

A PARTNER FO	R LIFE			APPLICA	ATION NO.	S-1710/
CC	MMON AP				(Please fill in BLOCK Letter	s)
ARN & Name of D	istributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker (Code EUIN* (Employee Unique Identification Nu	Reference No.
We hereby confirm that the E	UIÑ box has been	intentionally left blank by me/u		ction without any intera	ction or advice by the employee/relationship ma ributor and the distributor has not charged any a	
GNATURE(S)						
		ian / Authorised Signatory the investor to the AMFI		thorised Signatory he investors' assessn	3rd Applicant / Authorient of various factors including the service	
case the subscription a	mount is Rs. 1	0,000/- or more and if yo		ive Transaction Cha	arges, Rs. 150 (for first time mutual fund	
XISTING FOLIO N	1	investor) will be deducte	d from the subscription amount	NAME	stributor. Units will be issued against the	e balance amount investe
FIRST APPLICAN						
r. / Ms. / M/s.)	adhaar Card)					
me of Guardian case of Minor)						
lationship of Guardiar		Mother Legal		1	ing the relationship of Minor with Guardian]	1
close KYC Acknowledgement)				Date of Birth AADHAAR No #		<u>Y</u>
YC Identification No.)					Telephone (O)	
obile No. @					Telephone (R)	
Country	Code					
rrespondence dress of S						
у						
<u> </u>		State			TIME STAME	
	for Correspond	lence for NRI Applicants on	ly (Please (✔)) Indian by Default	Foreign		
oreign Address						
ty						
MODE OF HOLDII	NG (Please »	/)	Country			
Single	Jo	oint A	Anyone or Survivor			
JOINT APPLICAN	DETAILS	Second A	oplicant		Third Applicant	
AME (Name should be as PAN / Aadhaar Card)				1		
close KYC Acknowledgement						
YC Identification No.)						
	INT (Per O	out) Dataile of Fire	t Applicant (II)			
P4. BANK ACCOU me of Bank	JNI (Pay C	Dut) Details of Firs	Applicant (Mandatory to atta	ch bank account proof in	case the payout bank account is different from the	source/investment bank accour
anch Name						
d Address						
у					Pin	
count No.	1 1		1 1 1		Account Ty Savings NRO	pe (Please ✓)
S Code			(Please prov	ride a copy of CANCELLEI		Others_
digit MICR Code						
SBI MUTUAL FUND	Sponsor: State Envestment Mana A Joint Venture b	Bank of India a ger : SBI Funds Managemer etween SBI & AMUNDI)	nt Pvt. Ltd. ACKNOWLE To be filled in b	DGEMENT SLI y the Investor	P APPLICATION NO.	
To be filled in by the Fi						Signatur Date 8
Scheme Name	Plan	` ' ' ' '		ie/ DD Amount (Rs.) Bank and Branch Cheque / DD	
	∐ R€	egular 🔲 Growth 📗 🛭	Reinvestment 🔲 Payout			

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) Countr	,			han "India" ? cond Appli			Third Applicant		
© Yes	No	viiiior)	Ç ⊕ ∏Yes		No				
If "YES", please provide	e the follow	<i>i</i> ing information (mandatory):						
Details		First Applicant	(including Mi	inor)	Second Applica	ant	Third Applicant		
Country of Birth									
Place/City of Birth									
Nationality									
Country of Tax Residence	y 1								
Tax Payer Ref. ID No^									
Identification Type [TIN or Other, Please specify]									
Country of Tax Residence	y 2								
Tax Payer Ref. ID No.2									
Identification Type [TIN or Other, Please specify	']								
Country of Tax Residence	су 3								
Tax Payer Ref. ID No. 3									
Identification Type [TIN or Other, Please specify	'l								
^ In case Tax Identification Nurthis to the form. (Please attack							please provide an explanation and attach t details)		
6. INVESTMENT AN	D PAYMEN		ant Dian (CID)	(Diagon subs	mit CID Forelment 9 OTh	4. Forms)			
		Systematic Investm	ent Plan (SIP)	(Please subi	nit SIP Enrolment & OTN	vi Form)			
Scheme Name					(D::) IT (
Plan (Please ✓)	Regula		irect		In case of Dividend Transf	ntion target scheme along with plan/option.			
Option (Please ✓)	Growth	<u></u> _	vidend Frequency Scheme / Plan / Op			1			
Dividend Facility (Please ✓)	Reinve	stment P	ayout	Transfer					
Payment Mode	Cheque			Declaration Mandatory)					
Cheque / D.D. No. 8	& Date	Cheque / DD Amount (Rs.)		Drawn on Bani			Branch		
7. TAX STATUS (Please Resident Individual	√)				Covernment Res	ı			
Resident Individual Resident Minor (through 0	Guardian)		and Retirement Fi	und	Government Boo	iy	NGO		
NRI (Repatriable)	addi didii)		mited Company	Trust			LLP		
NRI (Non-Repatriable)			imited Company	NPS Trust			PIO		
NRI- Minor (Repatriable)		Body Co	rporate		Fund of Fund		NPO [Please specify]		
NRI – Minor (Non-Repatria	able)	Partners	hip Firm	Gratuity Fund					
Sole-Proprietor		FII / FPI			AOP		Others (1)		
HUF		Bank			BOI		[Please specify]		
8. DEMAT ACCOUNT D					_	_			
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					ame				
DD ID No.				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 c	connection wi	th this application s			Registrar or the Inves	ment Manager			
Investment Manager : Registrar:									

