

A PARTNE																S-2022
				CATION FO									e fill in BLO	CK Letters)		
ARN & Name	of Distr	ibutor		(only for SBG)	5	Sub-Brol	Ker AKI	Code	Sub-B	roker	Code	•	(Employee Unique	Identification Number	er) Refere	nce No
eclaration for "exec	ution-only"	transaction	(only	where EUIN bo	x is left	blank) (R	efer Instru	ction 1 (p	o))							
I/We hereby confirm th stributor or notwithstan																
	<u> </u>			7/1											,	
SIGNATURE(S)																
				uthorised Sigi			2 nd Applic							licant / Authoris	ed Signator	у
TRANSACTION n case the subscri														a mutual fund in	(actor) or Bo	100/ /fc
nvestor other than	first time m	nutual fund	investo	or) will be dedu	ucted fro	om the su	bscription	amount	and paid	to the	distribute	or. Ur	nits will be issue	d against the bal	ance amount	t invested
EXISTING FOL	IO NO. 🤇								NAME							
1. FIRST APPL	ICANT D	DETAILS														
Name 🦃																
(Mr. / Ms. / M/s.) Name should be as per	PAN)															
Name of Guardian in case of Minor)																
Relationship of Gu		Father	N	Nother Le	gal Guard	lian [Please	mandatorily	enclose th	e documen	t eviden	cing the re	lation	ship of Minor with G	uardian]		·
PAN/PEKŔN NO Enclose KYC Acknowled	~							ı	Date of B	irth						
_egal Entity Id	•	(LEI) for	Non-	-Individuals									Vali	ditv		
KIN													van			
CKYC Identification No.)																
Email ID 🦃 📙 Email ID pertains	to 🗆 s	Self(default) [Spouse 🗆 🗅)epende	ent Childre	en 🗆 D	ependen	t Sibling	□ D4	enenden	t Par	ents	an □ PMS □	Custodian	P∩
	_	zon ₍ ucrauli	, П.	-poudo	Sporide	J. N. Orman	_	- 1	· Cibinig		-ponue11	ait	Juanu	I IVIO		□ ' O'
∕lobile No. ເອື່ ∕lobile No. pertair	ountry Code	alf(dafault)		Snouse II D	enendo	ant Childre	Telepho	٠,	Sibling	□ D-	nendor	l Dar	Telephon	` '	Cuetodian	
nobile No. peridif	13 to 🗆 2	on(uciduil)		phonae D	openide	an Omiuit	🔲 De	pendent	Jibilily	☐ DE	penden	i alt	ono 🗌 Guardi	uii FIVIO		□ ٢٠/
Correspondence																
Address of 😂 🗀 st Applicant																
[
City												J				
Pin				State												
	ddress for C	Corresponde	nce for	NRI Applicants	only (Pl	lease (x))	Indian by D	efault	1	Forei	ign 🔲					
Foreign Address Mandatory for NRI / FII)									_			П				
City																
Zip						Cou	ntry									
2. MODE OF H	OLDING (•	•													
Single 3. JOINT APPL	ICANT F		oint		Any	one or Su	rvivor									
		JE I AILS		Second	laaA	licant							Third	Applicant		
Name (Name should per PAN)	be as															
PAN/PEKRN										1					1 1	
(Enclose KYC Acknowle	edgement)															
KIN CKYC Identification No.)																
€ 4. BANK AC	COUNT (F	Pay Out)	Detail	s of First Ap	pplican	t (Mandat	ory to attac	h bank ac	count proof	f in cas	e the payo	out ba	nk account is differ	ent from the source	/investment ba	nk account
Name of Bank																
Branch Name																
and Address												1				
L.																
City														Pin		
Account No.														Account Type	(Please X)	
												J	Savings		FCNR	
FS Code						1	(Pleaseprov	ide a copy of	CANCE	LLED chec	ue leaf	f) Curren	NRE [Others_	
digit MICR Code													·			
SBI MUTUAL F	UND Spon	sor : State B	ank of li	ndia BI Funds Manage	ement Lto		ACKNO To be f	OWLE			— — SLIP	— - Al	PPLICATION	NO.		
(To be filled in by	(A Joi			ed Signatory)	:		io be f	iiied in b	y the Inve	estor						
Received from :				- '												Signatur Date &
Scheme I	Name	Plan	` '	Option (X)		CW Facil			ie/ DD Am	nount (Rs.) E	Bank	and Branch	Cheque / DD No	. & Date	Stamp
		☐ Re	egular rect	☐ Growth ☐ IDCW	☐ Rein	nvestment nsfer	☐ Payou	ıτ								
Attachmente			. 001	II IDOW	ul					Δ!! =	uroboss	e aro c	subject to realisati	on of choque / don	nand draft	

