

	APPLICATE (CALLETTE ONLY)	TION FORM	F	OR NEW INVEST (Please use financi	ORS - FRESH PUR	RCHASE ONLY
Name & ARN C RIA Code** / F		Branch Code (Only for SBG)	Sub-Broker ARN Code	Sub-Broker Code .	EUIN* (Employee Unique Identification Number)	Employee/ Reference No.
ARN-146	262					
* I/We hereby confirm th manager/sales person o and the distributor has n	at the EUIN box has been f the above distributor or ot charged any advisory	n intentionally left blank by m notwithstanding the advice of fees on this transaction.	e/us as this is an "execution of in-appropriateness, if an arrange of the second secon	on-only" transaction without ny, provided by the employe	egistered Investment Adviso any interaction or advice by the el/relationship manager/sales ur transactions in the scheme	ne employee/relationship person of the distributor
SIGNATURE (S)	1⁵¹ Holder/Authori	sed Signatory/Guardian	2 <sup>nd</sup> Holder/Au	thorised Signatory	3 <sup>rd</sup> Holder/Auth	norised Signatory
	SEC	TION I - INDIVID	LIAI INVESTOR	R / SOLE PROPI	RIETOR	1/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2
Investor Details		cant/Minor	T	pplicant	3 <sup>rd</sup> App	licant
Investor Name (As per Income Tax)						
PAN Number						
Date of Birth	DD/M	M/YYYY	DD/M	M/YYYY	D D / M M /	YYYY
(As per Income Tax) Guardian Details				ip with Minor	Relationship Pro	oof attached
(In case of Minor)	Guard	lian Name	☐ Father ☐ Mothe	er	☐ Birth Certificate ☐	Passport
(Please fill details as per Income Tax)	Guar	dian PAN	Guardian Date of Birth	DD/MM/YYYY	☐ Aadhar Card ☐	Court Order
Mode of Holding	Single	☐ Joint	Anyone or Survivo	r(s) (Joint appl	icants not allowed in case	of Minor investment)
CKYC Number (KIN)	i we belong t					
	Resident Individua	Resident Minor	Resident Individua	□ PIO	Resident Individual	PIO
<b>-</b>	☐ NRI (Repatriable)	☐ NRI (Non Repatriable)	NRI (Repatriable)	☐ NRI (Non Repatriable	☐ NRI (Repatriable) ☐	] NRI (Non Repatriable)
Tax Status	☐ NRI - Minor (Repatriable)	□ NRI - Minor (Non Repatriable)				
	PIO	Sole Proprietor (Please	se attach GST Certificat	e)		
Power of Attorney (	POA) Details - If ap	plicable	in the second of	Y San		the way of
POA Holder Name						
PAN of POA Holder	To Alexan					
POA copy attached						
		SECTION II	NON - INDIVIDU	AL INVESTOR	Commission of the commission o	×.
Investor Name	Jer Security (printed above of a function of the internation of the		A CONTRACTOR			
(As per Income Tax)			Date of Incorporation (As per Income Tax)	DD/MM/YYYY	CKYC Numbe	er (KIN)
Contact Person Name		Bition by Indian Inc.			And the same of th	
Legal Entity Identifier (LEI Copy to enclosed)	LE	I No.	Validity D [	D/MM/YYYY	Note: LEI code mandatory is equal to or exceeds ₹ 5	
	Partnership Firm	Private Limited Comp	any AOP	□ NPO*	Bank & Institutions	
Tax Status of Entity	HUF	Public Limited Compa	ny BOI	□ NGO*	Gratuity Fund	
	LLP	Government Body	FOF	☐ Trust*	Body Corporate	
	☐ FII/FPI	Pension & Retirement	Fund Society*	☐ NPS Trust*	Others	
*NPO Declaration: (Mandatory for Trust & Society) (Please attach Darpan Certificate)	We are falling under "Non Act, 1961 (43 of 1961), and under the section 8 of the If not registered, please rethe portal as mandated, will aware that we may be lia	-Profit organisation (NPO) whit I is registered as a trust or a so Companies Act,2013 (18 of 201 pister immediately and confirm v perever applicable will force MF	ch has been constituted for ciety under the Societies Re 3). with the above information to a /AMC to register your entity roses as required under the most services as required under the most services.	gistration Act,1860 (21 of 1860 avoid non processing of applica arme in the above portal and m aspective statutory requiremen	rpan Portal referred to in clause (15) of sec ) or any similar State Legislation tions. Failure to get above confirm ay report to the relevant authoriti t and authorise you to deduct si	or Company Registered nation or registration with
	is the entity involved	providing any of the follo	owing service(s):		YES	NO
Other Details	For foreign exchange/	money changer services				
	Money Lending/Pawni	ng	and the second of the second		er er er er er er	State of the Contract of the C
	Gaming/Gambling/Lott	ery services (eg Casinos/b	etting syndicates)			
Networth in Rs. (Not older than 1 year) Mandatory	Rs.				As on DD/MM	YYYY
	dual Investors she	ould mandatorily fill	separate FATCA/	CRS & UBO Form (	Annexure - I) along w	ith this form.

