

APPLICATION NO.

June 2024

	butor B	(only for SBG)	Sub-Broker	ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference N
ARN-153155						E-271894	
eclaration for "execution-only" t /We hereby confirm that the EUIN bo							/sales person of the ab
stributor or notwithstanding the advic	e of in-appropriaten	iess, if any, provided b	y the employee/rela	tionship manager/s	sales person of the distributor a	and the distributor has not charged any advisor	ry fees on this transact
SIGNATURE(S)							
	/ Guardian / A	uthorised Signa	tory 2 nd A	pplicant / Aut	horised Signatory	3 rd Applicant / Authorise	d Signatory
Existing folio no. G					NAME		
. FIRST APPLICANT DE							
lame 🧟							
Mr. / Ms. / M/s.) Name should be as per PAN)		<u> </u>					
lame of Guardian (As per PA in case of Minor)	4N)						
elationship of Guardian	Father N	lother 🗌 Legal (Guardian [Please	mandatorily encl	ose the document evidencing	the relationship of Minor with Guardian]	
auardian Date of Birth (As p	er PAN) (Mand	atory) D D	M M Y	Y Y	Y		
PAN/PEKRN NO.					Date of Birth / Incor (As per PAN) (Mandato		Y Y Y
egal Entity Identifier (LE	El) for Non-In	idividuals				Validity	
CKYC Identification No.)				(En	nclose KYC Acknowledgement)		
mail ID 🧊							
mail ID pertains to	elf(default)	Spouse 📃 Depe	ndent Children	Dependent	Sibling Dependent F	Parents Guardian PMS	Custodian 🔲 P
Iobile No. C			Te	elephone (O)		Telephone (R)	
Iobile No. pertains to 🗌 Se	if(default)	Spouse 🔲 Depei	ndent Children	Dependent	Sibling Dependent F	Parents Guardian PMS	Custodian 🔲 P
Correspondence							
st Applicant							
Sity							
		State				TIME STAMP HE	
Pin Adduces for Cr							
oreign Address	prrespondence to	or NRI Applicants on	ly (Please (🖌)) Ind	lian by Default	Foreign		
fandatory for NRI / FII)							
City							
			Country				
2. MODE OF HOLDING (Single	Please 🗸)		Anyone or Surviv	/or			
3. JOINT APPLICANT DI							
		Second A	oplicant			Third Applicant	
ame (Name should be as							1
ame (Name should be as ar PAN)	1 1 1						
PAN /PEKRN CP Enclose KYC Acknowledgement)							
PAN/PEKRN (PEnclose KYC Acknowledgement)	D M	M Y Y	Y Y		D D M		
AN /PEKRN (PEKRN) Enclose KYC Acknowledgement) ate of Birth (PAN) (Mandatory)	D M	M Y Y					
AN /PEKRN (PEKRN (PEKRN) Enclose KYC Acknowledgement) Ate of Birth (PEKR) As per PAN) (Mandatory) IN XYC Identification No.) P4. BANK ACCOUNT	O D M	M Y Y Details of Firs	t Applicant	(Mandatory to attack	bank account proof in case the	payout bank account is different from the source	e/investment bank ac
AN /PEKRN (PEKRN (PEKRN) Enclose KYC Acknowledgement) Ate of Birth (PEKR) As per PAN) (Mandatory) IN XYC Identification No.) P4. BANK ACCOUNT	(Pay Out)	M Y Y Petails of Firs	t Applicant	(Mandatory to attack	bank account proof in case the	payout bank account is different from the source	e/investment bank acc
PAN /PEKRN Pake of Birth Enclose KYC Acknowledgement) Pake of Birth Date of Birth Pake of Birth As per PAN) (Mandatory) Image: Comparison of Comp	(Pay Out)	M Y Y Details of Firs	t Applicant	(Mandatory to attact	h bank account proof in case the	payout bank account is different from the sourc	e/investment bank acc
PAN /PEKRN PEKRN Enclose KYC Acknowledgement) Enclose KYC Acknowledgement) Date of Birth Pate Action (Mandatory) As per PAN) (Mandatory) Image: Compare Action (Mandatory) KIN KYC Identification No.)	(Pay Out)	M Y Y Details of Firs	Y Y I I I I I I I I I I I I I I	(Mandatory to attact	bank account proof in case the	payout bank account is different from the sourc	e/investment bank acc
PAN /PEKRN Pake of Birth Enclose KYC Acknowledgement) Pake of Birth Date of Birth Pake of Birth As per PAN) (Mandatory) Image: Comparison of Comp	(Pay Out) 1	M Y Y Details of Firs I I I I	Y Y Image: Applicant Image: Applicant	(Mandatory to attact	h bank account proof in case the	payout bank account is different from the source	e/investment bank acc
PAN /PEKRN Image: Constraint of the second seco	(Pay Out) I	M Y Y Details of Firs I I I I	Y Y t Applicant	(Mandatory to attact	h bank account proof in case the		
PAN /PEKRN Image: Constraint of the second seco	(Pay Out) I	M Y Y Details of Firs I I I I	Y Y I I I I I I I I I I I I			Pin Account Type (F	
AN /PEKRN C Enclose KYC Acknowledgement) Date of Birth C As per PAN) (Mandatory) CIN SKYC Identification No.) CYC Identification No.) CYC Identification No.) CH BANK ACCOUNT Iame of Bank Branch Name Ind Address City Account No. FS Code	Image: Constraint of the second se	M Y Y Details of Firs I I I I I I I I I I I I I I I I	Y Y t Applicant		h bank account proof in case the	Pin Pin Account Type (F	Please √)
PAN /PEKRN Image: Constraint of the second seco		M Y Y Details of Firs I I I I I I I I I I I I I I I I				Pin Account Type (F	Please ✓)
PAN /PEKRN Image: Control of Co	or : State Bank of I ment Manager : SE	India BI Funds Managemen		(Please provide)	ide a copy of CANCELLED cheque	Pin Pin Savings NRO Current NRE	Please ✓)
PAN /PEKRN PAN /PEKRN Enclose KYC Acknowledgement) Panton Stress Date of Birth Panton Stress As per PAN) (Mandatory) Panton Stress CIN Panton No.) Panch Name Panton Stress Did Address Panton Stress Dity Panton Stress Dity Panton Stress Status Panton Stress Panton Stress Panton Stress	or : State Bank of I ment Manager : SE t Venture between	India BI Funds Managemen SBI & AMUNDI)		(Please provid	ide a copy of CANCELLED cheque	Pin Account Type (F	Please ✓)
PAN /PEKRN Image: Control of Co	or : State Bank of I ment Manager : SE t Venture between	India BI Funds Managemen SBI & AMUNDI)		(Please provide)	ide a copy of CANCELLED cheque	Pin Pin Savings NRO Current NRE	Please ✓) FCNR Others Signa
PAN /PEKRN Image: Constraint of the second seco	or : State Bank of I ment Manager : SE t Venture between	India BI Funds Managemen SBI & AMUNDI) zed Signatory) :		AR HERE — — CKNOWLEE o be filled in by	ide a copy of CANCELLED cheque	Pin Pin Savings NRO Current NRE	Please ✓) FCNR Others Signa Dat

							andatorily fill	separate F	FATCA/CRS & UBO Form (Annexure-1).