5. FATCA & CRS INFORMATION		•	• • • • • • • • • • • • • • • • • • • •			mandatoril	y fill separate F	ATCA/CRS 8	& UBO Form (Annexure-1).		
Is the applicant(s) Country of Birth / Nationality / Tax Residency other First Applicant (including Minor)						Third Applicant					
First Applicant (inc	□ No	linor)		es es	Applicant No		(F)	Yes	No		
					140		79	100	INO		
If "YES", please provide t	he follow		cant (including M	linor)	Secon	d Applica	int		Third Applicant		
Country of Birth		FIISt Applic	sant (including w	illior)	Secon	и Арриса	inc	<u> </u>	ппа Аррисані		
Place/City of Birth											
Nationality											
Country of Tax Residency	I										
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 this to the form. (Please attach as									ide an explanation and attach		
☞ 6. INVESTMENT AND											
One time Investment		Systematic In	vestment Plan (SIP)	(Pleas	se submit SIP Enroln	ment & OTM	l Form)				
Scheme Name											
Plan (Please x)	☐ Re	egular	Direct		In case of IDC	CW Transfer f	acility, please mer	ntion target sch	heme along with plan/option.		
Option (Please x)	☐ Gr	owth	☐ IDCW	Frequency	y						
Income Distribution cum Capital Withdrawal (IDCW)	Income Distribution cum Scheme / Plan / Option										
Facility (Please x) Please refer to Note 28 for details of IDCW renaming											
Please refer to Note 28 for details of IDCW renaming Payment Mode											
Cheque / D.D. No. & D.	ate	Chequ	ie / DD Amount (Rs.)			D	Drawn on Bank and Branch				
7 TAV STATUS (Disease W.)											
7. TAX STATUS (Please x) Resident Individual					C Govo	rnment Bod	·		100		
Resident Minor (through Gua	rdian)		ension and Retirement nancial Institutions	Fund	Socie		у		NGO		
NRI (Repatriable)			iblic Limited Company		Trust	•			LLP		
NRI (Non-Repatriable)			ivate Limited Compan		☐ NPS	Trust		□ F	PIO		
NRI– Minor (Repatriable)			ody Corporate	,	Fund	of Fund		N	NPO		
NRI – Minor (Non-Repatriable)		rtnership Firm		Gratu	ity Fund			[Please specify]		
Sole-Proprietor		FII	I / FPI		AOP				Others		
HUF			nk		BOI				[Please specify]		
8. DEMAT ACCOUNT DET		<u> </u>			<u> </u>				<u>-</u>		
If you wish to hold units in Please ensure that the sequ											
National Securities							Services (In				
Depository	-			Depository Positioned News							
Participant Name	N				pant Name						
Beneficiary Account No.				Benefic	iary Account No.						
Please note wherever units ar	e allotted	in Demat Mod	e, Statement of Acc	ount will	be issued by the	Depository	concerned.				
Any communication in connection with this application should be addressed to the Registrar or the Invesment Manager											
Investment Manager: SBI Funds Management Ltd. TOLL FREE NO: 1800 425 5425/1800 2093333 Registrar: Computer Age Management Services Ltd.,											
(A Joint Venture between 9th Floor, Crescenzo, C-38	& 39,	IUNDI)	ALTERNATI	ENONTO	DLL FREE NO. : 1-80-25512131	SI	EBI Registratio ayala Towers,		R000002813) ı Salai,Chennai – 600 002		

