

Test Applicant / Guardian / Authorised Signatory	A PARTI															А	PP	LICA	TIOI	N NO	0.						,	S-030	02/15
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For Non-individuals: Is the entity involved / providing any of the following services:	Networth in Rs.													as	of (d	ate)	D	D	M	M	Υ	Υ	Υ	Υ					
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 applicants should mandatorily fill Annexure - I alongwith this form. NoTE: Non-individual applicants should mandatorily fill Annexure - I alongwith this form.						•	_			•			s [Yes	s [□ No													
NOTE: Non-individual applicants should mandatorily fill Annexure - I alongwith this form. 2. PARTICULARS OF SECOND APPLICANT (SEE NOTE 1 & 2) Name Mr./Ms./M/s. Mandatory Enclosures PAN Proof KYC Acknowledgement PAN Exempt KYC Ref no (PEKRN for Micro investments) - AADHARNO Occupation Professional Business Government Service Private Sector Service Public Sector Service Agriculturist (Please (*/)) Retired Housewife Student Forex Dealer Doctor Others [Please specify] Gross Annual Income in Rs. (Please tick (*/)): Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. > 1 Cr. OR Networth in Rs. Politically Exposed Person [PEP]: Yes No Related to PEP Investors subscribing to the scheme through SIP must complete Registration cum Mandate form compulsorily alongwith application form TEAR HERE St. LITE Investment Manager: SBI Finds Management Pvt. Ltd. ACKNOWLEDGEMENT SLIP APPLICATION NO. A CKNOWLEDGEMENT SLIP APPLICATION NO. ACKNOWLEDGEMENT SLIP APPLICATION NO. To be filled in by the First applicant/Authorized Signatory): Received from: Regular Growth Reinvestment Payout Reinvestment Payou				-							-				_	_	ttery	/ Servi	ices ((e.g. 0	Casin	ios, B	etting	Sync	dicates) [Yes		No
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3. PARTICULARS OF THIRD APPL	ICANT				(\$	SEE NOTE 1 & 2)									
Name Mr./Ms./M/s.															
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Networth in Rs		as o	of (date)	M M Y Y	Y										
Politically Exposed Person [PEP] : Ye	s No Related to PEP														
4. FATCA RELATED INFORMATIO	N														
DETAILS OF FIRST APPLICANT Country of Birth			City of Birth												
Country of Citizenship / Nationality			Only or Biran_												
Are you a tax resident of any country other	than India? Yes No														
If Yes, please indicate all countries in v		tification Type ther, please specify)													
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In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number. (Please attach additional sheets if necessary) ETAILS OF SECOND APPLICANT															
ETAILS OF SECOND APPLICANT ountry of Birth City of Birth															
ountry of Birth City of Birth Output of Citizenship / Nationality															
Country of Citizenship / Nationality															
re you a tax resident of any country other than India? No If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:															
(also include LICA subsers the incl	Country	f LICA)	•	fication Number		tification Type									
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DETAILS OF THIRD APPLICANT															
Country of Birth			City of Birth												
Country of Citizenship / Nationality Are you a tax resident of any country other	than India? Yes No														
If Yes, please indicate all countries in v		and the asso	ociated Tax Reference	e Numbers below:											
	Country	(1104)	_	ification Number		entification Type									
(also include USA, where the inc	lividual is a citizen/ green card holder c	of USA)	(Please enclose su	oporting documents)	(TIN or Other, please specify)										
In case Tax Identification Number is not	available, kindly provide functional as-	ijvalent or Co	mnany Identification	Number or Global East	ty Identification	Number									
(Please attach additional sheets if nece		divalent of Col	прапу іченшісацоп і	number of Global Entire	ly identification	Number.									
5. GENERAL INFORMATION – Please	e (✓) wherever applicable ax Status (Please (✓))				(5	Medicat Holding (1)									
Resident Individual	Sole-Proprietor	Govern	ment Body	□ NGO		Mode of Holding (✓) Single									
Resident Minor (through Guardian)	Public Limited Company	Society	•	LLP		Joint									
NRI (Repatriable) NRI (Non-Repatriable)	Private Limited Company	Trust NPS Tri	ust	PIO		Any one or									
NRI– Minor (Repatriable)	Body Corporate Partnership Firm	Fund of		NPO	Survivor										
NRI – Minor (Non-Repatriable)	FII / FPI	/ Fund	<u> </u>	lease specify]											
Pension and Retirement Fund Financial Institutions	☐ HUF ☐ Bank		Others	lease specify]											
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Any communication in connection wi	th this application should be addre	essed to the	Registrar or the I	nvesment Manager											
Investment Manager :			Registrar:	- Mana : 2	5										
SBI Funds Management Pvt. Ltd. (A Joint Venture between SBI & AM	IUNDI)			e Management Servation No. : INR0000		,									
9th Floor, Crescenzo, C-38 & 39, G Block, Bandra Kurla Complex,			Rayala Towe Tel: 044 – 28	ers, 158, Anna Sala 8881101 / 36	i,Chennai – 6	00 002									
Bandra (East), Mumbai – 400 051			i ei. 044 – 28	001101/30											