Is the applicant(s) Country of			x Residency oth						Third Applicant
First Applicant (ind		winor)	(F)	Second Yes		No		(Jen la construction)	Third Applicant Yes No
If "YES", please provide th	ne follow	ing informat	ion (mandatory):					
Details		-	ant (including	-		Second A	pplicant		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	2								
Tax Payer Ref. ID No.2									
Identification Type [TIN or Other, Please specify]									
Country of Tax Residency 3	3								
Tax Payer Ref. ID No. 3 Identification Type									
[TIN or Other, Please specify]	rionst		vido ito fuzzztional	autorat-	lf pr Th	Lie vet evente la	r boo n=to st	Noon is'	
In case I ax Identification Number this to the form. (Please attach ad CP6. INVESTMENT AND F	lditional sh	eets if necessar	y and mention all c	quivalent. ountries in	which a	applicant is a tax i	resident & pro	ovide releva	I, please provide an explanation and attach nt details)
One time Investment			vestment Plan (SII	P) (Plea	ise subi	mit SIP Enrolmen	t & OTM Forn	n)	
Scheme Name		- ,		, (/	
Plan (Please ✓)			Direct			In case of IDCW	Transfer facility	nlesse men	tion target scheme along with plan/option.
		gular	Direct				Transier lacility,	please men	nion target scheme along with plan/option.
Option (Please ✓) Income Distribution cum	Gr Gr	owth	IDCW	Frequen	су	Scheme / Plan /	Option		
Capital Withdrawal (IDCW)	🗌 Re	investment	Payout	🗌 Trai	nsfer				
Facility (Please ✓) Please refer to Note 28 for details	s of IDCW	renaming							
Payment Mode	Ch	eque	🔲 Fund Tran	sfer		RTGS			
Cheque No. & Date		Cheo	ue Amount (Rs.))			Drawn	on Bank an	nd Branch
7. TAX STATUS (Please 🗸)									
Resident Individual		Pe	nsion and Retireme	ent Fund		Governm	ent Body		NGO
Resident Minor (through Gua	rdian)	Fir	ancial Institutions			Society*			
NRI (Repatriable)			blic Limited Compa			Trust*			PIO
NRI (Non-Repatriable)			vate Limited Comp	any		NPS Trus			□ NPO*
NRI – Minor (Non-Repatriable))		dy Corporate rtnership Firm			Gratuity F			[Please specify]
Sole-Proprietor	/		/ FPI			AOP	unu		Others
HUF		Ba				BOI			[Please specify]
*Non-Profit Organization [NPO]	(Manda	torv) Ves	– <u>—</u> — — —	lf ves. r		uote Registration	n No. of Darp	an portal	
	`	,,					•		e (15) of section 2 of the Income-tax Act,
1961 (43 of 1961), and is registe	red as a tri	ust or a society	under the Societies	s Registrat	ion Act	, 1860 (21 of 1860	0) or any simi	lar State le	gislation or a Company registered under
If not, please register immediately	and confi	rm with the abov	e information to av	oid non pr	ocessir	g of applications.	Failure to get	t above cor	firmation or registration with the portal as
be liable for it for any fines or con	sequences	as required und	er your entity name ler the respective s	tatutory re	ve porta quireme	ents and may report t	o the relevant you to deduc	t authorities	firmation or registration with the portal as as applicable. We are aware that we may s/charges under intimation to us or collect
8. DEMAT ACCOUNT DET			ole.						
If you wish to hold units in	Demat	mode, please							Demat Account Statement
				plication	form r				Id with the Depository Participant.
National Securities	Deposi		(NSDL)	Depo	sitory	Central Depo	sitory Ser	vices (in	dia) Limited (CDSL)
Participant Name					cipant N	ame			
DP ID No.	Ν			Benef	iciary A	ccount No.	1	1	
Beneficiary Account No.	01044	in Domot Mard	Ctotomart of A		ill be '	and by the De	nonitory		
Please note wherever units are			-	TEAR HEF		sueu by the De			
Any communication in conr	nection wi	th this applica	tion should be ad	ddressed	to the	Registrar or the	e Invesment	Manager	
Investment Manager :						0	Regist	Ũ	
SBI Funds Management L			TOLL FREE NO) : 1800 42	5 5425	1800 2093333	Compu	iter Age N	lanagement Services Ltd.,
(A Joint Venture between 3 9th Floor, Crescenzo, C-38		IUNDI)	ALTERNA +91-22-62	-	-	-		0	n No. : INR000002813) 158, Anna Salai,Chennai – 600 002
G Block, Bandra Kurla Com Bandra (East), Mumbai – 4	iplex,			site : www			Email:	enq_sbin	nf@camsonline.com

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

Website: www.camsonline.com

First Applicant Become Applicant Due to asso directions (Due to asso directions (Du	9. OTHER PERSONAL INFORMATI	ON -	- (Please 🖌)										
Gender IMAB Imanual Conv IMAB Imanual Conv IMAB Imanual Conv Imanual Imanual Conv Imanual			Firs	t Applic	ant		(NA in c				(NA in ca			minore)
Father's Name	Gender		Male	Female		Other	_					_		· · ·
Spours's Name Preferation Business Preferation Business Cecupation Preferation Business Preferation Business Prevails Sector Service Business Prevails Sector Service Business Business Prevails Sector Service Business Business Business Business Prevails Sector Service Business			L	- I ciliaic					uc	Other				
Operation (Press /) In Production Decommend Service Production Production In Production Production In Production Production In Production Production In Production Production In Production														
(Please - f) Image: Please Sector Service Applicability Image: Please Sector Service Please Sector Service Please Sector Service	Spouse's Name													
Bordense Starter Bord		F	Professional			Business	Profes	sional		Business	Profes	sional	Bus	siness
Direction Exercise Environment Direction Dire	(Flease V)					•	=			0	=			
Biddent Frank Dealer Biddent Frank Dealer Biddent Dealer Dealer Dealer Gross Annual Income In Rs. Biddent 1 is Is Iss. Biddent 1 is Iss. Biddent 1 is Iss. Gross Annual Income In Rs. Biddent 1 is Iss. Biddent 1 is Iss. Biddent 1 is Iss. Pollically Exposed Person (TEP) Mm. Income Into Iss. Biddent 1 is Iss. Pollically Exposed Person (TEP) Mm. Income Iss. Biddent 1 is Iss. Pollically Exposed Person (TEP) Mm. Income Iss. Biddent 1 is Iss. Biddent 1 is Iss. Name of the Nummee Mm. Resident 0 PEP Mm. Reside					Н		=				-		-	
Order Order				Service	Н		-				=			
Gross Annual Income In Rs. Bit on Lass Bito			Doctor				Docto	r			Doctor			
Process /: 25 Lace - 1 C/. 1 0 25 Lace 0 - 0 1 Lace 0 - 0 5 Lace 0 - 0 1 Lace 0 - 0 5 Lace <td< th=""><th></th><th></th><th>Others</th><th></th><th></th><th></th><th>Other:</th><th>3</th><th></th><th></th><th>Others</th><th></th><th></th><th></th></td<>			Others				Other:	3			Others			
							=							
OR Networth In Rs. Status 10, 2012 Notworth as of date Status 10, 2012 Pollically Exposed Person (PEEP) Yes No Type of address given at KRA Neukowati Burgers Reg.Office Notworth as of date Neukowati Burgers Reg.Office Type of address given at KRA Neukowati Burgers Reg.Office Noninee3 Noninee3 Noninee3 Noninee3 Name of the Noninee Noninee3 Noninee3 Noninee3 Name of the Noninee Noninee3 Noninee3 Noninee3 PAN of the Noninee Noninee3 Noninee3 Noninee3 Signature of Noninee Signature of Noninee3 Noninee3 Noninee3 Signature of Noninee Signature of Noninee3 Signature of Noninee3 Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signature of Noninee3 Signatur	(Please ✔):			Cr.	H						=	1 Lac	□ □ 1-5	Lacs
Networth as of date 21 Loss 1 Cr. 3 U.C. Politically Exposed Person (PEP) Yes No. Related to PEP Yes No. Related to PEP Prove of address given at KRA Rescinted Busines Reg.Office Wes No. Related to PEP No. Collegit Colle														
Politically Exposed Person (PEP) Yes b b c c c c c c c c c c c c c c c c c		<u> </u>									25 La	cs - 1 Cr.	> 1	Cr.