G Block, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051 Tel: 022- 61793537 Email: customer.delight@sbimf.com

Website: www.sbimf.com

Email: enq_sbimf@camsonline.com

Website: www.camsonline.com

9. OTHER PERSONAL INFORMATION – (Please x)											
		F	irst Applica	int		econd App of investments	s from minors)	Third Applicant (NA in case of investments from minors)			
Gender		Male Male	Female	Other	Male	Female	Other	Male Male	Female	Other	
Father's Name											
Spouse's Name											
Date of Birth		D D I	M M Y	Y Y Y	D D N	1 M Y	Y Y Y	D D	M M Y	Y Y Y	
Occupation (Please x)		Public Sec		Business Agriculturist Retired Housewife	Public Sect	nt Service etor Service	Business Agriculturist Retired Housewife	Private S	onal nent Service Sector Service ector Service	Business Agriculturist Retired Housewife	
		Student Doctor Others		Forex Dealer	Student Doctor Others		Forex Dealer	Student Doctor Others		Forex Deale	
Gross Annual In (Please X):	come in Rs.	Below 1 L 5-10 Lacs 25 Lacs -	5	1-5 Lacs 10-25 Lacs > 1 Cr.	Below 1 La 5-10 Lacs 25 Lacs -		1-5 Lacs 10-25 Lacs > 1 Cr.	Below 1 5-10 Lac 25 Lacs	cs	1-5 Lacs 10-25 Lacs > 1 Cr.	
OR Networth in F	Rs.										
Networth as of	date	D D I	M M Y	Y Y Y	D D M	M Y	Y Y Y	D D	M.M.Y.	Y Y Y	
Politically Expos	ed Person [PEP]	Yes [No	Related to PEP	Yes	No 🗌	Related to PEP	Yes	□ No □	Related to PEP	
Type of address	given at KRA	Residentia	l Business	Reg. Office	Residential	Business	Reg. Office	Residenti	ial Business	s Reg. Office	
10. NOMINATION Nomination is m	N : I/We wish to n andatory. However	ominate the	ou do not w	person/s to r vish to nomina	eceive the pa ate please si	gn in point	t 11)	death. (Fo			
NA in case of investm			Nominee 1			Nominee 2			Nominee 3	1	
Name of the Guardi (In case Nominee is Min	an or)										
(Should not be in decimal) Relationship with No	ry if more than one Nominee) Dminee										
Date of Birth* (Manda	atory if Nominee is Minor)	D D		Y Y Y	D D N		Y Y Y	D D		Y Y Y	
Signature of Nomine											
(*Mandatory in case of M	,		ature of Nomine		_	re of Nominee		_	ature of Nominee		
issues involved in nor	DECLARATION: I / W -appointment of nomine ther such competent a	ee(s) and further	r are aware that	in case of death o	of all the account	holder(s), my	our mutual fund u /our legal heirs wo	nits held in m ould need to s	ly / our folio an ubmit all the req	d understand the uisite documents	
Signature(s) (ALL Applicants must sign)	1 st Applicant / Guardian /				cant / Authorised			3 rd Applicant /	Authorised Sigr	natory	
0 /	AL INVESTORS A		- '		ant/ Authorised	Signatory		3 Аррисант	Authorised olgi	lator y	
Name of Contac					1 12 11	/1 !!					
For Foreign Exchang	/ providing any of the e / Money Changer Ser al investors should ma	vices	Yes	□ No N	Money Lending /	Pawning	Services (e.g. Cas	sinos, Betting	Syndicates)	Yes No	
13. GO-GREEN	INITIATIVE:	•			, ,						
who specifically opt t	initiative, issuance of polysical	form. Please t	ick here only if	f you wish to reco	eive the same in	physical mo	de 🗌				
through legitimate source governmental or statutory person (within the definition has disclosed to me/us all recommended to me/us: (s and is not held or designe authority from time to time; (i) no of the term 'US Person' (ii) the commissions (in the form vi) * as per the Memorandum	y rebate or gifts, di ed for the purpose iii) the money inve nder the US Secur n of trail commission n and Articles of A	rectly or indirectly, of contravention sted by me in the rities laws) / reside on or any other monassociation of the ssociation of the	in making this invest of any act, rules, re schemes of the Fund ent of Canada are not ode), payable to him/l Company. Bye laws.	ment; (ii) the amoun gulations or any sta d do not attract the eligible for investment for the different of Trust Deed or Partne	t invested/to be in tute or legislation provisions of For ents with the Fur competing schemic ership Deed and	invested by me/us in t in or any other applic eign Contribution Regu and and I/We am/are n es of various mutual for resolutions passed by	he scheme(s) of able laws or any ulations Act ("FCI ot a U.S. person unds from among the Company /	SBI Mutual Fund (/ notifications, dire (RA"); (iv) I/We am// /resident of Canada /st which a scheme / Firm / Trust, I/We	"the Fund") is derived ctions issued by any are aware that a U.S. a; (v) the ARN holder of the Fund is being am/are authorised to	
