

COMMON APPLICATION FORM

(Please fill in BLOCK Letters only)

FOR NEW INVESTORS - FRESH PURCHASE ONLY

(Please use financial transaction form for additional purchase)

Name & ARN Code / RIA Code** / PMRN	Branch Code (Only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Employee/ Reference No.

Declaration for "Execution-only" transaction (where the above EUIN box is left blank & no investment advice is solicited) / Registered Investment Advisor (RIA) Transaction:
 * 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 inappropriateness, 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.

** By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA), the details of my / our transactions in the scheme(s) of SBI Mutual Fund.

SIGNATURE (S)	1 st Holder/Authorised Signatory/Guardian	2 nd Holder/Authorised Signatory	3 rd Holder/Authorised Signatory

SECTION I - INDIVIDUAL INVESTOR / SOLE PROPRIETOR

Investor Details	1 st Applicant/Minor	2 nd Applicant	3 rd Applicant
Investor Name (As per Income Tax)			
PAN Number			
Date of Birth (As per Income Tax)	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
Guardian Details (In case of Minor) (Please fill details as per Income Tax)	Guardian Name Guardian PAN	Relationship with Minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian Guardian Date of Birth DD / MM / YYYY	Relationship Proof attached <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Court Order
Mode of Holding	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor(s) <i>(Joint applicants not allowed in case of Minor investment)</i>		
CKYC Number (KIN)			
Tax Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor <input type="checkbox"/> Resident Individual <input type="checkbox"/> PIO <input type="checkbox"/> Resident Individual <input type="checkbox"/> PIO <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non Repatriable) <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non Repatriable) <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non Repatriable) <input type="checkbox"/> NRI - Minor (Repatriable) <input type="checkbox"/> NRI - Minor (Non Repatriable) <input type="checkbox"/> NRI - Minor (Repatriable) <input type="checkbox"/> NRI - Minor (Non Repatriable) <input type="checkbox"/> PIO <input type="checkbox"/> Sole Proprietor <i>(Please attach GST Certificate)</i>		
Power of Attorney (POA) Details - If applicable			
POA Holder Name			
PAN of POA Holder			
POA copy attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II NON - INDIVIDUAL INVESTOR

Investor Name (As per Income Tax)			
PAN Number	Date of Incorporation (As per Income Tax)	DD / MM / YYYY	CKYC Number (KIN)
Contact Person Name			
Legal Entity Identifier (LEI Copy to enclosed)	LEI No.	Validity	DD / MM / YYYY
Tax Status of Entity	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> AOP <input type="checkbox"/> NPO* <input type="checkbox"/> Bank & Institutions <input type="checkbox"/> HUF <input type="checkbox"/> Public Limited Company <input type="checkbox"/> BOI <input type="checkbox"/> NGO* <input type="checkbox"/> Gratuity Fund <input type="checkbox"/> LLP <input type="checkbox"/> Government Body <input type="checkbox"/> FOF <input type="checkbox"/> Trust* <input type="checkbox"/> Body Corporate <input type="checkbox"/> FII/FPI <input type="checkbox"/> Pension & Retirement Fund <input type="checkbox"/> Society* <input type="checkbox"/> NPS Trust* <input type="checkbox"/> Others _____		
*NPO Declaration: (Mandatory for Trust & Society) (Please attach Darpan Certificate)	*I/We are Non-profit organisation (NPO) <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please quote registration number of Darpan Portal _____ We are falling under "Non-Profit organisation (NPO)" which has been constituted for religious or charitable purpose referred to in clause (15) of section 2 of Income-Tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State Legislation or Company Registered under the section 8 of the Companies Act, 2013 (18 of 2013). If not registered, please register immediately and confirm with the above information to avoid non processing of applications. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF/AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for any fines or consequences as required under the respective statutory requirement and authorise you to deduct such fines/charges under intimation to us or collect such fines/charges in any other manner as might be applicable.		
Other Details	Is the entity involved/providing any of the following service(s) : For foreign exchange/money changer services <input type="checkbox"/> YES <input type="checkbox"/> NO Money Lending/Pawning <input type="checkbox"/> YES <input type="checkbox"/> NO Gaming/Gambling/Lottery services (eg Casinos/betting syndicates) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Networth in Rs. (Not older than 1 year) Mandatory	Rs.	As on	DD / MM / YYYY

Note: Non-Individual Investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.