Type of address given at KRA Residential	Networth as of date	D	DM	MY	Y	YY	DD	M M Y	Y	YY	D D	M M Y	Y Y	Y Y
Spectrum Control Contro Control Control	Politically Exposed Person [PEP]	Υ	Yes	No	Re	lated to PEP	Yes	No	Re	lated to PEP	Yes	No	Relate	d to PEP
Nomination is mandatory. However, in case you do not wish to nominate please sign in point 31) Nomine 1 Name at the Nominee Nomine 1 Nomine 1 Name at the Nominee Nomine 1 Nomine 1 Name at the Nominee Nominee 1 Nominee 1 Name at the Nominee Nominee 1 Nominee 1 Name at the Quardian Nominee 1 Nominee 1 Name at the Quardian Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 1 Signature of Nominee 2 Signature of Nominee 2 Signature of Nominee 2 Park of the Signature of Nominee 2 Signature of Nominee 2 Not NOMINEE EVELARATION Signature of Nominee 2 Nominee 2 Nominee 2 Signature of Oracle Person P	Type of address given at KRA	R	Residential	Business	; [Reg. Office	Reside	ntial 🗌 Busine	ess	Reg. Office	Resider	ntial Busines	s 🗌 R	eg. Office
NA in case of investment nom minors NA in case of investment nom minors PAN of the Nominee' PAN of the Nom	10. NOMINATION : I/We wish to	nomi	inate the f	ollowing	j pe	erson/s to	receive t	he proceed	s in i	he event o	f death.	(For individ	ual inv	estors,
PAN of the Nomines PAN of the Nomines Mores of the Quartine (mease Marcine) PAN of the Nomines Submert Relationship with Nomines PAN of the Nomines Submert Relationship with Nomines PAN of the Nomines Submert Signature of Nomines Charding Signature of Nomines Charding Signature of Nomines Charding 2" Applicant / Authorised Signatory It as Non-Individual Investors Nomines Charding 3" Applicant / Authorised Signatory It as Nomines Charding 2" Applicant / Authorised Signatory It as Nomines Charding 3" Applicant / Authorised Signatory It as Nomines Charding 3" Applicant / Authorised Signatory It as Nomines Charding 3" Applicant / Authorised Signatory It as Applicant / Interporter 9% B		er, I				isn to nomi	nate plea			11)		Nominee	3	
Name of the Guardian (inclusion %, toxedary # new fame or Nominee Guardian % (Marchard Signature of Nominee/Guardian (Chardian) (Marchard Signature of Nominee/Guardian (Marchard Signature) (Mar														
th: case Monitorie is Monitorie Allocation **; Mucanopy ** note that note Notice() Signature of Noninee Cuardian Signature		+-												
distance for be in densel	(In case Nominee is Minor)													
Date of Birth* (Mandatory II Nominee is Minor) Signature of Nominee/Guardian (Mandatory II Commission of Manon Nominee) Signature of Nominee/Guardian Signature of Nominee/Guardian (Mandatory II Commission of Manon Nominee) Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian (Mandatory II Nominee) Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian (Mal. Application) The Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian (Mal. Application) T*Applicant / Guardian / Authorised Signatory 2** Applicant / Authorised Signatory 3** Applicant / Authorised Signatory 12.NETUTIONAL INVESTORTS ADDITIONAL INFORMATION Signature of Nominee/Guardian / Authorised Signatory 2** Applicant / Authorised Signatory	(Should not be in decimal)													
Signature of Nominee'Guardian (*Mandalosy in case of Minor Nominee) Signature of Nominee'Guardian Signature of Nominee'Guardian 11. NO NOMINEE DECLARATION : If We hereby confirm that J. We do not visi to appoint any nominee!() for my our mutual fund units held inmy (our fail the account holder(s), my (our fail) the intervision of the such completent of nominee/Guardian Signature (c) (ALL Applicant) ************************************		+				1 1 1		1 1 1				1 1 1		
("Mandatory in case of Minor Nomine) Signature of Nominee@uardian Signature of Nominee@uardian Signature of Nominee@uardian Signature of Nominee@uardian 11. NO NOMINEE DECLARATION ! UV the hereby confirm that IV. We do not wish to appoint any nominee(s) for my our regal heirs would need to submit all the requisite documents insue by Court of loss and understand heid in the account holder(s), my our fegal heirs would need to submit all the requisite documents insue by Court of loss and understand heid in the account holder(s), my our fegal heirs would need to submit all the requisite documents insue by Court of loss and understand heid in the account holder(s), my our fegal heirs would need to submit all the requisite documents insue by Court of loss and understand heid in the account holder(s), my our fegal heirs would need to submit all the requisite documents insue by Court of loss and the din the mutual fund folio. Signature(s) (ALL Applicant / Quardian / Authorised Signatory 2" Applicant / Authorised Signatory 3" Applicant / Authorised Signatory 12. ROSTITUTIONAL INVESTORS ADDITIONAL INFORMATION Noney Lending / Pawning \vec{box} \v	Date of Birth* (Mandatory if Nominee is Minor)		DDM	MY	Y	YY	DD	MM	/ Y	ΥΥ	DD	M M Y	Y	ΥΥ
Signature of Nominee-Guardian Signature of Nominee-Guardian Signature of Nominee-Guardian 11. NO NOMINEE DECLARATION 11. We hereby confirm that 1. We do not wish to appoint any nominee(s) carry our mutual fund under table this would fund and under table and under table the would all the acquare table that in case of dealers of all the acquare table table table table tables would fund the edd to submit all the requirited documents tables table tables would and tables would all the acquare tables table tables would and tables would and tables would and tables documents tables														
11. NO NONINEE DECLARATION 1.1 We hereby continue that 1.4 We do not wish to appoint any nomines(s) only our legal heirs would need to submit all the requisite documents issue to by Court or other such competent authority a sease that here are of the hand to fail the account holder(s), my our legal heirs would need to submit all the requisite documents issue dy Court or other such competent authority, based on the value of assets held in the mutual fund follo. Signature(s) (ALL Applicant / Guardian / Authorised Signatory 2" Applicant / Authorised Signatory 3" Applicant / Authorised Signatory 12.INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION Name of Contact Person Image / Gaming / G	(Wandatory in case of winor Noninee)	-	Signatur	o of Nomin	oo/Gi	uardian	9	anature of Nomi	nee/Gu	ardian	Cia	mature of Namina	o/Cuerdia	
issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio. Signature(a) (ALL Applicant) 1"Applicant/ Guardian / Authorised Signatory 2" Applicant / Authorised Signatory 12.INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION 3" Applicant / Authorised Signatory 12.INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION Name of Contact Person	11. NO NOMINEE DECLARATION : I	/Weh	hereby confir	m that I / W	/e do	o not wish to a	opoint any	nominee(s) for i	my/ ou	r mutual fund	units held i	n my / our folio a	nd under	stand the
(ALL Applicant) "1"Applicant / Guardian / Authorised Signatory 2"" Applicant / Authorised Signatory 1"Applicant / Guardian / Authorised Signatory 2" Applicant / Authorised Signatory 1.CINSTITUTIONAL INVESTORS ADDITIONAL INFORMATION Name of Contact Person Image: Contact Person is the entity involved / providing any of the following services Yes No Money Lending / Pawing Yes No NOTE: Non-Individual investors should mandatority fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form. Image: Contact Person 13. GOGREEN INITIATIVE: As paid Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email to is not available and the specification of the purpose of the content of an under status of the purpose of the content of an under status of the content of the content of an under status of the content of an under status of the content of an under status of the content of an under status of the content of the conte									my / ou	r legal heirs w	ould need to	submit all the re	quisite do	ocuments