		SECTION III -	CONTACT & B	ANK DETAILS	verseas Address	Comments of the State of the St		
		orrespondence Addres	5	(Mandato	ry for NRI/PIO/FII applic	ant)		
		ddress as per KRA record			and the state of t	the second contract contract to the property of the property o		
Address for						Zip		
Communication	City/Town		Pin	City/Town		Country		
	State		Country	State		Tel. (Off.)		
	Tel. (Res.)		Tel. (Off.)	Tel. (Res.)	Bank Account No.			
	Ton (ites.)	Bank Name				IICR (9 Digit)		
Bank Details		Branch Name		IFSC.		Pin code		
(Please attach Bank Account proof)		Branch Address		City	Others			
	A/C Type Savin	ngs Current	NRO	☐ NRE ☐ FCNI		pplicant		
Contact Details		cant/Minor	2 <sup>nd</sup> A	pplicant	Country Code -			
Mobile Number	Country Code -		Country Code -	av ildran	Self	Dependent Childre		
	Self	Dependent Children	Self	Dependent Children	Spouse	☐ Dependent Parent		
Given Mobile Number	Spouse	Dependent Parents	Spouse	Dependent Parents	Guardian	Dependent Sibling		
Pertains to	Guardian	Dependent Sibling	Guardian	Dependent Sibling	Custodian	☐ POA ☐ PMS		
	Custodian	□ POA □ PMS	Custodian	POA PMS				
Email ID					77-16	Dependent Childre		
	Self	Dependent Children	Self	Dependent Children		Dependent Childre		
	Spouse	Dependent Parents	Spouse	☐ Dependent Parents	Spouse	Dependent Sibling		
Given Email ID Pertains to	Guardian	Dependent Sibling	Guardian	Dependent Sibling	Guardian	POA PMS		
	Custodian	POA PMS	Custodian	□ POA □ PMS	Custodian	and the second of the second o		
	and the second s	und the same of th	IV - INVESTME	NT DETAILS				
150		Cardinal and a second	Customatic Invest	ment Plan (SIF)	Lumpsum with S (Please Attach SIP &	OTM Form)		
Investment Type	Lumpsum Investn	nent	(Please Attach SIP & C	onmo 2	Sc	heme 3 te cheque for each Scheme)		
Scheme Details	Sch (Please provide separate	neme 1 e cheque for each Scheme)	(Please provide separa	te cheque for each Scheme)	(Please provide separa	ic chique ior cush continu		
						•		
Scheme Name				T = -	Regular	Direct		
Plan	Regular	Direct	Regular	Direct Direct	Growth	DCW (Dividend		
Option	Growth	☐ IDCW (Dividend)	Growth	DCW (Dividend)	Payout	Reinvest		
	☐ Payout	Reinvest	Payout	Reinvest e you wish to transfer	- "-	e you wish to transfer amount to other scheme)		
IDCW Facility	Transfer (In case	you wish to transfer mount to other scheme)	I Transier IDCW	amount to other scheme)		heme Name		
		neme Name	To Sch	eme Name	Plan	Option		
IDCW Transfer Details	Plan	Option	Plan	Option	ASSESSMENT OF THE PROPERTY OF	IDCW Frequenc		
(If selected IDCW transfer)	IDCW Facility	IDCW Frequency	IDCW Facility	IDCW Frequency	IDCW Facility	Weekly		
	☐ Daily	Weekly	☐ Daily	Weekly	Daily	Monthly		
IDCW	Fortnightly	☐ Monthly	Fortnightly	Monthly	Fortnightly	Annual		
Frequency	Quarterly	☐ Annual	Quarterly	Annual Annual	Quarterly	i L		
Payment Details	Cheque No. / UT	R No./ Reference No.	Cheque No. / UT	R No./ Reference No.	Cheque No. / UTR No. / Reference No.			
(Cheque in favour of Scheme Name)		D/MM/YYYY	Cheque Date	DD/MM/YYYY	Cheque Date DD/MM/YYYY			
Amount in Rs.						AN INC.		
