

Reference No.

E 024075

3rd Applicant / Authorised Signatory

All purchases are subject to realisation of cheque / demand draft

(SEE NOTE 1 & 2)

4. FATCA RELATED INFORMATION

DETAILS OF FIRST APPLICANT	
1. Name of the Applicant	Mr. [Name]
2. Address of the Applicant	[Address]
3. Date of Application	[Date]
4. Signature of the Applicant	[Signature]
5. Stamp of the Applicant	[Stamp]

Country of Birth	City of Birth
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Are you a tax resident of any country other than India? ☐ Yes ☐ No

Are you a tax resident of any country other than India: ☐ Yes ☒ No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

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)

DETAILS OF SECOND APPLICANT	
NAME	
DATE OF BIRTH	
RELATIONSHIP TO FIRST APPLICANT	
EDUCATION	
EMPLOYMENT	
RESIDENCE	
CONTACT INFORMATION	
DECLARATION	
SIGNATURE	
DATE	

Country of Citizenship / Nationality _____

Are you a tax resident of any country other than India? ☐ Yes ☐ No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number (Please enclose supporting documents)	Identification Type (TIN or Other, please specify)

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)

(Please attach additional sheets if necessary)

DETAILS OF THIRD APPLICANT	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
PHONE	
DATE	

Country of Citizenship / Nationality _____

Are you a tax resident of any country other than India? ☐ Yes ☐ No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number (Please enclose supporting documents)	Identification Type (TIN or Other, please specify)

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)

(Please attach additional sheets if necessary)

(SEE NOTE 1 m & n)

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

TEAR HERE

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

Registrar:

Computer Age Management Services Pvt. Ltd.,
SEBI Registration No. : INR000002813)
Rayala Towers, 158, Anna Salai, Chennai – 600 002
Tel: 044 – 28881101 / 36
Email: enq_L@camsonline.com
Website: www.camsonline.com

6. CONTACT DETAILS

(SEE NOTE 1)

Local Address of 1st Applicant

City

Pin

State

Foreign Address

(Mandatory for NRI / Fil)

City

Country

Zip

Address for Correspondence for NRI Applicants only (Please (✓))

Indian by Default

Foreign

7. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details)

(SEE NOTE 3)

Name of Bank

Branch Name and Address

City

Pin

Account No.

9 digit MICR Code

(This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)

IFS Code

Account Type (Please ✓)

☐ Savings

☐ NRO

☐ FCNR

☐ Current

☐ NRE

☐ Others

8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund

(SEE NOTE 5)

☐ One time Investment

☐ Systematic Investment Plan (SIP) (if Yes, please tick any one)

☐ PDC
(Inc case of SIP through Post Dated Cheques (PDC) it is mandatory to submit Transaction Slip mentioning PDC details)

☐ Auto Debit / ECS
(Inc case of SIP through ECS/Auto Debit mode it is mandatory to submit SIP Enrolment Cum Auto Debit/ECS Mandate Form)

Scheme Name			
Plan (Please ✓)	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option. Scheme / Plan / Option
Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend	
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment	<input type="checkbox"/> Payout	
Cheque / DD Amount (Rs.)		Drawn on Bank and Branch	Cheque / D.D. No. & Date
Investment Amount (Rs. in Figures)		Investment Amount (Rs. in Words)	

For third party cheques please see Note 3 vii.

9. STP ENROLLMENT DETAILS

Opted for STP: ☐ Yes ☐ No

(If Yes, it is mandatory to submit STP Enrollment Form/Transaction slip)

10. DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository)

Do you want Units in Demat Form (Please (✓))

☐ Yes ☐ No

(If Yes, please provide the below details and enclose the latest Client Investor Master / Demat Account Statement (Mandatory))

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name	Depository Participant Name
DP ID No.	Target ID No.
Beneficiary Account No.	

11A. NOMINATION : I wish to nominate the following person/s to receive the proceeds in the event of my death. (With effect from 01/04/2011, for individual investors applying with single holding, Nomination is mandatory. However, in case you do not wish to nominate please sign point 11 B.)															(SEE NOTE 10)										
Name of the Nominee																	⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)								
Name of the Guardian																									
Percentage																									
Relationship												Date of Birth*						D	D	M	M	Y	Y	Y	Y
Address of Nominee/Guardian																									
Name of the Nominee																	⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)								
Name of the Guardian																									
Percentage																									
Relationship												Date of Birth*						D	D	M	M	Y	Y	Y	Y
Address of Nominee/Guardian																									
Name of the Nominee																	⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)								
Name of the Guardian																									
Percentage																									
Relationship												Date of Birth*						D	D	M	M	Y	Y	Y	Y
Address of Nominee/Guardian																									

11B. NOMINATION : I do not wish to nominate any person at the time of making the investment.																			
Signature																			

12. DECLARATION (SEE NOTE 11) : 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 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); (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: (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;

* Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to “Micro investments”

Applicants must sign as per mode of holding	⊗	⊗	⊗
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date			Place



SIP REGISTRATION CUM MANDATE FORM (ECS / DIRECT DEBIT / NACH FACILITY)

New Investors subscribing to the scheme through SIP (ECS / Direct Debit / NACH Facility) must complete this form compulsorily alongwith Common Application Form

(Application should be submitted atleast 30 days before the 1st ECS/Direct Debit/NACH debit date)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	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.

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

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.

Please (✓)	<input type="checkbox"/> SIP Registration	<input type="checkbox"/> SIP - Change in Bank Details
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INVESTOR DETAILS

Folio No./Application No.		(Existing unitholders: Please mention your Folio Number. New applicants: Please mention the Application Number)
Name of 1st Applicant (Mr/Ms/M/s)		
Name of Father/Guardian in case of Minor		

PAN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement
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)

<input type="checkbox"/> SIP with Cheque <input type="checkbox"/> SIP without Cheque	
Scheme Name	
Plan (Please ✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
Dividend Facility (Please ✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout	
Each SIP Amount (Rs.)	First SIP Cheque No. (Note : Cheque should be drawn on bank account mentioned below)
SIP Date <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day)	No of SIP Installments <input type="text"/> Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
SIP Period	
From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetual (Select any one)	

TOP-UP SIP

Top-Up Amount (in multiples of Rs. 500 only)	Rs. <input type="text"/>	Top-Up Frequency (Please ✓ any one) <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual
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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.



UMRN

Date

Sponsor Bank Code

Utility Code

(Please ✓)

CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize <input type="text"/>	To debit (Please ✓) <input type="text"/>
MODIFY	Bank a/c number <input type="text"/>	
CANCEL		

with Bank Applicant's Bank Name IFSC or MICR

an amount of Rupees in words ₹ in figures

FREQUENCY: ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented DEBIT TYPE : ☒ Fixed Amount ☒ Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

PERIOD			
From	<input type="text"/>	Signature of 1st Applicant	Signature of 2nd Applicant
To	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Signature of 3rd Applicant
Or	<input checked="" type="checkbox"/> Until cancelled	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.

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