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Upfront commission																					cludin	g the s	service	render	ed by t	ne dist	tributor
In case the subs	cription	amour	nt is R	s. 10,	,000/-	or mor	e and	if you	ır Dist	tributor	has o	pted	to rec	ceive T	ransac	tion C	harges	, Rs.	150 (fd	or first							
1. PARTICUL																									OTE 1	l)	
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(Mr./Ms./M/s.)	NA-I-				100							<u> </u>	<u> </u>	1	1	L	L	L	L	<u> </u>							
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Relationship of Guardian in case of Minor [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h)] Father Mother Legal Guardian (In case of Minor, please fill the following details of Guardian)																											
Email ID	-	1	1	1	1 1										╝,												
Mobile No.			County C	ode	l L																						
Please register your	E-mail ad	dress &	Mobile n	umber 	to get a	alerts & d	ommunica	ation vi	ia E-mai	il & SMS	S. 	1			1												
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2. PARTICUL	ARS	OF S	ECOI	ND A	APPI	LICAN	IT																(SI	EE N	OTE 1	& 2)
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Gender	Male	Fe	emale		Othe	er (Third	Gende	er)	Dat	e of B	irth	D	D	M	M	Υ	Υ	Υ	Υ								
Father's Nam	ne					<u> </u>			<u> </u>	<u> </u>	<u> </u>	Ļ	<u> </u>	<u> </u>				Ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			Щ
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(To be filled in Received from	by the I																										ature,
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				Reg Dire		☐ Gro		_	einve: ransfe		i 🔲 Pa	yout															
Attachments															1	All pui	chases	are s	ubject t	o realis	ation	of chec	que / de	mand	draft		

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Type of address given at KRA Residential Business Registered Office Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.																							
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes. Mandatory Enclosures PAN Proof KYC Acknowledgement																							
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Networth in Rs	etworth in Rsas of (date)																						
Politically Exposed Person [PEP]: Yes No Related to PEP 1. FATCA & CRS RELATED INFORMATION (Only for Individuals/Propriator)																							
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	DETAILS OF FIRST APPLICANT																						
Country of Birth	h										Pla	ce of Bir	th										
Nationality																							
-		•	•									Are you a tax resident of any country other than India? Yes No											
If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Identification Numbers below:																							
			II countri				Oldoni it	or tax pu	iposes	and the as							le	dentific	cation	Type			
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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

Computer Age Management Services Pvt. Ltd., SEBI Registration No. : INR000002813) Rayala Towers, 158, Anna Salai,Chennai – 600 002 Tel: 044 – 28881101 / 36