Tel: 022- 61793511 Email: customer.delight@sbimf.com Email: enq_L@camsonline.com Website: www.camsonline.com

6. CONTACT	DEI	AILS																					(5)	CE N	OTE.	')	
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(Mandatory for NRI / FII) City																											
Country					1													Zip									
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Name of Bank																											
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Scheme Name																											
Plan (Please ✓)					gular				Direct		In case of Dividend Transfer facility, please mention target scheme along with plan/option.														option.		
Option (Please ✓)			L		wth			_	Divide	Scheme / Plan / Option																	
Dividend Facility		se ✓) jue / D			investr	ment		<u> </u>	Payou	t	Drawn on Bank and Branch Cheque / D.D. No. & Date																
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For third party ch	eque	s plea	se se	e Not	e 3 vii		_																				
9. STP ENRO	LLM	ENT	DET	AILS	C	pted	for S	TP:		Yes		No		(If Y	es, it	is mar	ndator	y to s	ubmit	STP E	nrollm	ent Fo	orm/Ti	ansac	tion sl	lip)	
10. DEMAT AC																											data^^
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Depository Participant Name													ository icipan		e —												
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Address of Nor Guardian	minee/																						Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
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Percentage																							
Relationship												Date	of Bir	th*	D [M	M	Υ	Υ	Υ	Υ	\otimes
Address of Nor Guardian	minee/																•						Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the No	ominee																						(Wandatory in case of Willion Homiliee)
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SIP REGISTRATION CUM MANDATE FORM (ECS / DIRECT DEBIT / NACH FACILITY) ugh SIP (ECS / Direct Debit / NACH Facility) must c plication should be submitted atleast 30 days before the 1st ECS/Direct Debit/NACH debit date Branch Code (only for SBC) Sub-Broker ARN Code Sub-Broker Code ÉUIN* ARN & Name of Distributor Reference No. **ARN 102683** E 024075 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. 2nd Applicant / Authorised Signatory distributors based on the investors' assessm 3rd Applicant / Authorised Signatory tors including the service rendered by the distribution 1st Applicant / Guardian / Authorised Signatory tered Di TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY In case the subscription amount is Rs. 10,000/- or more and if your Distrit (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 in SIP Registration SIP - Change in Bank Details **NVESTOR DETAILS** Folio No./Application No. Name of 1st Applicant (Mr/Ms/M/s) Name of Father/Guardian in case of Minor PAN DETAILS Second Applicant Third Applicant Mandatory Enclosures **Mandatory Enclosures Mandatory Enclosures** KYC Acknowledgement PAN Proof PAN Proof PAN Proof PAN Exempt KYC Ref no (PEKRN for Micro investments) PAN Exempt KYC Ref no (PEKRN for Micro investments) PAN Exempt KYC Ref no (PEKRN for Micro investments) SIP DETAILS (ECS in select cities or Direct Debit/NACH in select banks only SIP without Cheque Scheme Name Plan (Please ✓) Regular Direct Option (Please ✓) Growth Dividend Dividend Facility (Please ✓) Reinvestment Payout First SIP Cheque No. ach SIP Amount (Rs.) No of SIP Monthly SIP Date 1st 25th Gor February, last business day) Frequency Quarterly From SIP Period Y OR 3 years 5 years 10 years 15 years Perpetual (Select any one) **TOP-UP SIP** Top-Up Frequency Top-Up Amount (in multiples of Rs. 500 only) Half - Yearly (Please / any one) DECLARATION: I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutual Fund. 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 ECS / 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 Addenda 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. SBI MUTUAL FUND Date D D M M Y Y Sponsor Bank Code C I T I 0 0 0 P I G W SB/CA/CC/SB-NRE/SB-NRO/Othe I/We, hereby authorize SBI Mutual Fund CREATE MODIFY Bank a/c number CANCEL with Bank Applicant's Bank Name IFSC or MICR an amount of Rupees ₹ in words in figures FREQUENCY: X Monthly X Quarterly X Half Yearly X Yearly As & when presented DEBIT TYPE: X Fixed Amount ✓ Maximum Amount Phone No. Reference 1 Reference 2 Email ID PERIOD Signature of 1st Applicant From То XX XX XXXX ✓ Until cancelled Or