(ALL Applicant) "1"Applicant / Guardian / Authorised Signatory 2"" Applicant / Authorised Signatory 1"Applicant / Guardian / Authorised Signatory 2" Applicant / Authorised Signatory 1.CINSTITUTIONAL INVESTORS ADDITIONAL INFORMATION Name of Contact Person Image: Contact Person is the entity involved / providing any of the following services Yes No Money Lending / Pawing Yes No NOTE: Non-Individual investors should mandatority fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form. Image: Contact Person 13. GOGREEN INITIATIVE: As paid Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email to is not available and the specification of the purpose of the content of an under status of the purpose of the content of an under status of the content of the content of an under status of the content of an under status of the content of an under status of the content of an under status of the content of the conte														
1*Applicant / Guardian / Authorised Signatory 2*Applicant / Authorised Signatory 12.INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION Name of Contact Person Image: Contact Person <th>3 ()</th> <th></th>	3 ()													
Name of Contact Person Is the entity involved / providing any of the following services Yes No Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) Yes No For Foreign Exchange / Money Changer Services Yes No Money Lending / Pawning Yes No NOTE: Non-Individual investors should mandacrity fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form. Yes No Note perioding / Darwing Yes Yes No Noney Lending / Darwing Yes No Notes perioding / Darwing Yes Investors and the perioding / Darwing Yes No Notes perioding / Darwing Yes Investors and the perioding / Darwing Yes No Notes perioding / Darwing Yes Investors and the perioding / Darwing Yes No Notes perioding / Darwing Yes Investors and the perioding / Darwing Yes No No No 12. DECLARATION We contain the information provided in this information provided in this form instance in the origination or any statu or legiplation and replations A (TCAR) (in We anare and that 2 (Darwing and an the perioding and and the provison or any statu or legiplation and replations A (TCAR) (in We anare and that 2 (Darwing and an the periodin ano and the proviso and the periodi band ana		/ Autho	orised Signato	ory		2 nd Applic	ant / Author	rised Signatory			3 rd Applica	nt / Authorised Sig	natory	
Is the entity involved / providing any of the following services Yes No Gaming / Gambing / Lottery Services (e.g. Casinos, Betting Syndicates) Yes No For Foreign Exchange / Money Changer Services Yes No Money Lending / Pawning Yes No Money Lending / No How No No Feedow No	12.INSTITUTIONAL INVESTORS A	DDI	TIONAL IN	IFORMA	TIC)N								
For Foreign Exchange / Money Changer Services Yes No Money Lending / Pawning Yes No NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form. Yes No 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 Yes No 14. DECLARATION We confirm that the information provided in this form is true & accurate. We have read and understood the confications, directions issued by any opermental or statutory athroti yes regulations and as not eldio designed or the purgos el ontraventention of any act, nave, regulations and a provide in this form is true & accurate with the regulations and a provide in this form is true & accurate with the configurate avare that a US, person (within the definition or any other page). Jestoritor is any other application or or any other page. Jestoritor is any other application or any other page. Jestoritor is any other application or any other page. Jestoritor is any other application or any other page. Jestoritor is any other model, pagable to himber for the different compaging schemes have the memilies to any other application or any other page. Jestoritor is any other accelerations for and no behal of the Company /Fimil Trust, (W ⁺ anity and the compasity Fisch and the advinces to prove the have advinces to the best of the fund is basices of the neurity. (W ⁺ and the scheme of the fund is basices of the neurity. (W ⁺ and the scheme of the fund is bascheme of the fund is bascheme of the fund is basices of the neuri	Name of Contact Person													
NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form. I. Instruction of the Construction of the Con			0	s 🗌 Yes		No G	aming / Ga	ambling / Lotte	ry Ser	vices (e.g. Ca	sinos, Bett	ing Syndicates)	Yes	No
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								•	n this f	orm			Yes	No
who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode		Indute	only in copu	i uto i Ai e		10 4 0 5 0 1 0		are if alongitta	T LING I					
Inter UP We never not received or been induced by any relate or gits, directly or indirectly, in making this invested in any other applicable laws or any other applicable laws or any notifications, factoricons issued by any governmental or statutory authority from time to time; (iii) the morey invested by me in the schemes of the Fund 6 not eligible for investments with the Fund and IWe arriare not a U.S. person (within the definition of the form of any other applicable laws or any notifications, factoric scheme of the Fund 3 being recommendation statutory or any other application of the company. (ivesident of Canada are not eligible for investments with the Fund and IWe arriare not a U.S. person (within the definition or any other applications have the real of company (iter applicable laws or any other applications) (in the transactions in the form of the schemes of the Fund 3 being recommended to making the authorised to entire into the transactions for and on beild of the company field authorities of Association of the Company Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company (Firm / Trust, (ive)) and Articles of Association of the Company Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company (Firm / Trust, Wie anare authorised to entire torm induced though partoved barring use induced the scheme all range the provided by mere user interver of insteading or margereseriting; (iv) that we authorize you to discles, share, remin in any form, mode or manne, all <i>i</i> any of the information provided by mere use to the same; (i) I We shall keep you on think the information provided in the application from together with its anotatical and other scheme all the same induced by any experiment is application form together with its anotation and crait and the scheme all the scheme all the scheme and the scheme and the scheme and the approved barring app											stors whose	e email id is not	available	e and
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 or time to time; (iii) the more invested by me in the schemes of the Fund do not affract the provisions of Foreign Contribution Requirations Act (TFCRAT); (iv) IWe andrae wave that a U.S. person vision of the fund is observed by the company. By elaws, Tust Deed or Partnership Deed and resolutions mutual funds from anongst which a scheme of the Fund is being recommended to metus; (iv) as per the Memorandum and Articles of Association of the Company, Bye laws, Tust Deed or Partnership Deed and resolutions passed by the Company (Firm / Tust). (We andrae authorised to enter into the transactions for and not benall of the Company, Firm Trust; (wii) " illiformation provided in this application form together with its annexues is lare true and correct to the besid of through approved banking channels or from my/our Non Resident External to such information as and when provided by me us to the Fund is Sponson. AUC, trustees, their employees/RTAs or any Infan or foreign governmental or statutory or judicial autorided by me us, including all changes to such information as and when provided by me us to the Status of the same; (1) We shall keep ou forthwith informed in writing about any changes modification to the information provided by me us to the fund is sponson. AUC, trustees, their employees/RTAs or any Infan or provide or any other additional information as and when approved by use to any the addition approved by any governental or astutus or any status or any st														