Email: enq_L@camsonline.com Website: www.camsonline.com

DETAILS OF THE	DETAILS OF THIRD APPLICANT																									
Country of Birth													Place	of Bir	h											
Nationality																										
Are you a tax resider If Yes, please in (also inclu	ndicate a	II coun	tries in	which yo	ou are re ntry	sident		purp			e asso				nce Ni								on Type ease sp		<i>y</i>)	
It is mandatory to please provide a (Please attach a	an expla additiona	nation a	and atta s if nec	ach this tessary a	to the fo and men	rm. tion all	counti	ies in	,										,	availal			,		ŕ	
5. GENERAL INF	ORMA	HON .		se(✔) Tax Stat				е													(5		OTE of Hol			
Resident Individual Resident Minor (through Guardian) NRI (Repatriable) NRI (Non-Repatriable) NRI – Minor (Repatriable) NRI – Minor (Non-Repatriable) Partnership F NRI – Minor (Non-Repatriable) Pension and Retirement Fund Financial Institutions Sole-Propriet Public Limited Private Limi							Compa Comp	-			Govern Society Trust NPS Tr Fund of Gratuity AOP	ust Fund			[[[]		NGO LLP PIO NPO Other	5		spec		Single Joint Any one or Survivor			()	
6. CONTACT DE	6. CONTACT DETAILS (SEE NOTE 1)																									
Address of 1st Applicant														<u> </u>			<u> </u>		<u></u>			<u> </u>				
City																			Pin							
State	dress for	Correst	ondend	ce for NR	Applica	nts only	nly (Please (✓)) Indian by Default						Foreign													
Foreign Address												_			,,g., _		ī				ı	ī		l	1 1	
(Mandatory for NRI / FII)																										
Country												Zip														
7. BANK PARTIC	7. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details) (SEE NOTE 3)																									
Name of Bank		1								I	1		I			ı			I					ı		
Branch Name and Address																										
City																<u> </u>			Pin				1			
Account No.																<u> </u>			_		. T	/DI				
9 digit MICR Code											oer next t D cheque		neque n	umber.	Please	provic	lea	Savi	ings [NR	10	F	ase 🗸) CNR)		
IFS Code																	L	_ Curr	ent	NR	E	<u></u> c	thers_			
8. INVESTMENT	AND P	AYME	NT DI	ETAILS	5 : I/We	would	like to	inve	st in th	ne fol	lowing	Schei	me of	SBI M	lutual	Func	d					(SEI	E NOT	E 5)		
One time Inve	stment			\$	Au	C case o to Deb	f SIP tl it / EC	hroug S	h Pos	t Date	f Yes, ped Che	ques	(PDC)	it is n	nandat	•					•		•		,	
Scheme Name Plan (Please ✓)			Regui	lar			Direct					In c	ase of	Divide	nd Tran	nsfer	facility	please	mentio	n targe	et sch	eme al	ona with	ı plan/	option	
Option (Please ✓)		+-	Grow				ividen	d					01		11UI		ty,	p.0000		wigo	0011	Jio uli	9 1111	. Piail	JP.1011.	
Dividend Facility (PI	ease ✓)		-	restment	:		ayout			Tra	ınsfer	Scl	neme	/ Plan	/ Opti	on_										
Ch	eque / D	D Am	ount (R	ls.)						Drav	vn on E	l — Bank a	nd Br	anch						Chec	ue/	D.D. N	lo. & D	ate		
Investm	ent Am	ount (l	Rs. in F	igures)									Inv	estme	nt Am	oun	t (Rs.	in Woı	rds)							
For third party cheq	ues ple	ase se	e Note	3 vii.																						

