

APPLICATION NO.

COM	MON A <u>PPLICATIO</u>	N FOR <u>M FOR EQUI</u>	TY ORIENTED	SCHEMES (Plea	se fill in BLOCK Letters)			
ARN & Name of Dist	Duanal	Code Sub-Broke	r ARN Code Sub		EUIN* (Employee Unique Identification Number)	Reference No.		
	(0)	- /				1		
	box has been intentionally left	blank by me/us as this is an "exe	ecution-only" transaction w		vice by the employee/relationship manager/s			
listributor or notwithstanding the ad	vice of in-appropriateness, if a	ny, provided by the employee/re	lationship manager/sales p	erson of the distributor and	the distributor has not charged any advisory	/ fees on this transaction		
SIGNATURE(S)								
. ,	ent / Cuerdien / Authoria	ad Cignotomy On	Annlicent / Authoric	ad Ciamatamy	Ord Annu lineant / Authoniand	0:		
	ant / Guardian / Authoris	<u> </u>	Applicant / Authoris		3 rd Applicant / Authorised	Signatory		
In case the subscription amou	unt is Rs. 10,000/- or mor	e and if your Distributor h	as opted to receive Tr	ansaction Charges, Rs	. 150 (for first time mutual fund inve	stor) or Rs. 100/- (fi		
		be deducted from the sub		1	Units will be issued against the bala	nce amount investe		
EXISTING FOLIO NO.			NAN					
1. FIRST APPLICANT	DETAILS							
Name (@= (Mr. / Ms. / M/s.)								
(Name should be as per PAN)								
Name of Guardian (in case of Minor)								
Relationship of Guardian	Father Mother	Legal Guardian [Pleas	e mandatorily enclose the d	ocument evidencing the rela	tionship of Minor with Guardian]			
PAN/PEKRN NO.			Date o	f Birth D D	M M Y Y Y			
Legal Entity Identifier (LEI) for Non-Individ	uals			Validity			
KIN I								
(CKYC Identification No.)								
· · ·	Self(default) Spouse	Dependent Children	Dependent Siblir	ng Dependent Pa	rents Guardian PMS 0	Custodian 🔲 POA		
Couptry Code	. ,							
			Felephone (O)	a Dependent Pa	Telephone (R)			
Mobile No. pertains to	Self(default) Spouse			g Dependent Par	rents 🔲 Guardian 🗌 PMS 🔲 C	Custodian 📃 POA		
Correspondence								
Address of Carlor Address of C								
City								
Pin		State						
	Correspondence for NPI A	oplicants only (Please (🗸)) In	adian by Dofault	Foreign				
Foreign Address	correspondence for this Ap	Splicants only (Flease (*)) i						
(Mandatory for NRI / FII)								
City								
Zip		Countr	v					
2. MODE OF HOLDING	(Please 🗸)		·					
Single	Joint	Anyone or Surv	ivor					
3. JOINT APPLICANT	DETAILS			1				
	S	econd Applicant		Third Applicant				
Name (Name should be as per PAN)								
PAN /PEKRN (Finite Content)								
KIN								
(CKYC Identification No.)								
P4. BANK ACCOUN	T (Pay Out) Detail	s of First Applicant	(Mandatory to attach bank	account proof in case the pa	ayout bank account is different from the source	/investment bank account		
Name of Bank								
Branch Name								
and Address								
City					Pin			
Account No.				1	Account Type (P	lease 🗸)		
						FCNR		
IFS Code			(Please provide a co	py of CANCELLED cheque le	af) Current NRE	Others		
9 digit MICR Code								
			AR HERE — — —					
SBI MUTUAL FUND A PARTNER FOR LIFE Inve	nsor: State Bank of India stment Manager: SBI Funds	Management Ltd.			APPLICATION NO.			
(To be filled in by the First	pint Venture between SBI & Al applicant/Authorized Sig	,	To be filled in by the	Investor				
Received from :						Signature Date &		
Scheme Name	Plan (🖌) Optic	on 🖌 🛛 IDCW Facilit		Amount (Rs.) Banl	and Branch Cheque / DD No. 8			
	Regular Gr] Payout					
Attachments	Direct Direct			All purchases are	subject to realisation of cheque / demai	nd draft		
				u	,			

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 o First Applicant (inc	f Birth / N cluding I	Nationality / Tax Residency other than "India" ? Minor) Second Applicant			Third Applicant				
C Yes	No		(j= _)	es	No	C	Yes No		
If "YES", please provide to Details	•	ion (mandatory): cant (including		Second Appl	icant	cant Third Applicant			
Country of Birth									
Place/City of Birth									
Nationality									
Country of Tax Residency 1									
Tax Payer Ref. ID No [^]									
[TIN or Other, Please specify] Country of Tax Residency 2	2								
Tax Payer Ref. ID No.2	<u><</u>								
Identification Type									
[TIN or Other, Please specify] Country of Tax Residency 3	3								
Tax Payer Ref. ID No. 3									
Identification Type [TIN or Other, Please specify]									
							ed, please provide an explanation and attac		
CP6. INVESTMENT AND I									
One time Investment		Systematic In	vestment Plan (SIP)) (Plea	se submit SIP Enrolment & C	OTM Form)			
Scheme Name									
Plan (Please ✓)	Re	gular	Direct		In case of IDCW Trans	fer facility, please m	ease mention target scheme along with plan/option.		