of the term 'US Person' under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and IWe am/are not a U.S. person/resident of Canada. (v) the ARN holder has disclosed to meuse all the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, IWe am/are authorised to enter into the transactions for and or behall of the Company/Firm / Trust, IWe am/are authorised to enter into the transactions for and or behall of the Company/Firm / Trust, IWe am/are authorised to enter into the transactions for and or behall of the Company/Firm / Trust, IWe am/are authorised to enter into the transactions for and or behall of the Company/Firm / Trust, IWe am/are authorised to enter into the transactions for and or behall of the company/Firm / Trust, IWe am/are authorised to the tark or units of Index Nationality/Origin and that funds for the subscriptions have been emitted from abroad through approved banking channels or from myour 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 IWe shall be liable in case any of the specified information is band her provided by mel us, including all channels, we authorize you to divisit milling advisit and visit or engulatory investigation agencies including all there and advising melus of the same; (x) if 1 We shall keep you oftrikit hindring about any changes/modification to the information provided or any other advision multis of the same; (x) if 1 We shall keep you oftrikit hindring about any changes/modification or tow indication and the fund as all certifications and be fund advising melus of the same; (x) if 1 We shall keep you oftrikit hindring about any changes/modification in the information provided or any other advision multis of the same; (x) if 1 We shall keep you oftrikit hindring about any	legitimate sources and is not held or designed for the pulauthority from time to time: (iii) the money invested by	rpose o me in t	of contravention of the schemes of t	of any act, rul the Fund do	es, re not at	gulations or any s tract the provisior	atute or legisl s of Foreign (ation or any other ap Contribution Regula	oplicable tions Ac	laws or any notifi t ("FCRA"): (iv) I/	cations, directi Ve am/are aw	ons issued by any go are that a U.S. perso	vernmental on (within th	or statutory ne definition
ici the Company/Fim/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 Externall Ordinary account/FONR 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 but not limited to SEB, the Financial Intelligence Unit-India, the tax/revenue authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including but not limited to SEB, the Financial Intelligence Unit-India, the tax/revenue authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including but not limited to SEB, 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 park, 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 by our authorities in India from investors. I/We ensure to advise you within 30 days should there be any change in any information provided to provide information existences including if the Fund age be certained to any or any account with relevant tax authorities; (e) I/We am aware that the Fund may be required to provide information and vertain certaine and information requirements of this papilication in the application is any dura gauss of the application is any dura gauss of a any be required by domestic or overseas regu	of the term 'US Person' under the US Securities laws) commissions (in the form of trail commission or any oth	/ reside	lent of Canada a de), payable to hi	re not eligible im/her for the	e for i e diffe	investments with t rent competing sc	he Fund and hemes of vari	I/We am/are not a ous mutual funds fr	U.S. pei om amo	son/resident of C nast which a sche	anada; (v) the me of the Fun	ARN holder has dis d is being recommen	closed to m ded to me/	ne/us all the 'us: (vi) * as
information is found to be false or unitue or misleading or misrepresenting; (i) that we authorize you to disclose, share, remit in any form, mode or mannér, all / any of the information provided by me/ us, 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) / We shall keep you forthwith informed in writing about any changes/modification to the information provided by me/ us, including but or utside India wherever it is legally required to see additional personal, tax and beneficial onver information and certain certifications and beneficial onver information and certain certifications and beneficial onver information and certain certifications and boefficial onver information and certain certifications and beneficial onver information and certain certifications and boefficial onver information and certain certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (i) I we amave 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; (i) (a) amay be required by domestic or overseas regulators? I ax authorities, the Fund may also be constrained to withholding agents for my four account or conserve as equired by me/ us authorities in the fund may be required to see any change information and certain and the fund may to reace regulators? I ax authorities, the Fund may also be constrained to withholding agents for my four account or conserve as equired by unelus on this Form (read along withholding the fate ACRS Instructions) and hereby accounts and there that the information provided by me/ us a whore provided by me/ us a whore provided by me/ us	of the Company/Firm/Trust; (vii) ** I/We am/are Non Re	sident o	of Indian Nationa	lity/Origin and	d that	funds for the sub-	scriptions have	e been remitted from	n abroad	through approved	I banking char	nels or from my/our	Non Reside	ent External/
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 meius 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; (x) 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 also be berequired to share information to any content with relevant tax authorities; (c) IWe an aware that the Fund may also be required to provide information to any institutions such as withholding agents or any succount with relevant tax authorities; (c) We are avarent the Fund may also be required to provide information to any institutions such as withholding agents or any succount with relevant tax authorities; (c) the understand that I am / we are required to contact my tax advisor for any guestions about my/our tax residency; (f) I have understood the information provided by me/us on this Form including the taxpayer identification numbe is furty. Content, and complete. Lass confirm that I have read and understood the FATCA/CRS Instructions) and hereby confirm that I have we are equired to provide as per the option selected 'mentioned nume is furty. Content, and complete. Lass confirm that I have read and understood 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 afte	information is found to be false or untrue or misleading	or misre	epresentina: (ix) i	that we aŭtho	orize v	ou to disclose, sh	are. remit in a	nv form. mode or m	annér. a	ll / anv of the infor	mation provide	ed bv me/ us. includin	a all chana	es. updates
time; (ii) 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 here 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 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 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 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 oldes 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 the FATCA Farce S Instructions) 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 alter Declaration. So, that investor can give signature for application details as well as No Nominee declaration at one single pl	the Financial Intelligence Unit-India, the tax/revenue au	the Fu	ind, its Sponsor, is in India or outs	side India wh	ereve	r it is legally requi	red and other	such regulatory/inv	restigatio	or statutory or jud	cial authorities	party, on a need to k	now basis,	without any
