SBI MUTUAL FUND
A PARTNER FOR LIFE

APPLICATION NO.

S-2022

COMMON APPLICATION FORM FOR EQUITY ORIENTED 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.
67723					

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

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)

Relationship of Guardian ☐ Father ☐ Mother ☐ Legal Guardian **[Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]**

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

Legal Entity Identifier (LEI) for Non-Individuals _____ **Validity** _____

KIN (CKYC Identification No.)

Email ID ☞

Email ID pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Mobile No. ☞ Country Code **Telephone (O)** **Telephone (R)**

Mobile No. pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

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 (CKYC 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
A PARTNER FOR LIFE

Sponsor : State Bank of India
Investment Manager : SBI Funds Management 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 :

Signature, Date & Stamp

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

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 IDCW Transfer facility, please mention target scheme along with plan/option.
Option (Please ✘)	☐ Growth ☐ IDCW Frequency	**Scheme / Plan / Option**
Income Distribution cum Capital Withdrawal (IDCW) Facility (Please ✘)	☐ Reinvestment ☐ Payout ☐ Transfer	

Please refer to Note 28 for details of IDCW renaming

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. 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	☐ Others _____ [Please specify]
☐ Sole-Proprietor	☐ FII / FPI	☐ AOP	
☐ HUF	☐ Bank	☐ BOI	

8. 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 Account No.
Beneficiary Account No.	

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

TEAR HERE

Any communication in connection with this application should be addressed to the Registrar or the Invesment 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
Tel: 022- 61793537
Email: customer.delight@sbimf.com

TOLL FREE NO : 1800 425 5425/1800 2093333
ALTERNATE NON TOLL FREE NO. :
+91-22-62511600 / +91-80-25512131
Website : www.sbimf.com

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

9. OTHER PERSONAL INFORMATION – (Please ✘)

	First Applicant	Second Applicant (NA in case of investments from minors)	Third Applicant (NA in case of investments from minors)
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

10. NOMINATION : I/We wish to nominate the following person/s to receive the proceeds in the event of death. (For individual investors, Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11)

NA in case of investment from minors	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) (Should not be in decimal)			
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)	Signature of Nominee/Guardian	Signature of Nominee/Guardian	Signature of Nominee/Guardian

11. NO NOMINEE DECLARATION : 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 such competent authority, based on the value of assets held in the mutual fund folio.

Signature(s) (ALL Applicants must sign)	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

12. INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION

Name of Contact Person

Is the entity involved / providing any of the following services ☐ Yes ☐ No

For Foreign Exchange / Money Changer Services ☐ Yes ☐ No

Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) ☐ Yes ☐ No

Money Lending / Pawning ☐ Yes ☐ No

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

13. 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 ☐

14. 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 money 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) 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; (ix) 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; (x) 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; (xi) 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. (xii) 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. By using this application I/We agree to issue a cheque in favor of the facility 'SBI Multi Select' which will be invested as per the option selected/ mentioned under clause (5) of the form. We can move the Nomination & No Nominee Declaration point after Declaration. So, that investor can give signature for application details as well as No Nominee declaration at one single place. Please explore if it is feasible.

*** Applicable to other than Individuals / HUF; ** Applicable to NRIs;**

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

Date		**Place**	