Amount in Words			Pos	nk Name	Ba	nk Name		
	Bar	nk Name		nch Name		nch Name		
Drawn on		ich Name		k A/c No.	The state of the s	k A/c No.		
	Ban	k A/c No.	Cheque	RTGS/NEFT		RTGS/NEFT		
	Cheque	RTGS/NEFT	Fund Transfer	OTM	Cheque	□ OTM		
Payment Mode	☐ Fund Transfer	OTM			Fund Transfer	Demat Account Staten		
DEMAT Details		Depository Participant Na		Proof Attached	Latest Client Master ository Securities (Ind	In Limited (CDSL)		
(Please provide		Securities Depository Lin		Central Dep				
wish to hold units in / under Demat)	D		n form should be as pe		Beneficiary Accou	nt No.		
A TO A CONTRACT OF THE PARTY OF								

FATCA & CRS	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Country of Birth	remaininement annexistation remainine dissolution—an and dissolution is controlled the state of the Section of Astronya Agricus and Section 1997 (Section 1997).	es de presión de Artigos (Artigos (Artigos Artigos Art		
Place/City of Birth	Anton even also nonemore reviewe on accommendate a register for the Variable of Anton Comments (April 2) will be of the comments (April 2) wil	akurando wakitoni, goju katu unio esino mesisti di katu mangaban sa kama politi anamanda di mesisti di pelamban sa kama na kama		Control Control (Control Control Contr
lationality	materia, no se francés demandos demandos monerários entre contrar de constituiros de porte entre este entre de contrar quindo de contrar de con	(Be-Access Foliate Access (Access Access Acc		
s the applicant(s) Country of Birth/ Jationality/Tax Residency other nan India	[] Yes [] No	Yes No	Yes No	Yes No
Commence of the Commence of th	following information:			
country of Tax desidency 1				
dentification Type				
ax Payer Ref ID No.				
Country of Tax Residency 2				
dentification Type				
ax Payer Ref ID No.				
Country of Tax Residency 3				
dentification Type				
Tax Payer Ref ID No.			u I I I I I I I I I I I I I I I I I I I	issued inlease provide an
ote: In case Tax Ident	ification Number is not available, kindl	y provide its functional equivalent. If no nal sheet if necessary and mention all	countries in which applicant is a tax re	esident and provide relevant details)
xpidilation and attach			The second secon	
	SECTION	VI - OTHER PERSONA	AL IMPORTANTION	
Other Information	1 <sup>st</sup> Applicant/Minor	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian  Male Female Other
Sender	Male Female Other	☐ Male ☐ Female ☐ Other	Male Female Other	Male Female Other
ather's Name	and the last of the second second second	A CONTROL OF THE CONT		
pouse Name			<u> </u>	□ □ □ □ C to □ □ Bublic Control
	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector	Private Sector Public Sector	Private Sector Public Sector Government Doctor
	Government Doctor	Government Doctor	Government Doctor	Service Doctor
	Business Professional	☐ Business ☐ Professional	Business Professional	- Business - Treatment
<b>Decupation</b>	Agriculturist Retired	Agriculturist Retired	Agriculturist Retired	Agriculture Retired  Student House Wife
	Student House Wife Others (Please Specify)	Student House Wife Others (Please Specify)	☐ Student ☐ House Wife ☐ Others (Please Specify)	Others (Please Specify)
	The second secon		☐ Below 1 Lac ☐ 1-5 Lacs	Below 1 Lac 1-5 Lacs
	☐ Below 1 Lac ☐ 1-5 Lacs	Below 1 Lac 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 10-25 Lacs	5-10 Lacs 10-25 Lacs
Gross Income Range (in Rs.)	☐ 5-10 Lacs ☐ 10-25 Lacs	5-10 Lacs 10-25 Lacs	25 lacs - 1 Cr 1-5 Cr	25 lacs - 1 Cr 1-5 Cr
	☐ 25 lacs - 1 Cr ☐ 1-5 Cr	25 lacs - 1 Cr 1-5 Cr		5-10 Cr  > 10cr
)R	☐ 5-10 Cr . ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr	5-10 Cr  > 10cr .	