be obliged to share information on my account with relevant tax authorities; (c) [/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuing appropriate withholding form 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 or close or suspend my account(s) and (e) [/We understand that 1 an / we are 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 or close or suspend my account(s) and (e) [/We understand that 1 an / we are required by 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 Terms and Conditions below and hereby accept the same. (iii) 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 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) Authorised Signatory Authorised Signatory 2 nd Applicant / Authorised Signatory 2 nd Applicant / Authorised Signatory 3 rd Applicant / Authorised Signatory	time; (xi) Towards compliance with tax information shar	ring laws	rs, such as FATC	A and CRS:	(a) th	e Fund may be re	auired to seel	c additional persona	al, tax ai	nd beneficial owne	r information a	and certain certification	ons and do	cumentation
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 may liable to get rejected or further transactions may be liable to get rejected or further transactions may be liable to get rejected or further transactions may be 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) Alt Applicant / Guardian / Authorised Signatory 2 nd Applicant / Authorised Signatory 3 rd Applicant / Authorised Signatory	be obliged to share information on my account with relev	ant tax a	authorities: (c) [/]	We am aware	that t	he Fund may also	be required to	provide information	to any i	nstitutions such as	withholding ag	ents for the purpose	of ensurina	appropriate
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 l/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)	or close or suspend my account(s) and (e) I/We underst	and that	at I am / we are re	equired to co	ntact i	my tax advisor for	any questions	about my/our tax re	esidency	; (f) I have unders	tood the inforn	nation requirements o	t this Form	(read along
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) (ALL Applicant / Guardian / Authorised Signatory 2 nd Applicant / Authorised Signatory 3 rd Applicant / Authorised Signatory	with the FATCA/CRS (Instructions) and hereby confirm	that the				A 12 12 1				ant rejected or f	while our human a set			
SIGNATURE(S) (ALL Applicants must sign) Image: Content of the second	with the FATCA/CRS Instructions) and hereby confirm the FATCA Terms and Conditions below and hereby ac this application I/We agree to issue a cheque in favor o	cept the f the fac	e same. (xii) If th cility 'SBI Multi S	elecť which v	vill be	invested as per t	ot matching P ne option sele	cted/ mentioned und	der clau	se (5) of the form.	We can move	ions may be liable to	get rejecte o Nominee	Declaration
(ALL Applicants must sign) Ist Applicant / Guardian / Authorised Signatory Ist Applicant / Authorised Signatory Ist Applicant / Authorised Signatory	with the FATCA/CRS Instructions) and hereby confirm the FATCA Terms and Conditions below and hereby ac this application I/We agree to issue a cheque in favor o point after Declaration. So, that investor can give sig	cept the f the fac nature f	e same. (xii) If th cility 'SBI Multi S for application de	elecť which v	vill be	invested as per t	ot matching P ne option sele	cted/ mentioned und	der clau	se (5) of the form.	We can move	ions may be liable to	get rejecte o Nominee	d. By using Declaration
must sign) 1 st Applicant / Guardian / Authorised Signatory 2 nd Applicant / Authorised Signatory 3 rd Applicant / Authorised Signatory	with the FAICA/CRS Instructions) and hereby confirm the FATCA Terms and Conditions below and hereby ac this application I/We agree to issue a cheque in favor o point after Declaration. So, that investor can give sig * Applicable to other than Individuals / HUF; ** Applicab	cept the f the fac nature f	e same. (xii) If th cility 'SBI Multi S for application de	elecť which v	vill be	invested as per t	ot matching P ne option sele	cted/ mentioned und	der clau	se (5) of the form.	We can move	ions may be liable to	get rejecte o Nominee	d. By using Declaration
	with the FATCA/CRS Instructions) and hereby confirm the FATCA Terms and Conditions below and hereby ac this application I/We agree to issue a cheque in favor o point after Declaration. So, that investor can give sig * Applicable to other than Individuals / HUF; ** Applicable SIGNATURE(S)	cept the f the fac nature f	e same. (xii) If th cility 'SBI Multi S for application de	elecť which v	vill be as N	invested as per t lo Nominee decla	ot matching P ne option sele	cted/ mentioned und	der clau	se (5) of the form. e if it is feasible.	We can move	ions may be liable to	get rejecte o Nominee	d. By using Declaration
Date Place	with the FAICA/CRS Instructions) and hereby confirm the FATCA Terms and Conditions below and hereby ac this application I/We agree to issue a cheque in favor o point after Declaration. So, that investor can give sig * Applicable to other than Individuals / HUF; ** Applicable SIGNATURE(S) (ALL Applicants must sign)	cept the f the fac nature f le to NR	e same. (xii) If th cility 'SBI Multi S for application de RIs;	elect' which v etails as well	vill be as N	invested as per t lo Nominee decla ⊗	ot matching P ne option sele ation at one	cted/ mentioned und single place. Please	der clau: e explor	se (5) of the form. e if it is feasible.	We can move	ions may be liable to the Nomination & N	o Nominee	Declaration

SBIMUTUAL FUND

IN AN	v investors su				IE DEBIT MAN	ONDATE FORIN ongwith Common Application For	n
ARN & Name of D		Branch Code (only for SBG)	1	ker ARN Code	Sub-Broker Co		Reference No.
ARN-153	155					E-271894	
						as this is an "execution-only" transaction without any intera erson of the distributor and the distributor has not charged any	
				<u> </u>			
SIGNATURE(S)	olicant / Guardia	an / Authorised Signate	ory	2 nd Applicant / Au	thorised Signatory	3 rd Applicant / Authorise	d Signatory
Upfront commission shall be paid dire			sed on the investo	rs' assessment of various	factors including the service rend		
Folio No./Application	No.			NVESTOR D	ETAILS		
Name of 1 st Applicant					_		
SIP Cheque No/s :							
		1			2	3	
Scheme Name							
Plan	Regular			Regular	Direct	Regular Direct	Frequency
Option Income Distribution	Growth	DCW Freq	uency	Growth	IDCW Freq	Growth DDCW	Frequency
cum Capital Withdrawal (IDCW) Facility				Inellivest	ruyout		
Each SIP Instalment Amount (₹)							
SIP Frequency	Monthly (D	,,	arterly	Monthly (De	,	arterly Monthly (Default)	Quarterly
	Half - Year	H	eekly nual	Half - Yearly	— — — — — — — — — — — — — — — — — — —	eekly Daily nual Half - Yearly	Weekly Annual
SIP Date	1 st		(For February, siness day)	1 st	last bus	(For February, 1st 15 th siness day)	30 th (For February, last business day)
(for Monthly, Quarterly, Half-Yearly & Annual)	5 th 10 th (Default)		e from 1 st to 30 th)	5 th 10 th (Default)	20 th 25 th (Any other date t	$5^{\text{th}} 20^{\text{th}}$	Any other date from 1st to 30th)
(for Weekly Fixed Date	Fixed date	es (1,8,15,22)		Fixed dates	(1,8,15,22)	Fixed dates (1,8,15,22)	· <u>····</u> ····
or Day)	Any Day		day to Friday)	Any Day (De	OR fault) (Monda	ay to Friday)	(Monday to Friday)
SIP Period	From M	м ү ү ү	Y	From M	M Y Y Y	From	Y Y Y Y
	To M OR 3 yrs	□ 5 yrs □ 10 y	iy one)	To M OR 3 yrs	<u>M Y Y Y</u>	To M J	A oue
		□ 5 yrs □ 10 y □ 20 yrs □ 30 y	gt	□15 yrs	□ 5 yrs □ 10 y □ 20 yrs □ 30 y		□ 10 yrs ^{the} s □ 30 yrs 00
	Time Debit Ma	indate (if already regi	,				
Bank Name		Ĩ	FOP-UP S		one % or Amount)		
Top-Up Percentage	5%	1 □ 10% OR □ C	Other	5%	2 ☐ 10% OR ☐ Oth	3 her 5% 10% OR	Other
(in multiples of 5% only) OR		OR			OR	OR	
Top-Up Amount Rs. (in multiples of Rs. 500 o	nly) Amount F	નેઙ					
				Amount Rs		Amount Rs	
Top-Up Frequency	Half	f - Yearly Ann		Half -	Yearly Annu	ual Half - Yearly	Annual
Top-Up SIP CAPAmou (maximum SIP installment inc	nt₹			Half -		ual Half - Yearly	Annual
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR	nt ₹ cluding	TOP-L	JP SIP C	Half -	Yearly Annu	ual Half - Yearly	Annual