9. STP ENROLI	9. STP ENROLLMENT DETAILS Opted for STP: Yes No (If Yes, it is mandatory to submit STP Enrollment Form/Transaction slip)																					
If you wish to he Please ensure th	10. 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)																					
	al Secui	rities	Dep	osite	ory L	imite	ed (N	ISDL	.)					Cent	tral I	Depo	sitor	y Se	rvice	s (In	ndia)	Limited (CDSL)
Depository Participant Name												eposit erticip	tory oant Na	me								
DP ID No.		l ,	N									·	D No.									
Beneficiary Accour	nt No.		İ		Ī	Ī	İ	Ī	İ	_ 	''											
															•			•				rther allotment of units (through
additional purchase 11A. NOMINATION																						their Depository Participant only.
individual investors	applying	with s	single l	holdir	ng, No	minat	tion is	mand	latory.	How	ever, i	n cas	e you	do no	t wish	to no	minat	e pleas	se sig	n poir	nt 11 B	S.) (SEE NOTE 10)
Name of the Nomi																						_
Name of the Guard	dian																					-
Percentage																					1	_
Relationship Address of Nomine	00/										Date	of Bi	irth*	D	D	M	M	Υ	Υ	Υ	Υ	Signature of Naminas/Guardian
Guardian																						Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Nomi	nee																					
Name of the Guard	dian																					
Percentage																						
Relationship											Date	of Bi	irth*	D	D	M	M	Υ	Υ	Υ	Υ	⊗
Address of Nomine Guardian	ee/																					Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Nomi	nee																					
Name of the Guard	dian]
Percentage																						
Relationship											Date	of Bi	irth*	D	D	M	M	Υ	Υ	Υ	Υ	_ ⊗
Address of Nomin Guardian																						
11B. NOMINATION	ON : I do	o not	wish	to no	omina	te an	y per	son a	at the	time	of m	akin	g the	inves	stmer	nt.						
Signature																						
12. DECLARATION	ON (SEE	NOT	E 11):	I/We o	confir	m tha	at the	infor	matio	on pro	vide	ed in th	nis fo	rm is	true	& acc	urate	. I/We	e hav	e read	d and understood the contents
of all the scheme	related	docu	ments	s and			•														•	any rebate or gifts, directly or
																						(the Fund") is derived through islation or any other applicable
laws or any notifi	cations,	direct	tions i	issue	d by a	any g	overr	ment	tal or	statu	itory a	autho	ority fr	om t	ime t	to tin	ne; (iii) the	moni	es inv	veste	d by me in the schemes of the
	•				U			•			•										•	in the definition of the term 'US J.S. person/resident of Canada;
1 ' '									•							•						her for the different competing
					_								_									Memorandum and Articles of am/are authorised to enter into
						•													•	_		hat funds for the subscriptions R Account; (viii) *** I/We do not
				-				-				-							-			gency and also confirm that the
00 0								-						•								upees Fifty Thousand); (ix) all ge and belief and I/We shall be
1			•			-													-		_	ze you to disclose, share, remit
1 '				-				-		-			_		_							as and when provided by me/ horities/agencies including but
not limited to SE	BI, the F	inand	cial In	tellig	jence	Unit-	India,	the	tax/re	evenu	ue aut	horit	ties in	Indi	a or	outs	ide In	dia w	here	ver it	is le	gally required and other such
,		_													•	_				-		the same; (xi) I/We shall keep s may be required by you from
time to time; (xii)	Towards	com	pliand	ce wi	th tax	infor	matic	n sha	aring	laws,	, such	as F	ATCA	and	CRS:	(a) t	he Fu	nd ma	ay be	requ	ired t	o seek additional personal, tax
																				•		n 30 days should there be any me) the Fund may be obliged
		•														•						information to any institutions
												_										reto; (d) as may be required by ur account or close or suspend
my account(s) an * Applicable to of								-				-						s abo	ut m	y/our	tax re	esidency;
	mer mall	muit	, idual	J / □(Ji , ""	Λhh	,,,cabl	e to I	141115,		whhiic	ผมเษ	, to 1V	11010	iiives	, ii ii el	113					
SIGNATURE(S)																						
(ALL Applicants must sign)																						
									6	⊗									8			
	⊗ 1st Appl	licant	/Guar	rdian	/ Auth	orise	d Sia	nator	+		d Ann	licant	t / Autl	norise	ed Sin	nato	rv	+		3rd ∆	pplics	ant / Authorised Signatory
Date	.or.Appi	unt	, Juai	GIUII	, Auui		a oigi		'		~ ~~		, Auti		Pla		- ,			J. W. A.	,-p.100	



