

**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.

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 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.

SIGNATURE(S)			
	1 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> 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	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	[Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]	
PAN/PEKRN NO.		Date of Birth	
(Enclose KYC Acknowledgement)			
Legal Entity Identifier (LEI) for Non-Individuals		Validity	
KIN (KYC Identification No.)			
Email ID			
Email ID pertains to	<input type="checkbox"/> Self(default) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA		
Mobile No.		Telephone (O)	
Mobile No. pertains to	<input type="checkbox"/> Self(default) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA		
Correspondence Address of 1st Applicant			
City			
Pin	State		
Address for Correspondence for NRI Applicants only ( Please ( X ) ) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>			
Foreign Address (Mandatory for NRI / FI)			
City			
Zip	Country		

TIME STAMP HERE

**2. MODE OF HOLDING (Please X )**
☐ 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 X )**

<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

TEAR HERE

(To be filled in by the First applicant/Authorized Signatory) : Received from :							Signature, Date & Stamp
Scheme Name	Plan ( X )	Option ( X )	IDCW Facility( X )	Cheque/DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments							

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?			
<b>First Applicant (including Minor)</b>		<b>Second Applicant</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If "YES", please provide the following information (mandatory):</b>			
<b>Details</b>	<b>First Applicant (including Minor)</b>	<b>Second Applicant</b>	<b>Third Applicant</b>
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)			

<sup>^</sup>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)

<input type="checkbox"/> One time Investment	<input type="checkbox"/> Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form)				
Scheme Name					
Plan (Please x )	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	In case of IDCW Transfer facility, please mention target scheme along with plan/option.		
Option (Please x )	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW	Scheme / Plan / Option		
Income Distribution cum Capital Withdrawal (IDCW) Facility (Please x )	<input type="checkbox"/> Reinvestment	<input type="checkbox"/> Payout	<input type="checkbox"/> Transfer		
IDCW Frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
Payment Mode	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD (Third Party Declaration Mandatory)	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> RTGS	

Please refer to Note 27 for details of IDCW remaining

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

## 8. TAX STATUS (Please x )

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

**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)
---	--

National Securities Depository Limited (NSDL)										Central Depository Services (India) Limited (CDSL)									
Depository Participant Name _____										Depository Participant Name _____									
DP ID No.		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>I</span> <span>N</span> </div> </div>								Beneficiary A/c No. _____									
Beneficiary Account No.		<div style="border: 1px solid black; height: 20px;"></div>								<div style="border: 1px solid black; height: 20px;"></div>									

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

TEAR HERE

**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](mailto: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](http://www.sbimf.com)**

Computer Age Management Services Ltd.,  
SEBI Registration No. : INR000002813)  
Rayala Towers, 158, Anna Salai, Chennai – 600 002  
Email: [enq\\_sbimf@camsonline.com](mailto:enq_sbimf@camsonline.com)  
Website: [www.camsonline.com](http://www.camsonline.com)

#### 10. 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	<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's Name			
Date of Birth	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
Occupation (Please X)	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____
Gross Annual Income in Rs. (Please X):	<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"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<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"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<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"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.
OR Network in Rs.			
Network as of date	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office

## 11. ONLY FOR SBI MAGNUM CHILDREN'S BENEFIT FUND (SAVINGS AND INVESTMENT PLAN)

Name of Applicant			
Relationship with Minor Unitholder	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Others _____
Name of Alternate Child			
DoB of Alternate Child	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Relationship with Minor Unitholder	

**12. 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 13)

NA in case of investment from minors	Nominee 1	Nominee 2	Nominee 3
<b>Name of the Nominee</b>			
<b>Name of the Guardian</b> (In case Nominee is Minor)			
<b>Allocation %</b> (Mandatory if more than one Nominee) (Should not be in decimal)			
<b>Relationship with Nominee</b>			
<b>Date of Birth*</b> (Mandatory if Nominee is Minor)	DDMMYYYY	DDMMYYYY	DDMMYYYY
<b>Signature of Nominee/Guardian</b> (*Mandatory in case of Minor Nominee)	Signature of Nominee/Guardian	Signature of Nominee/Guardian	Signature of Nominee/Guardian

**13. 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.

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

#### 14. INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION

[illegible]

**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 by 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/FNCR 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 instalments in a rolling 12 months period of 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 I 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 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 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; *** Applicable to "Micro investments"			
<b>SIGNATURE(S)</b> (ALL Applicants must sign)	⊗	⊗	⊗
	<b>1<sup>st</sup> Applicant / Guardian / Authorised Signatory</b>	<b>2<sup>nd</sup> Applicant / Authorised Signatory</b>	<b>3<sup>rd</sup> Applicant / Authorised Signatory</b>
<b>Date</b>		<b>Place</b>	