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We her	nt ₹ cluding h-Year M eby declare that th	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one o	Jal Half - Yearly pption) Y M Y M Y M Y	Y Y
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We herr Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons	nt ₹ sluding h-Year	TOP-L	JP SIP C	AP (Investor has AP (Investor has Mesof SBI Mutual ress transactions by old the user instituti	Yearly Annu to choose only one o M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will	A labo inform SBI Mutual Fund/RTA about any	schemes of SBI Mutual s Act ("FCRA"), I/We are te transaction is delayed changes in my/our bank
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We herr Fund. I/We hereby confirm aware that SBI Mutual Fund or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R	nt ₹ sluding eby declare that th and declare that th d and its service pr of incomplete or i the aggregate of t upees Fifty Thouss	TOP-L	mandate form e in the sche orized to proc a would not h (fresh purcha	AP (Investor has hare correct and exp mes of SBI Mutual cess transactions by old the user instituti se & additional purc " only). The ARN ho	Yearly Annu to choose only one o M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will nase) and SIP installmem Ider has disclosed to me	A Half - Yearly pption) A to make payments towards investment in the rovisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If th also inform SBI Mutual Fund/RTA about any ts in rolling 12 months period or financial year clus all the commissions (in the form of trail c	schemes of SBI Mutual Act ("FCRA"). I/We are transaction is delayed changes in my/our bank i.e. April to March does ommission or any other
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode). payable to him for	nt ₹ sluding eby declare that th and declare that th and declare that d and its service pr of incomplete or the aggregate of t upees Fifty Thouss the different comp ind contents of the	TOP-L	JP SIP C. mandate form the in the sche orized to proc e would not h (fresh purcha b investments s Mutual Fund dum issued f	AP (Investor has AP (Investor has Mesof SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho is from amongst with	Yearly Annu to choose only one o M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will nase) and SIP installment ider has disclosed to me ich the Scheme is beinc	A to make payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the lass inform SBI Mutual Fund/RTA about any to is in rolling 12 months period or financial year	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm that aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I	nt ₹ cluding by declare that th and declare that and its service pr of incomplete or i the aggregate of t upees Fifty Thous the different comp ind contents of the have signed and e	TOP-L	JP SIP C. mandate form he in the sche orized to prote e would not h (fresh purcha b investments s Mutual Fund dum issued fi m.	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to me nich the Scheme is being he respective Scheme(s)	A Half - Yearly Partian Half - Yearly Martian Half - Yearly Marti	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We herr Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/ (R mode), payable to him for the terms and conditions a	Int ₹ cluding by declare that th and declare that and its service pr of incomplete or i the aggregate of t upees Fifty Thous the different comp ind contents of the have signed and e	TOP-L	JP SIP C. mandate form he in the sche orized to prote e would not h (fresh purcha b investments s Mutual Fund dum issued fi m.	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one o M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will nase) and SIP installment ider has disclosed to me ich the Scheme is beinc	A Half - Yearly Partian Half - Yearly Martian Half - Yearly Marti	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We herr Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/ (R mode), payable to him for the terms and conditions a payments for which I/We I	Int ₹ cluding by declare that th and declare that and its service pr of incomplete or i the aggregate of t upees Fifty Thous the different comp ind contents of the have signed and e	TOP-L	JP SIP C. mandate form he in the sche orized to prote e would not h (fresh purcha b investments s Mutual Fund dum issued fi m.	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to ma ich the Scheme is being he respective Scheme(s) ATE FORM (C	Jal Half - Yearly pption) Half - Yearly pption) Half - Yearly stomake payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the also inform SBI Mutual Fund/RTA about any this in rolling 12 months period or financial year ead, un of SBI Mutual Fund. I/We have read, Un of S	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I	Int ₹ cluding eby declare that th and declare that and its service pr of incomplete or i the aggregate of t upees Fifty Thousa the different comp ind contents of the have signed and e entry of the signed signed and e the signed and e entry of the signed the signed and e the signed and the signe	TOP-L	JP SIP C	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to me nich the Scheme is being he respective Scheme(s)	ual Half - Yearly pption) Half - Yearly stomake payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the lasto inform SBI Mutual Fund/RTA about any ts in rolling 12 months period or financial year s/us all the commissions (in the form of trail c recommended to me/us. I/We have read, un) of SBI Mutual Fund. I/We hereby authorize the procession of SDI Mutual Fund SDI Mutual Fund/RTA about any to fact the second	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm that aware that SBI MULUIAI Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I Sponsor Bank Code CREATE / I/We MODIFY	Int ₹ eluding eby declare that th n and declare that and its service pr of incomplete or i the aggregate of f upees Fifty Thous: the different comp ind contents of the have signed and e E FUND E O R L I F E	TOP-L	JP SIP C	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to me the respective Scheme is being the respective Scheme(s) ATE FORM (C	ual Half - Yearly pption) Half - Yearly stomake payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the lasto inform SBI Mutual Fund/RTA about any ts in rolling 12 months period or financial year s/us all the commissions (in the form of trail c grecommended to me/us. I/We have read, un) of SBI Mutual Fund. I/We hereby authorize the procession of the lastomether the system of trail c grecommended to me/us. I/We have read, un of SBI Mutual Fund. I/We hereby authorize the procession of SBI Mutual Fund. I/We hereby authorize the system of the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trails and the system o	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fund or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I Sponsor Bank Code CREATE / MODIFY CANCEL	Int ₹ eluding eby declare that th n and declare that and its service pr of incomplete or i the aggregate of f upees Fifty Thous: the different comp ind contents of the have signed and e LEVID E O R LIFE e, hereby author k A/c No.	TOP-L	JP SIP C	Half - AP (Investor has Meriod Content of the second sec	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to me the respective Scheme is being the respective Scheme(s) ATE FORM (C	ual Half - Yearly pption) Half - Yearly pption) M Y sto make payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the lasto inform SBI Mutual Fund/RTA about any ts in rolling 12 months period or financial year e/us all the commended to me/us. I/We have read, un of SBI Mutual Fund. I/We hereby authorize t OTM) Date D M M Please ✓) SB / CA / CC / SB-NRE	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We herr Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/ mode), payable to him for the terms and conditions a payments for which I/We I Sponsor Bank Code CREATE / MODIFY CANCEL With Bank	Int ₹ eluding eby declare that th n and declare that and its service pr of incomplete or i the aggregate of f upees Fifty Thous: the different comp ind contents of the have signed and e LEVID E O R LIFE e, hereby author k A/c No.	