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

SBI Funds Manager:
SBI Funds Managerent 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

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 PERS	SONAL INFORMATION	ON – (Plea		ont	Second Applicant					
Gender		Male	First Applic		_			Male	Third Applic	
Father's Name		Iviale	Female	Other	Male	Female	Other	iviale	Female	Other
Spouse's Name	•									
Date of Birth		D D	MMY	YYY	D D N	M Y	YYY	D D	M M Y	YYY
Occupation (Please 🗸)		Private	nment Service Sector Service Sector Service	Business Agriculturist Retired Housewife Forex Dealer	_		Business Agriculturist Retired Housewife Forex Dealer	Private 9	onal [nent Service [Sector Service [ector Service [Business Agriculturist Retired Housewife Forex Deale
Gross Annual I	ncome in Rs.	Below	1 Lac	1-5 Lacs	Below 1 La	ac	1-5 Lacs	Below 1	Lac	1-5 Lacs
(Please ✔):		5-10 L		10-25 Lacs	5-10 Lacs 25 Lacs -	1 Cr	10-25 Lacs	5-10 La	_	10-25 Lacs
	_	25 Lac	cs - 1 Cr.	> 1 Cr.	25 Lacs -	1 01.	> 1 Cr.	25 Lacs	- 1 Cr. [> 1 Cr.
OR Networth in										
Networth as of	date	D D	MMY	YYY	D D M	I M Y	YYY	D D	MMY	YYY
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	Resident	tial Business	Reg. Office	Residential	Business	Reg. Office	Residenti	al Business	Reg. Office
10. NOMINATION single holding, Non	I: I wish to nominate the nination is mandatory. I	e following lowever, in	case you do not	wish to nominate	n the event of n please sign in p	point 11)		4/2011, for in		's applying with
Name of the Nomin	iee		Nominee 1			Nominee 2	!		Nominee 3	
Name of the Guard (In case Nominee is Mi	ian									
Percentage (Mandate	ory if more than one Nominee	÷)								
Relationship with N	lominee	<u> </u>								
Date of Birth* (Mane	datory if Nominee is Minor)	D D	M M Y	YYY	D D N	Л М Y	YYY	D D	MMY	YYY
Signature of Nomin (*Mandatory in case of N		\otimes			⊗			\otimes		
11. NOMINATION	N: I do not wish to no	ominate ar	ny person at th	ne time of makir	ng the investm	nent.				
Signature										
12.INSTITUTION	NAL INVESTORS A	DDITION	AL INFORMA	TION						
Name of Contac	ct Person									
1	d / providing any of the	•		_	•		Services (e.g. Ca	sinos, Betting	g 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.										
(i) IWe have not received sources and is not held or from time to time; (iii) the Person' under the US Set of trail commission or any of Association of the Com IWe am/are Non Resider *** IWe do not hold a Pen 12 months period or finan and IWe shall be liable in provided by me/ us, includagencies including but no on a need to know basis, be required by you from tim and documentation from the Fund may be obliged the propriate withholding from the Fund may be obliged the FATCA/CRS Instructive Terms and Conditions be * Applicable to other than # I/We hereby provide my/or the Fatby provide my/or the prov	We confirm that the infor been induced by any rebate to designed for the purpose of comonies invested by me in the socurities laws) / resident of Canarother mode), payable to him/he inpany, Bye laws, Trust Deed or not of Indian Nationality/Origin and manent Account Number and hoial year does not exceed Rs. Encase any of the specified informing all changes, updates to such thimited to SEBI, the Financial I without any obligation of advisine to time; (xii) Towards complia investors. I/We ensure to advisions have information on my accoom the account or any proceeds count(s) and (e) I/We understain ons) and hereby confirm that the low and hereby accept the sar Individuals / HUF; ** Applicaby / /our consent for (i) collecting, sur consent for sharing/disclosing the same in my/our folios.	or gifts, directly ontravention of a chemes of the F chemes of the F of the differen Partnership De d that funds for Indid only a single 50,000/- (Rupee mation is found h information as Intelligence Uning with tax infoe e you within 30 unt with relevan in relation there in the the Information pene (xiii) If the nole to NRIs; *** A toring and usage to the the source of the to the source of the the Information prome. (xiii) If the nole to NRIs; *** A toring and usage the source of the Information prome.	