SECTION III - CONTACT & BANK DETAILS

Address for Communication	Correspondence Address (Address as per KRA records)				Overseas Address (Mandatory for NRI/PIO/FII applicant)				
	City/Town		Pin		City/Town		Zip		
	State		Country		State		Country		
	Tel. (Res.)		Tel. (Off.)		Tel. (Res.)		Tel. (Off.)		
Bank Details (Please attach Bank Account proof)	Bank Name				Bank Account No.				
	Branch Name				IFSC		MICR (9 Digit)		
	Branch Address				City		Pin code		
	A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____								
Contact Details	1st Applicant/Minor			2nd Applicant			3rd Applicant		
Mobile Number	Country Code -			Country Code -			Country Code -		
Given Mobile Number Pertains to	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children		<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children		<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children	
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents		<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents		<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents	
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling		<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling		<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling	
	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS
Email ID									
Given Email ID Pertains to	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children		<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children		<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children	
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents		<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents		<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents	
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling		<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling		<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling	
	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS

SECTION IV - INVESTMENT DETAILS

Investment Type	<input type="checkbox"/> Lumpsum Investment		<input type="checkbox"/> Systematic Investment Plan (SIP) (Please Attach SIP & OTM Form)		<input type="checkbox"/> Lumpsum with SIP Investment (Please Attach SIP & OTM Form)	
Scheme Details	Scheme 1 (Please provide separate cheque for each Scheme)		Scheme 2 (Please provide separate cheque for each Scheme)		Scheme 3 (Please provide separate cheque for each Scheme)	
Scheme Name						
Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW (Dividend)	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW (Dividend)	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW (Dividend)
IDCW Facility	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest
	<input type="checkbox"/> Transfer <small>(In case you wish to transfer IDCW amount to other scheme)</small>		<input type="checkbox"/> Transfer <small>(In case you wish to transfer IDCW amount to other scheme)</small>		<input type="checkbox"/> Transfer <small>(In case you wish to transfer IDCW amount to other scheme)</small>	
IDCW Transfer Details (If selected IDCW transfer)	To Scheme Name		To Scheme Name		To Scheme Name	
	Plan	Option	Plan	Option	Plan	Option
	IDCW Facility	IDCW Frequency	IDCW Facility	IDCW Frequency	IDCW Facility	IDCW Frequency
IDCW Frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly
	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual
Payment Details (Cheque in favour of Scheme Name)	Cheque No. / UTR No. / Reference No.		Cheque No. / UTR No. / Reference No.		Cheque No. / UTR No. / Reference No.	
	Cheque Date	D D / M M / Y Y Y Y	Cheque Date	D D / M M / Y Y Y Y	Cheque Date	D D / M M / Y Y Y Y
Amount in Rs.						
Amount in Words						
Drawn on	Bank Name		Bank Name		Bank Name	
	Branch Name		Branch Name		Branch Name	
	Bank A/c No.		Bank A/c No.		Bank A/c No.	
Payment Mode	<input type="checkbox"/> Cheque	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque	<input type="checkbox"/> RTGS/NEFT
	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> OTM
DEMAT Details (Please provide details ONLY if you wish to hold units in / under Demat)	Depository Participant Name		Proof Attached <input type="checkbox"/> Latest Client Master <input type="checkbox"/> Demat Account Statement			
	<input type="checkbox"/> National Securities Depository Limited (NSDL)		<input type="checkbox"/> Central Depository Securities (India) Limited (CDSL)			
	DP ID & Beneficiary Account No.		Beneficiary Account No.			

Note: The sequence of names as mentioned in the MF application form should be as per the sequence of names in Demat account.

SECTION V - FATCA & CRS INFORMATION MANDATORY FOR INDIVIDUAL / SOLE PROPRIETOR				
Non-Individual Investors should Mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.				
FATCA & CRS	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Country of Birth				
Place/City of Birth				
Nationality				
Is the applicant(s) Country of Birth/ Nationality/Tax Residency other than India	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please provide following information:				
Country of Tax Residency 1				
Identification Type				
Tax Payer Ref ID No.				
Country of Tax Residency 2				
Identification Type				
Tax Payer Ref ID No.				
Country of Tax Residency 3				
Identification Type				
Tax Payer Ref ID No.				
Note: In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is available or has not yet been issued, please provide an Explanation and attach this to the form. (Please attach additional sheet if necessary and mention all countries in which applicant is a tax resident and provide relevant details)				