То Or

Until cancelled

SBI MUTUAL FUND					
A PARTNER FOR LIFE SIPF	REGISTRATION CUI	M MANDATE FORM	ECS / DIRECT DEBI	T / NACH FACILITY)	S-2810/15
New Investors subscribing to the		S / Direct Debit / NACH Fac bmitted atleast 30 days bef		m compulsorily alongwith Common Appl oit/NACH debit date)	ication Form
ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Co	de Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
58603 - VRIDHI				E 026768	
eclaration for "execution-only" transaction /We hereby confirm that the EUIN box has been i stributor or notwithstanding the advice of in-appro	intentionally left blank by me/us	as this is an "execution-only" train	nsaction without any interaction o		
SIGNATURE(S) 1st Applicant / Guard Upfront commission shall be paid directly by	ian / Authorised Signato		Authorised Signatory	3rd Applicant / Authorise	
TRANSACTION CHARGES FOR	APPLICATIONS TH	ROUGH DISTRIBUTO	RS/AGENTS ONLY		
n case the subscription amount is Rs. 1 (for investor other than first time mutual fu	and investor) will be deduct		nount and paid to the distrib	outor. Units will be issued against the bal	
Please (✓) SIP	Registration	INVESTORI		- Change in Bank Details	
Folio No./Application No.			(Existing unitholders: Please	mention your Folio Number. New applicants:	Please mention the
Name of 1st Applicant			Application Number)		
(Mr/Ms/M/s) Name of Father/Guardian					
in case of Minor PAN DETAILS					
First Applicant / Guardia	in	Second App	olicant	Third Applicant	: 1 1 1 1
Mandatory Enclosures	<u> </u>	Mandatory Er	closures	Mandatory Enclose	ures
PAN Proof KYC Ackno		PAN Proof Keep K	YC Acknowledgement	PAN Proof KYC Ac	cknowledgement
(PEKRN for Micro investments)	(PEKI	RN for Micro investments)		(PEKRN for Micro investments) -	
SIP DETAILS (ECS in select cities SIP with Cheque	SIP without Cheque)		
Scheme Name					
Plan (Please ✓) Reg	ular Dir	rect		_	
Option (Please ✓) Gro	wth Div	ridend (Frequency)		-	
Dividend Facility (Please ✓) Rein	vestment Pa	yout			
First Cheque No. (Note : Cheque should be drawn on bank a					
SIP Frequency (Please ✓ any one)	Weekly SIP (1st, 8th,	. 15 th and 22 nd)	Monthly SIP (Def	ault) Quarterly SIF	<u> </u>
GIP Date (for Monthly & Quarterly) (Please ✓)	1 st 5 th	10 th 15 ^t	20th	25 th 30 th (For February, last business day)	
DECLARATION: I/We hereby declinvestment in the schemes of SBI M by debiting my/our bank account incorrect information, I/We would account. I/We confirm that the agground or financial year i.e. April to March disclosed to me/us all the commiss Mutual Funds from amongst which contents of the SID, SAI, KIM and A I/We hereby authorize the bank to	lutual Fund. I/We are an through ECS / Direct not hold the user instite egate of the lump sum n does not exceed Rs. iions (in the form of tra the Scheme is being Addenda issued from	ware that SBI Mutual Fu Debit / NACH facility. tution responsible. I/We investment (fresh purch 50,000/- (Rupees Fifty iil commission or any o recommended to me/u time to time of the resp	nd and its service proving the transaction is de will also inform SBI Mase & additional purch Thousand) (applicable ther mode), payable to s. I/We have read, under ective Scheme(s) of SI	ders and bank are authorized to pro- layed or not effected for reasons flutual Fund/RTA about any change ase) and SIP installments in rolling for "Micro investments" only). The him for the different competing So erstood and agreed to the terms and BI Mutual Fund.	ocess transactions of incomplete or es in my/our bank 12 months period e ARN holder has chemes of various
SBIMUTUAL FUND A PARTNER FOR LIFE	F o r C	f f i c e	J s e	Date D D M	M Y Y Y
	Bank Code C I T	I 0 0 0 P I G W	Utility Code	C I T I 0 0 0 0 2 0 0 0	0 0 0 0 3 7
(Please ✓) CREATE ✓ I/We, hereby autl	norize SBI Mutual F	und	To debit (Please ✓) SB/CA/CC/SB-NRE/SB-	NRO/Other
MODIFY CANCEL Bank a/c number					
with Bank	Bank Name	IFSC		or MICR	
an amount of Rupees				₹	
FREQUENCY: X Weekly X Mon	thly X Quarterly	As & when presented	DEBIT 1		laximum Amount
Reference 1			Phone No.		
Reference 2			Email ID		
	processing charges by the ban	k whom I am authorizing to debit r	ny account as per latest schedule	of charges of the bank.	
PERIOD From	Signature of 1s	t Applicant	Signature of 2nd	Applicant Signature	of 3rd Applicant

Name as in bank records

Name as in bank records

Name as in bank records