or indirectly, in making any act, rules, regulating any act, rules, regulating any act, rules, regulating any act, rules, regulating and and resolutions pathe subscriptions have le PAN Exempt KYC Fees Fifty Thousand); (ix do be false or untrues and when provided buit-India, the tax/revenues and when provided bush and buit-India, the tax/revenues and the tax authorities; (c) IWeto; (d) as may be required to contain the Applicable to "Micro in the Applicable to "Mi	this investment; (ii) the ions or any statute or le or or any statute or le or provisions of Foreign the Fund and I/We are of various mutual funds used by the Company been remitted from ab Reference No. (PEKRN) all information providor misleading or misre y me/ us to the Fund, its use authorities in India o keep you forthwith info such as FATCA and CF any change in any info We am aware that the Fired by domestic or oveict my tax advisor for an his Form including the tolication is not matching nvestments"	amount invested/to begislation or any othe Contribution Regula Marare not a U.S. pers from amongst whice if Firm / Trust, I/We a road through approved in this application or seenting; (x) that versions about the Fund may also be requested in this application or seenting; (x) that versions in the Fund may remation provided; (bund may also be requeseas regulators/tax: yequestions about may appayer identification g PAN/Aadhar card, g my/our Aadhaar n	pe invested by me er applicable laws titons Act ("FCRA on/resident of Ca h a scheme of the m/are authorised red banking chann gistration Agency form together wit we authorize you ta tees, their employ ever it is legally re it any changes/m to a required to see b) In certain circun uired to provide inf authorites, the Fu quyloritex residenc n number is true, application may umber(s) in accor	vius in the scheme(s) of or any notifications, di vi"); (iv) IWe am/are awanada; (v) the ARN hole Fund is being recomm It to enter into the transanels or from my/our Nor and also confirm that this annexures is/are to disclose, share, remyees/RTAs or any India quired and other such isodification to the informed and other such isodification to any institution may also be constrately; (f) I have understood correct, and complete. liable to get rejected outdance with the Aadhaaanies of SEBI registered	SBI Mutual Fund rections issued by are that a U.S. pe ler has disclosed ended to me/us; ctions for and on a Resident Extern he aggregate of I use and correct to it in any form, monor foreign gover regulatory/investiation provided on a such as withined to more that the withhold a late of the Fund does not in a such as within the discontinuation of the fund formation of a laso confirm that further transactions.	("the Fund") is derived any governmental carson (within the defir to me/us all the common to me/us all the common all/Ordinary account/lump sum and SID the best of my/our kilde or manner, all/armmental or statutory of gation agencies or sur any other addition and receive a valid self-concluding agents for the mol pay out any sumstead in the properties of the mole pay out any sumstead in the mole pay of the mole pay out any sumstead in the mole pay out any sumstead in the mole pay of the mole pay out any sumstead in the mole pay of the mole pay	ed through legitimate or statutory authority intiso of the term 'US insisons (in the form insisons (in the form insisons (in the form insisons (in the form insisons (in the form in the form in the form information or judicial authorities/ uch other third party, uch other third party, understand from me) purpose of ensuring from my/our account the form (read along with derstood the FATCA get rejected
must sign)	1st Applicant / Guardia		lood Clarate	⊗ 2nd Applie	ant / Authanta	d Ciancte	⊗ 30	i Annlice+ ′	Authoricad Of	
Date	1 st Applicant / Guardia	n / Authoris	sed Signatory	2 nd Applica	ant / Authorised	d Signatory Place	3"	Applicant /	Authorised Sigr	ıatory

