SBI MUTUAL FUND
A PARTNER FOR LIFE

APPLICATION NO.

COMMON APPLICATION FORM FOR DEBT AND LIQUID 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.
157526				E286497	

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 15)

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

1. FIRST APPLICANT DETAILS

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

Name of Guardian (in case of Minor) [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]

Relationship of Guardian ☐ Father ☐ Mother ☐ Legal Guardian

PAN/PEKRN NO. (Enclose KYC Acknowledgement) Date of Birth D D M M Y Y Y Y

KIN (CKYC Identification No.)

Email ID Telephone (O)

Mobile No. Telephone (R)

Country Code

Correspondence Address of 1st Applicant

City

Pin State

TIME STAMP HERE

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

Foreign Address (Mandatory for NRI / FII)

City

Zip Country

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)		
PAN /PEKRN (Enclose KYC Acknowledgement)		
KIN (KYC Identification No.)		

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 ✓)
☐ Savings ☐ NRO ☐ FCNR
☐ Current ☐ NRE ☐ Others____

TEAR HERE

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

ACKNOWLEDGEMENT SLIP
To be filled in by the Investor

APPLICATION NO.

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

Scheme Name	Plan (✓)	Option (✓)	Dividend Facility(✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date
	☐ Regular ☐ Direct	☐ Growth ☐ Dividend	☐ Reinvestment ☐ Payout ☐ Transfer			

Signature, Date & Stamp

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" ?

First Applicant (including Minor)	Second Applicant	Third Applicant
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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^			
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]			

^ 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)

Scheme Name				
Plan (Please ✓)	☐ **Regular**	☐ **Direct**		In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Option (Please ✓)	☐ Growth	☐ Dividend	______	**Scheme / Plan / Option**______
Dividend Facility (Please ✓)	☐ Reinvestment	☐ Payout	☐ Transfer	______
Dividend Frequency	☐ Daily ☐ Weekly	☐ Fortnightly	☐ Monthly	☐ Quarterly ☐ Annually
Payment Mode	☐ Cheque	☐ DD (Third Party Declaration Mandatory)		☐ Fund Transfer ☐ RTGS

Cheque / D.D. No. & Date	Cheque / DD Amount (Rs.)	Drawn on Bank and Branch

7. STP ENROLMENT DETAILS Opted for STP: ☐ Yes ☐ No (If Yes, please submit STP Enrolment Form/Transaction slip)

8. TAX STATUS (Please ✓)

☐ Resident Individual	☐ Pension and Retirement Fund	☐ Government Body	☐ NGO
☐ Resident Minor (through Guardian)	☐ Financial Institutions	☐ Society	☐ LLP
☐ NRI (Repatriable)	☐ Public Limited Company	☐ Trust	☐ PIO
☐ NRI (Non-Repatriable)	☐ Private Limited Company	☐ NPS Trust	☐ NPO ______ [Please specify]
☐ NRI– Minor (Repatriable)	☐ Body Corporate	☐ Fund of Fund	
☐ NRI – Minor (Non-Repatriable)	☐ Partnership Firm	☐ Gratuity Fund	
☐ Sole-Proprietor	☐ FII / FPI	☐ AOP	☐ Others ______ [Please specify]
☐ HUF	☐ Bank	☐ BOI	

9. 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. I N	Beneficiary A/c No.
Beneficiary Account No.	

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

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Any communication in connection with this application should be addressed to the Registrar or the Invesment 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
Email: enq_L@camsonline.com
Website: www.camsonline.com

10. OTHER PERSONAL INFORMATION – (Please ✓)

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

11. ONLY FOR SBI MAGNUM CHILDREN'S BENEFIT PLAN

Name of Applicant			
Relationship with Minor Unitholder	☐ Mother ☐ Father ☐ Legal Gardian ☐ Others ________		
Name of Alternate Child			
DoB of Alternate Child	D D M M Y Y Y Y	Relationship with Minor Unitholder	

12. 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 point 12)

	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee			
Name of the Guardian (In case Nominee is Minor)			
Allocation % (Mandatory if more than one Nominee)			
Relationship with Nominee			
Date of Birth* (Mandatory if Nominee is Minor)	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee)	⊗	⊗	⊗

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

Signature	

14.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.

15. GO-GREEN INITIATIVE:

As part of Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email id is not available and who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode ☐

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

16. 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 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"

SIGNATURE(S) (ALL Applicants must sign)	⊗	⊗	⊗
	1st Applicant / Guardian / Authorised Signatory	**2nd Applicant / Authorised Signatory**	**3rd Applicant / Authorised Signatory**
Date		**Place**	