Networth in Rs. Not older	Rs.	Rs.	Rs.	Rs.  As on DD/MM/YYYY
han 1 year)	As on DD/MM/YYYY	As on DD/MM/YYYY	As on DD/MM/YYYY	Yes No
Politically Exposed Person (PEP)	Yes No	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP	Related to PEP
Type of Address	Residential Business	Residential Business	Residential Business Registered Office	Registered Office
given at KRA	Registered Office	Registered Office	Tregistored Cities	Cor
D CDIMITIAL	EIIND	ACKNOWLEDGMEN	NT SLIP API	plication No.:
SBI MUTUAL A PARINER FO	DR LIFE	ACVIACAAFEDGIAFE	ARN No.:	EUIN No.:
lame of the Investor			Scheme Name:	
		Amount:	Plan: Regular Direct	Option: Growth DCV
A STATE OF THE STA				
nvestment Details	Date: DD/MM/YYYY	Amount		
nvestment Details	Date: DD/MM/YYYY  Cheque/UTR No.:	Amount		, Date & Stamp

	SECT	ION VII - NOMINATION	DRY)
Nomination (Applicable for individual Investors		aon(s). (ALL THE BELOW FIELDS ARE MANDATO OPT Out (Please sign Declaration for No Nominati Nominee 2	on) # Nominee 3
except Minor) Nominee	I/We do not wish to Nominate - Nominee	Nominee 2	Mountag 9
Detalls	Nominee 1		
Name of the Nominee  PAN of Nominee (Optional)		- Control of the Cont	
Allocation% (Total of			
allocation% should be 100%) Relationship of			
Nominee with investor		The state of the s	DD/MM/YYYY
Nominee Date of Birth (Mandatory if Nominee is Minor)	DD/MM/YYYY	DD/MM/YYYY	
Guardian Name (In case Nominee is Minor)			
Nominee/Guardian Address			Mobile No.
Nominee/Guardian	Mobile No.	Mobile No.	Email Id
	Email Id	Email Id  Aadhar (last 4 Digits)	PAN Card Aadhar (last 4 Digits)
Identification Details of Nominee/Guardian	PAN Card Aadhar (last 4 Digits)	L PAR Out	Passport(NRI/PIO/OCI) Driving Licence
(in case of Minor)- Please tick any one Option	Passport(NRI/PIO/OCI) Driving Licence	Passport(NRI/PIO/OCI) Driving Licence	Identification Number
Please mention ID Number of the opted Option	Identification Number	Identification Number r nominee(s) for my/our mutual fund units held in my/our folio th of all the account holder(s), my/our legal heirs would need	and understand the issues involved in non-appointment
# Declaration for No Nomination:	I/we hereby confirm that I/We do not wish to appoint any of nominee(s) and further are aware that in case of deat other competent authority, based on the values of assets	s held in my/our mutual fund folio.	3rd Applicant
Signature(s) (All Applicants must Sign)	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	
If the account holder	affixes thumb impression instead of signature,	, Please use separate nomination form.	as follows: (please tick, as appropriate)
I / We want the details	of my / our nominee to be printed in the States	ment of Account, provided to me / us by the AMC	ils and Percentage (Default Option)
☐ Name of No	ominee(s) with Details and Percentage	e Nomination without Detail	is and recently (
that (I) I'We have not recurse is derived through legitimate is sued by any governmental cardiance is sued by any governmental cardiance is desired in the subscription of the subscriptio	I wish to receive scheme wise annuary that the information provided in this form is true & accurated or been induced by any rebate or gifts, directly or indirectly, sources and is not held or designed for the purpose of control or statutory authority from time to time. (iii) The monies invest or statutory authority from time to time. (iii) The monies invest of the term that the commission of the term that the commission of the term of the term that the commission of the term of the	tment, scheme-wise annual report or abridged surthe above in physical form, please tick below be all report or abridged summary through physical in making this investment. (ii) The amount invested/to be invest avention of any act, rules, regulations or any statute or legislation by me/us in the schemes of the Fund do not attract the proverted by me/us in the schemes of the Fund do not attract the proverte US Securities laws) / resident of Canada are not eligibions (in the form of trail commission or any other mode), pays (vi) *As per the Memorandum and Articles of Association of e transactions for and on behalf of the Company/Firm/Trust. (vi) ing channels or from my/our Non. Resident External/Ordinary aby KYC Registration Agency and also confirm that the aggrebial year per AMC (Applicable for *Micro Investments* only). (its shall be liable in case any of the specified information is found to statutory or judicial authorities/agencies including but such regulatory/investigation agencies or such other third partyles/modification to the information provided or any other additional contents.	eme related documents and I/We hereby confirm and declared by me/us in the scheme(s) of SBI Mutual Fund ("the Fund" on or any other applicable laws or any notifications, directions risions of Foreign Contribution Regulations Act ("FCRA"), (whe for investments with the Fund and I/We am/are not a US ble to him/her for the different competing schemes of vanout the Company, Bye laws, Trust Deed or Partnership Deed an (i) "I/We am/are Non Resident of Indian Nationality/Orgin and account/ FCNR Account. (viii) I/We do not hold a Permanel agate of lump sum and SIP installments in a rolling 12 month of the provided of the provided of the provided of the provided by me/us to the Fund such information as and when provided by me/us to the Fund not limited to SEBI, the Financial Intelligence Unti-India, the provided to Meland and the provided of advanced to the provided of the provided by me/us to the Fund to the medium of the provided of the provided by me/us to the Fund to the medium of the provided by me/us to the Fund to the provided of the provided by me/us to the Fund to the fund to the provided provided by me/us to the Fund to the fund to the provided provided by me/us to the Fund to the fund to the provided provided by me/us to the Fund to
