Plan		SWP installment amount (Rs.)		Amount (in words)		<b>Frequency</b> (Please ✓ any one)																	
								<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> & 22 <sup>nd</sup> ) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annual																	
		SWP From <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>		M	M	Y	Y	Y	Y	SWP To <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>		M	M	Y	Y	Y	Y								
M	M	Y	Y	Y	Y																				
M	M	Y	Y	Y	Y																				
		SWP Date <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)																							
<b>Systematic Transfer Plan (STP)</b>				<b>STP Facility Request</b> (Please ✓ any one)		<input type="checkbox"/> Regular STP <input type="checkbox"/> CASTP <input type="checkbox"/> Flex STP																			
		From (Scheme)				To (Scheme)																			
		Scheme				Scheme																			
		Plan (✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct				Plan (✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct																			
		Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend				Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend																			
						Dividend Facility(✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer																			
						In case of Dividend Transfer facility, please mention target scheme along with plan/option.																			
						<b>Scheme / Plan / Option</b>																			
<b>STP Frequency &amp; Enrolment Period</b> (Please ✓ any one)		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly		<b>STP Installment Amount (Rs.)</b>		STP From <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>		D	D	M	M	Y	Y	Y	Y	STP To <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																		
D	D	M	M	Y	Y	Y	Y																		

**CHANGE OF ADDRESS FOR NON-KYC FOLIOS (Identity and Address proof mandatory)**

<b>Local Address of 1st Applicant</b>			
Landmark			
City		Pin	
State			
Address for Correspondence for NRI Applicants only ( Please (✓) ) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>			
<b>Foreign Address</b> (Mandatory for NRI / FII )			
City			
Country		Zip	

**DECLARATION** I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that (i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the Fund") is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time; (iii) the monies invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We am/are aware that a U.S. person (within the definition of the term 'US Person' under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/resident of Canada; (v) the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us; (vi) \* as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) \*\* I/We am/are Non Resident of Indian Nationality/Origin and that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account; (viii) \*\*\* I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand); (ix) all information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting; (x) that we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same; (xi) I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; (xii) Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency;

\* Applicable to other than Individuals / HUF; \*\* Applicable to NRIs; \*\*\* Applicable to "Micro investments"

<b>SIGNATURE(S)</b>		
Applicants must sign as per mode of holding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1st Applicant/Guardian/ Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory
Date	Place	

-----TEAR HERE-----

All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

<b>Investment Manager :</b> 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	<b>Registrar:</b> 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
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