Option (Please ✓)	Gr	owth		Frequen	су				
Income Distribution cum Capital Withdrawal (IDCW) Facility (Please ✓)		einvestment	Payout	🗌 Tran	SferSteen / Plan / Option				
Please refer to Note 28 for detail									
Payment Mode Cheque / D.D. No. & Da		eque	DD (Third Party		ion Mandatory)	Fund Transfer	and Branch		
7. TAX STATUS (Please 🗸)				·					
Resident Individual		Pe	nsion and Retiremen	t Fund	Government E	Body	NGO		
Resident Minor (through Gua	rdian)	Financial Institutions			Society Trust				
NRI (Non-Repatriable)		Public Limited Company Private Limited Company			NPS Trust		PIO		
NRI– Minor (Repatriable)		Body Corporate			Fund of Fund		□ NPO		
NRI – Minor (Non-Repatriable)		Partnership Firm			Gratuity Fund		[Please specify]		
Sole-Proprietor		🔲 FII / FPI			AOP		Others		
			nk		BOI		[Please specify]		
8. DEMAT ACCOUNT DET	-	-	provide below	letaile -	and enclose 🗔 etect (lient Master /	Demat Account Statement		
Please ensure that the seque	ence of n	ames as men	tioned in the appl		form matches with that o	of the account l	held with the Depository Participant		
National Securities Depository Limited (NSDL) Central Depository Services (India) Limited (CDSL) Depository Depository									
Participant Name Participant Name									
DP ID No. I N Beneficiary Account No. Beneficiary Account 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.									
Any communication in connection with this application should be addressed to the Registrar or the Invesment Manager									
Investment Manager : Registrar:									
SBI Funds Management Ltd. TOLL FREE NO : 1800 425 5425/1800 2093333 Computer Age Management Services Ltd., (A Joint Venture between SBI & AMUNDI) ALTERNATE NON TOLL FREE NO.: SEBI Registration No. : INR000002813)									
9th Floor, Crescenzo, C-38	& 39,	,	+91-22-625	11600 / +9	91-80-25512131	Rayala Towers	vers, 158, Anna Salai,Chennai – 600 002		
G Block, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051									
Tel: 022- 61793537 Website: www.camsonline.com Email: customer.delight@sbimf.com									

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9. OTHER PERSONAL I	NFORMATIO	`						1		
		Fi	rst Applic	ant	(NA in ca	Second Ap se of investmen		(NA in cas	Third Appli se of investments	
Gender	[Male	Female	Other	Male	Eemale	Other	Male	Eremale	Other
Father's Name										
Spouse's Name										
Date of Birth			1 M Y	Y Y Y	DD	MMY	YYY		ММҮ	Y Y Y
Occupation (Please ✔)				 Business Agriculturist Retired Housewife Forex Deale 	Private	ment Service Sector Service Sector Service	 Business Agriculturist Retired Housewife Forex Dealer 	Private	ment Service Sector Service Sector Service	 Business Agriculturist Retired Housewife Forex Deale
Gross Annual Income in (Please ✔):	n Rs.	Below 1 Lacs		☐ 1-5 Lacs ☐ 10-25 Lacs ☐ > 1 Cr.	Below 5-10 La		☐ 1-5 Lacs ☐ 10-25 Lacs ☐ > 1 Cr.	Below 5-10 La		☐ 1-5 Lacs ☐ 10-25 Lacs ☐ > 1 Cr.
OR Networth in Rs.										
Networth as of date			1 M Y	ΥΥΥ	D D	ММҮ	Y Y Y	DD	MMY	ΥΥΥΥ
Politically Exposed Pers	son [PEP]	Yes	No	Related to PEF	P Yes	No	Related to PEP	Yes	No	Related to PEP
Type of address given at	KRA	Residential	Business	Reg. Office	e Residen	tial 🗌 Business	s 🔲 Reg. Office	Resident	tial Business	Reg. Office
10. NOMINATION : I/We applying with single ho	wish to no	minate the	e following	g person/s to	receive th	ne proceeds	in the event	of death.	(For individu	al investors
NA in case of investment from			Nominee 1			Nominee		Jease sig	Nominee 3	
Name of the Nominee Name of the Guardian (In case Nominee is Minor) Allocation % (Mandatory if more	than one Nominee)									
(Should note be in decimal)					_					
Relationship with Nominee	mines is Miner)									
Date of Birth* (Mandatory if Nor Signature of Nominee/Guardi			VI IVI Y	ΥΥΥΥ	DID	MMY	ΥΥΥΥ	DD	MMY	ΥΥΥΥ
(*Mandatory in case of Minor Nomine		Cirro	ture of Nomine		Cia	nature of Nomine	o/Guardian			
11. NO NOMINEE DECLA	RATION : I / W								nature of Nominee/ my / our folio and	
issues involved in non-appointn issued by Court or other such o							/ / our legal heirs w	ould need to s	submit all the requ	uisite documents
Signature(s) (ALL Applicants										
must sign) 1st Applica 12.INSTITUTIONAL INV	ant/Guardian/A	-			icant / Authoris	sed Signatory		3 rd Applicant	/ Authorised Sign	atory
Name of Contact Perso	1 1									
Is the entity involved / providi For Foreign Exchange / Money	y Changer Serv	vices	Yes	No	Money Lendir	ng / Pawning	Services (e.g. Ca	asinos, Bettir	ıg Syndicates) [Yes No
NOTE: Non-Individual investo 13. GO-GREEN INITIAT	NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.									