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documentation from linesus self-certification from me) the such as withholding agents for Fund may also be constrained about my/our tax residency. I including the tax payer identification to the prossession, due to inaccuratifiable to get rejected or furthe under clause (Section IV) of the above declara  Signature(s)  (All Applicants must Sign)	n sx information status, and the same information on my account we refund may be obliged to share information on my account we first the purpose of ensuring appropriate withholding from the of the withhold and pay out any sums from my/ our account or of the first the same information requirements of this for fication number is true, correct and complete. I also confirm the environment of the same information or false self-certifications provided under the Incomment of the same information or false self-certifications provided by unit hold or transactions may be liable to get rejected. By using this applied form. Sapplicable to other than Individuals/HUF; @Apmoderstood & agree to the terms & contion. I/We hereby confirm that the information in the same information of the same information. In the same information of the same information of the same information. In the same information of the same information of the same information. In the same information of the same information of the same information of the same information. In the same information of the same informat	The Fund may be required to seek accounting personal, taxe be any change in any information provided: (b) in certain c with relevant tax authorities. (c) I/We am aware that the Fund account or any proceeds in relation thereto. (d) As may be received in the result of t	and beneficial owner information and certain certifications and ircumstances (including if the Fund does not receive a valimay also be required to provide information to any institution, quired by domestic or overseas regulators/ tax authorites. It is marked to entact my tax advisor for any question confirm that the information provided by me/us on these tom ons below and accept the same. (xiii) I/We understand that penalty from the unit holder(s) or retain out of any money in the penalty from the unit holder(s) or retain out of any money in the which will be invested as per the option selected/mentioned the respective Scheme(s) along with orm is true, correct and complete.  3rd Applicant Authorised Signatory - Affix Rubber Stamp Place:
documentation from investing self-certification from me) the such as withholding agents for Fund may also be constrained about my/our tax residency. Including the tax payer identification in the such as the suc	is. I/We ensure to advise you within 30 days should there is Fund may be obliged to share information on my account we fund may be obliged to share information on my account or the purpose of ensuring appropriate withholding from the of the withhold and pay out any sums from my/ our account or clift in have understood the information requirements of this for fication number is true, correct and complete. I also confirm the environment of the fice information or false self-certifications provided under the incommandation or false self-certifications provided by unit hold en transactions may be liable to get rejected. By using this applied form. Sapplicable to other than individuals/HUF; @Applicant/Sapplican	of the Fund may be required to seek accounting personal, taxe be any change in any information provided. (b) In certain c with relevant tax authorities. (c) I/We am aware that the Fund account or any proceeds in relation thereto. (d) As may be received in the consensus of the personal that I a m (read along with the FATCA/CRS instructions) and hereby hat I have read and understood the FATCA Terms and Conditioner Tax Act, 1961. The MF/AMC has the right to recover this lers. (xiv) If the name/date of birth/date of incorporation given plication, I/We agree to issue a cheque in favour of the schemic plicable to NRI  ditions mentioned in the SID & KIM of ormation provided by me/us on this formation provided by me/us on this formation provided by me/us on the Registrar or the Registrar:  Computer Age Manag (SEBI Registration No.	and beneficial owner information and certain certifications and ircumstances (including if the Fund does not receive a valimay also be required to provide information to any institution, quired by domestic or overseas regulators/ tax authorites. It is marked to contact my tax advisor for any question confirm that the information provided by me/us on these tom ons below and accept the same. (xiii) I/We understand that penalty from the unit holder(s) or retain out of any money in the penalty from the unit holder(s) or retain out of any money in the which will be invested as per the option selected/mentione the which will be invested as per the option selected/mentioned the respective Scheme(s) along with orm is true, correct and complete.  3rd Applicant Authorised Signatory - Affix Rubber Stamp Place:  Investment Manager

customer.delight@sbimf.com

1800 425 5425 / 1800 209 3333 +91-22-62511600/+91-80-25512131

www.sbimf.com

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