SECTION VI - OTHER PERSONAL INFORMATION				
Other Information	1 st Applicant/Minor	2 nd Applicant	3 rd Applicant	Guardian
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Father's Name				
Spouse Name				
Occupation	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector
	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor
	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional
	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture <input type="checkbox"/> Retired
	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife
	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____
Gross Income Range (in Rs.) OR Networth in Rs. (Not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs
	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs
	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr
	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr
	Rs. _____	Rs. _____	Rs. _____	Rs. _____
	As on DD/MM/YYYY	As on DD/MM/YYYY	As on DD/MM/YYYY	As on DD/MM/YYYY
Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP
Type of Address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business
	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Registered Office

Contd...



ACKNOWLEDGMENT SLIP

Application No.:

Name of the Investor	ARN No.:		EUIN No.:
	Scheme Name:		
Investment Details	Date: DD/MM/YYYY	Amount:	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct
	Cheque/UTR No.:		Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW
	Bank & Branch Name:		Signature, Date & Stamp

SECTION VII - NOMINATION

Nomination (Applicable for individual Investors except Minor)	<input type="checkbox"/> I/We wish to Nominate the following person(s). (ALL THE BELOW FIELDS ARE MANDATORY) <div style="text-align: center;">OR</div> <input type="checkbox"/> I/We do not wish to Nominate - Nominee OPT Out (Please sign Declaration for No Nomination) #		
Nominee Details	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee			
PAN of Nominee (Optional)			
Allocation% (Total of allocation% should be 100%)			
Relationship of Nominee with investor			
Nominee Date of Birth (Mandatory if Nominee is Minor)	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Guardian Name (In case Nominee is Minor)			
Nominee/Guardian Address			
Nominee/Guardian Contact Details	Mobile No.	Mobile No.	Mobile No.
	Email Id	Email Id	Email Id
Identification Details of Nominee/Guardian (in case of Minor)- Please tick any one Option	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhar (last 4 Digits)	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhar (last 4 Digits)	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhar (last 4 Digits)
	<input type="checkbox"/> Passport(NRI/PIO/OCI) <input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport(NRI/PIO/OCI) <input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport(NRI/PIO/OCI) <input type="checkbox"/> Driving Licence
Please mention ID Number of the opted Option	Identification Number	Identification Number	Identification Number
# Declaration for No Nomination:	I/we hereby confirm that I/We do not wish to appoint any nominee(s) for my/our mutual fund units held in my/our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by court or other competent authority, based on the values of assets held in my/our mutual fund folio.		
*Signature(s) (All Applicants must Sign)	1 st Applicant	2 nd Applicant	3 rd Applicant
*If the account holder affixes thumb impression instead of signature, Please use separate nomination form.			
I / We want the details of my / our nominee to be printed in the Statement of Account, provided to me / us by the AMC as follows; (please tick, as appropriate)			
<input type="checkbox"/> Name of Nominee(s) with Details and Percentage		<input type="checkbox"/> Nomination without Details and Percentage (Default Option)	



Go Green Initiative

All communication related to your investment, scheme-wise annual report or abridged summary will be sent to your registered Email ID. However if you wish to receive the above in physical form, please tick below box.

☐ I wish to receive scheme wise annual report or abridged summary through physical mode.

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/us 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) per Financial year per AMC (Applicable for "Micro Investments" only). (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 these form, including the tax payer identification number is true, correct and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and accept the same. (xiii) I/We understand that, a penalty shall be levied on every inaccurate reportable account as provided under the Income Tax Act, 1961. The MF/AMC has the right to recover this penalty from the unit holder(s) or retain out of any money in its possession, due to inaccurate information or false self-certifications provided by unit holders. (xiv) If the name/date of birth/date of incorporation given in the Application is not matching with PAN, Application may liable to get rejected or further transactions may be liable to get rejected. By using this application, I/We agree to issue a cheque in favour of the scheme which will be invested as per the option selected/mentioned under clause (Section IV) of the form. **\$Applicable to other than Individuals/HUF; @Applicable to NRI**

I/We have read, understood & agree to the terms & conditions mentioned in the SID & KIM of the respective Scheme(s) along with the above declaration. I/We hereby confirm that the information provided by me/us on this form is true, correct and complete.