As part of Go-Green initiative, who specifically opt to receive	issuance of ph							stors whose	email id is not a	vailable and
that (i) I/We have not received or beel through legitimate sources and is no governmental or statutory authority for person (within the definition of the ter has disclosed to me/us; (vi) * as per enter into the transactions for and on I channels or from my/our Non Residen and I/We shall be liable in case any o information provided by me/us, includ or judicial authorities/agencies includ agencies or such other third party, on or any other additional information as tax and beneficial owner information to ing if the Fund does not receive information to any institutions such ai tax authorities, the Fund may also be questions about my/our tax residency; the taxpayer identification number is is not matching PAN, application may invested as per the option selected/ as No Nominee declaration at one sin * Applicable to other than Individuals/ SIGNATURE(S)	n induced by any re t held or designed om time to time; (iii m 'US Person' und sisons (in the form or behalf of the Comp t External/Ordinary of the specified info ing all changes, up ing but not limited a need to know ba may be required b and certain certifice a valid self-certific s withholding ageni (f) I have understo true, correct, and c / liable to get reject mentioned under c igle place. Please of	ebate or gifts, dire for the purpose ber the US Securi of trail commission and Articles of any/Firm/Trust; (v v account/FCNR A ormation is found dates to such infe to SEBI, the Fina sis, without any c to SEBI, the Fina sis, without any c oy you from time ations and docum cation from me) th ts for the purposs hold and pay out oo the informatior complete. I also c cted or further tra alause (5) of the f	ectly or indirectly of contravention steed by me in the ties laws) / resid n or any other m isociation of the signification of advi- sociation of advi- sociation of advi- to time; (xi) Tow entation from in- the Fund may be of e of ensuring ap e of ensuring ap enguirements of confirm that I hav unsactions may I	, in making this inve: of any act, rules, r e schemes of the Fur ent of Canada are n ode), payable to him Company, Bye laws Non Resident of In information provided true or misleading or when provided by me e Unit-India, the tax sing me/us of the sa ards compliance with vestors. I/We ensure obliged to share infor propriate withholding my/our account or cl this Form (read alor ve read and understo be liable to get reject to ve the Nomination	stment; (ii) the an egulations or attract i of do not attract i ot eligible for invo /her for the differ Trust Deed or P dian Nationality/C in this application or misrepresenting / us to the Fund, /revenue authorit me; (x) I/ We shan tax information to advise you wi rmation on my ac from the accour ose or suspend n g with the FATCA T ond the FATCA	nount invested/to be y statute or legislati the provisions of For estments with the Fi ent competing schere rigin and that funds n form together with g; (ix) that we authou its Sponsor, AMC, tr ies in India or outsi II keep you forthwitt sharing laws, such a thin 30 days should count with relevant ti ny account(s) and (e VCRS Instructions) a	on or any other appli reign Contribution Reg und and I/We am/are r nes of various mutual d resolutions passed b for the subscriptions h its annexures is/are tr rize you to disclose, s ustees, their employee de India wherever it is in informed in writing at as FATCA and CRS: (i there be any change an elation thereto; (d) e) I/We understand tha and hereby confirm tha s below and hereby a agree to issue a cheq r Declaration. So, that	the scheme(s) o rable laws or ar ulations Act ("FC tot a U.S. perso funds from amor y the Company ave been remittin are remit in ar s/RTAs or any Ir ls legally requirer toout any change a) the Fund may in any information are aware that as may be requ t I am / we are r the information creent the same.	f SBI Mutual Fund (⁶ yn notifications, direr RA ⁿ); (iv) IWe am/a n/resident of Canada rgst which a scheme d form abroad throup the best of my/our I yn form, mode or ma dian or foreign gove d and other such reg s/modification to the s/modification to the s/modification to the s/modification to the provided; (b) In c the Fund may also b required to contact m provided by me/us o (xii) If the name niv	the Fund") is derived tictions issued by any are aware that a U.S. a; (v) the ARN holder of the Fund is being am/are authorised to gh approved banking knowledge and belief unner, all / any of the rimmental or statutory gulatory/investigation information provided additional personal, ertain circumstances e required to provided voverseas regulators/ ny tax advisor for any on this Form including en in the Anolication
must sign)	ant / Guardia	. / Autharia -	Signate	S 2nd Appli	cant / Auther	icod Signator	⊗3		Authorizod Ci-	
1st Applic	ant / Guardian	Authorised	Signatory	2 ^{na} Appli	cant / Author	ised Signatory Place	3	- Applicant /	Authorised Sig	natory