channels or from my/our l and I/We shall be liable in information provided by mor judicial authorities/agend	for and on behalf of the Cor Non Resident External/Ordinan n case any of the specified in e/ us, including all changes, u cies including but not limited to	ry account/FCNR A nformation is found updates to such infi to SEBI, the Finan	Account; (viii) all in I to be false or un ormation as and w cial Intelligence U	formation provided in htrue or misleading or hen provided by me/ init-India, the tax/reve	this application form misrepresenting; (ix) us to the Fund, its Senue authorities in	together with its that we authori: Sponsor, AMC, tru India or outside	s annexures is/are true ze you to disclose, sh ustees, their employee India wherever it is	e and correct to are, remit in any s/RTAs or any In legally required	the best of my/our form, mode or ma idian or foreign gov and other such i	knowledge and belief anner, all / any of the ernmental or statutory regulatory/investigation	
or any other additional inf tax and beneficial owner (including if the Fund does information to any instituti tax authorities, the Fund r questions about my/our ta the taxpayer identification	rd party, on a need to know ormation as may be required information and certain certifi is not receive a valid self-certi ons such as withholding age nay also be constrained to wi k residency; (f) I have undersi number is true, correct, and olication may liable to get re	I by you from time cations and docum ification from me) thents for the purposithhold and pay outlood the information complete. I also dominiments to the complete.	to time; (xi) Towa nentation from inve- he Fund may be of se of ensuring app t any sums from n n requirements of confirm that I have	ards compliance with estors. I/We ensure to obliged to share inform propriate withholding f my/our account or clos this Form (read along e read and understoo	tax information shari advise you within nation on my account rom the account or se or suspend my ac with the FATCA/CR d the FATCA Terms	ng laws, such as 30 days should t with relevant ta any proceeds in count(s) and (e) S Instructions) ar and Conditions	s FATCA and CRS. (a there be any change x authorities; (c) I/We relation thereto; (d) I/We understand that dhereby confirm that below and hereby ac	a) the Fund may in any information am aware that the as may be requiled I am / we are re the information procept the same.	be required to see on provided; (b) In the Fund may also lead to contact of equired to contact of provided by me/us of txii) If the name give	ek additional personal, certain circumstances be required to provide r overseas regulators/ ny tax advisor for any on this Form including ven in the Application	
invested as per the option as No Nominee declar	n selected/ mentioned under ation at one single place. ndividuals/HUF; ** Applicable	clause (5) of the f . Please explore	form. We can mo	ve the Nomination &	No Nominee Declara	ation point after I	Declaration. So, that in	nvestor can give	signature for appl	cation details as well	
SIGNATURE(S) (ALL Applicants	⊗			⊗			⊗				
must sign)	1st Applicant / Guardia	ın / Authorised	I Signatory		ant / Authorised	Signatory		d Applicant /	Authorised Sig	ınatory	
Date			- 1			Place	I				