Signature(s) (All Applicants must Sign)	1st Applicant/Guardian/ Authorised Signatory - Affix Rubber Stamp	2nd Applicant Authorised Signatory - Affix Rubber Stamp	3rd Applicant Authorised Signatory - Affix Rubber Stamp
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Date: / /

Place:

Any communication in connection with this application should be addressed to the Registrar or the Investment Manager

Investment Manager :
SBI Funds Management Ltd.
 (A Joint Venture between SBI & AMUNDI)
 9th Floor, Crescenzo, C-38 & 39,G Block, Bandra Kurla Complex,
 Bandra (East), Mumbai - 400 051.

Registrar:
Computer Age Management Services Ltd.,
 (SEBI Registration No. : INR000002813)
 Rayala Towers, 158, Anna Salai, Chennai - 600 002.
 Email: enq_sbimf@camsonline.com • Website: www.camsonline.com

Toll Free	Email ID	Website
1800 425 5425 / 1800 209 3333 +91-22-62511600/+91-80-25512131 (for overseas investors)	customer.delight@sbimf.com	www.sbimf.com

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

New investors subscribing to the scheme through SIP must submit this Form alongwith Common Application Form

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.

Declaration for “execution-only” transaction (only where EUIN box is left blank) : 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)			
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd 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

INVESTOR DETAILS									
Folio No./Application No.									
Name of 1 st Applicant									
SIP Cheque No/s :									
	1			2			3		
Scheme Name									
Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct		<input type="checkbox"/> Regular	<input type="checkbox"/> Direct		<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	
Option	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW <div>Frequency</div>		<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW <div>Frequency</div>		<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW <div>Frequency</div>	
Income Distribution cum Capital Withdrawal (IDCW) Facility	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout		<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout		<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	
Each SIP Instalment Amount (₹)									
SIP Frequency	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly		<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly		<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly	
	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly		<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly		<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	
	<input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Annual		<input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Annual		<input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Annual	
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th	<input type="checkbox"/> 30 th (For February, last business day)	<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th	<input type="checkbox"/> 30 th (For February, last business day)	<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th	<input type="checkbox"/> 30 th (For February, last business day)
	<input type="checkbox"/> 5 th	<input type="checkbox"/> 20 th		<input type="checkbox"/> 5 th	<input type="checkbox"/> 20 th		<input type="checkbox"/> 5 th	<input type="checkbox"/> 20 th	
	<input type="checkbox"/> 10 th (Default)	<input type="checkbox"/> 25 th	(Any other date from 1 st to 30 th)	<input type="checkbox"/> 10 th (Default)	<input type="checkbox"/> 25 th	(Any other date from 1 st to 30 th)	<input type="checkbox"/> 10 th (Default)	<input type="checkbox"/> 25 th	(Any other date from 1 st to 30 th)
(for Weekly Fixed Date or Day)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)			<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)			<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)		
SIP Period	From <div></div> To <div></div> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 30 yrs (Select any one)			From <div></div> To <div></div> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 30 yrs (Select any one)			From <div></div> To <div></div> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 30 yrs (Select any one)		

☐ Use Existing One Time Debit Mandate (if already registered in the Folio)

Bank Name Bank A/c No

TOP-UP SIP (Select anyone % or Amount)			
Top-Up Percentage (in multiples of 5% only) OR Top-Up Amount Rs. (in multiples of Rs. 500 only)	1		3
	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other		<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other
	OR		OR
Top-Up Frequency	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual		<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual

TOP-UP SIP CAP (Investor has to choose only one option)			
Top-Up SIP CAPAmount ₹ (maximum SIP installment including Top-Up amount) OR			
Top-Up SIP CAP Month-Year	<div></div>	<div></div>	<div></div>

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my/our willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addendum issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN				Date			
Sponsor Bank Code				Utility Code			
CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize SBI Mutual Fund			To debit (Please <input checked="" type="checkbox"/>)	SB / CA / CC / SB-NRE / SB-NRO / Other		
MODIFY	Bank A/c No.						
CANCEL							
with Bank	Bank Name	IFSC	OR MICR				
an amount of Rupees		₹					
FREQUENCY:	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> As & when presented	DEBIT TYPE :	<input checked="" type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount
Folio No.:				Moblie No.:			
Appln No. :				Email ID:			
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.							
PERIOD							
From				Signature of 1 st Bank Account Holder			
To				Signature of 2 nd Bank Account Holder			
	Name as in Bank records			Name as in Bank records			Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I/We are authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me/us. I/We have understood that I/ we are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I/We have authorized the debit.