TOP-L	JP SIP C	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to me the respective Scheme is being the respective Scheme(s) ATE FORM (C	ual Half - Yearly pption) Half - Yearly pption) M Y cto make payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the laso inform SBI Mutual Fund/RTA about any fusion rolling 12 months period or financial year s/us all the commissions (in the form of trail c g recommended to me/us. I/We have read, un) of SBI Mutual Fund. I/We hereby authorize t DTM) Date D M M Please ✓) SB / CA / CC / SB-NRE OR MICR OR MICR	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I Sponsor Bank Code CREATE / MODIFY CANCEL With Bank an amount of Rupees	Int ₹ cluding eby declare that th n and declare that th n and declare that dand its service pr of incomplete or i the aggregate of f upees Fifty Thousa the different comp ind contents of the have signed and e LEVID E 0 R LIFE e, hereby author k A/c No. Bank	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will nase) and SIP installment lder has disclosed to me the the Scheme is being the respective Scheme(s) ATE FORM (C Utility Cod To debit (f	Jal Half - Yearly pption) yption y Half - Yearly yption y Half - Yearly half -	schemes of SBI Mutual s Act ("FCRA"). I/We are te transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fund or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I Sponsor Bank Code CREATE / MODIFY CANCEL With Bank an amount of Rupees FREQUENCY:	Int ₹ eluding eby declare that th and declare that th and declare that the aggregate of t upees Fifty Thousa the different comp ind contents of the have signed and e ELEFUND F 0 R LIFE e, hereby author k A/c No. Bank	TOP-L	JP SIP C	Half - AP (Investor has Meriod Content of the second sec	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will nase) and SIP installment lder has disclosed to me the the Scheme is being the respective Scheme(s) ATE FORM (C Utility Cod To debit (f	Jal Half - Yearly pption) yption y to make payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If th also inform SBI Mutual Fund/RTA about any ts in rolling 12 months period or financial year //us all the commissions (in the form of trail c precommended to me/us. I/We have read, un) of SBI Mutual Fund. I/We hereby authorize t DTM) Date D M M Please ✓) SB / CA / CC / SB-NRE OR MICR	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We hereby confinence of the configuration of the terms and conditions a count. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA Model, payable to him for the terms and conditions a payments for which I/We I SBI MUTUA A PARTNER F Sponsor Bank Code CREATE ✓ MODIFY CANCEL with Bank an amount of Rupees FREQUENCY: Folio No.:	Int ₹ cluding eby declare that th n and declare that th n and declare that dand its service pr of incomplete or i the aggregate of f upees Fifty Thousa the different comp ind contents of the have signed and e LEVID E 0 R LIFE e, hereby author k A/c No. Bank	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one of the choose on the choose on the choose only one of the choose on the choose on the choose only one of the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose	Jal Half - Yearly pption) yption y Half - Yearly yption y Half - Yearly Half	schemes of SBI Mutual s Act ("FCRA"). I/We are te transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We hereby confirm that aware that SBI MUtual Fun- or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA Mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA A PARTNER Sponsor Bank Code CREATE ✓ MODIFY CANCEL with Bank an amount of Rupees FREQUENCY: Folio No.: Appln No. : I Agree fo	nt ₹ eluding h-Year	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installmenni ider has disclosed to me nich the Scheme is being the respective Scheme(s) ATE FORM (C Utility Cod To debit (f DEBIT TYPI Moblie No.: Email ID:	Jal Half - Yearly pption) yption y Half - Yearly yption y Half - Yearly Half	Schemes of SBI Mutual Control of the second
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fundor or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA A P A R T N E R F Sponsor Bank Code CREATE ✓ MODIFY CANCEL with Bank an amount of Rupees FREQUENCY: Appln No. : I Agree fo	nt ₹ eluding h-Year	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installmenni ider has disclosed to me nich the Scheme is being the respective Scheme(s) ATE FORM (C Utility Cod To debit (f DEBIT TYPI Moblie No.: Email ID:	Jal Half - Yearly pption) Half - Yearly pption) Image: Stress of the second secon	Schemes of SBI Mutual Control of the second
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We hereby confirm that aware that SBI MUtual Fun- or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA Mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA A PARTNER Sponsor Bank Code CREATE ✓ MODIFY CANCEL with Bank an amount of Rupees FREQUENCY: Folio No.: Appln No. : I Agree fo	nt ₹ eluding h-Year	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installmenni ider has disclosed to me nich the Scheme is being the respective Scheme(s) ATE FORM (C Utility Cod To debit (f DEBIT TYPI Moblie No.: Email ID:	Jal Half - Yearly pption) Half - Yearly pption) Image: Stress of the second second second through Direct Debit / NACH facility. If the second second through Direct Debit / NACH facility. If the second second second through Direct Debit / NACH facility. If the second second second through Direct Debit / NACH facility. If the second	Schemes of SBI Mutual Control of the second

This is to confirm that the declaration has been carefully read, understood & made by me/us. I/We are authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me/us. I/We have understood that I/ we are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I/We have authorized the debit.

SBIMUTUAL FUND

IN AN	v investors su				IE DEBIT MAN	ONDATE FORIN ongwith Common Application For	n
ARN & Name of D		Branch Code (only for SBG)	1	ker ARN Code	Sub-Broker Co		Reference No.
ARN-153	155					E-271894	
						as this is an "execution-only" transaction without any intera erson of the distributor and the distributor has not charged any	
				<u> </u>			
SIGNATURE(S)	olicant / Guardia	an / Authorised Signate	ory	2 nd Applicant / Au	thorised Signatory	3 rd Applicant / Authorise	d Signatory
Upfront commission shall be paid dire			sed on the investo	rs' assessment of various	factors including the service rend		
Folio No./Application	No.			NVESTOR D	ETAILS		
Name of 1 st Applicant					_		
SIP Cheque No/s :					<u>_</u>		
		1			2	3	
Scheme Name							
Plan	Regular			Regular	Direct	Regular Direct	Frequency
Option Income Distribution	Growth	DCW Freq	uency	Growth	IDCW Freq	Growth DDCW	Frequency
cum Capital Withdrawal (IDCW) Facility				Inellivest	ruyout		
Each SIP Instalment Amount (₹)							
SIP Frequency	Monthly (D	,	arterly	Monthly (De	,	arterly Monthly (Default)	Quarterly
	Half - Year	H	eekly nual	Half - Yearly	— — — — — — — — — — — — — — — — — — —	eekly Daily nual Half - Yearly	Weekly Annual
SIP Date	1 st		(For February, siness day)	1 st	last bus	(For February, 1st 15 th siness day)	30 th (For February, last business day)
(for Monthly, Quarterly, Half-Yearly & Annual)	5 th 10 th (Default)		e from 1 st to 30 th)	5 th 10 th (Default)	20 th 25 th (Any other date t	$5^{\text{th}} 20^{\text{th}}$	Any other date from 1st to 30th)
(for Weekly Fixed Date	Fixed date	es (1,8,15,22)		Fixed dates	(1,8,15,22)	Fixed dates (1,8,15,22)	· <u>····</u> ····
or Day)	Any Day		day to Friday)	Any Day (De	OR fault) (Monda	ay to Friday)	(Monday to Friday)
SIP Period	From M	м <u>ү</u> ү	Y	From M	M Y Y Y	From	Y Y Y Y
	To M OR 3 yrs	□ 5 yrs □ 10 y	iy one)	To M OR 3 yrs	<u>M Y Y Y</u>	To M J	A oue
		□ 5 yrs □ 10 y □ 20 yrs □ 30 y	gt	□15 yrs	□ 5 yrs □ 10 y □ 20 yrs □ 30 y		□ 10 yrs ^{the} s □ 30 yrs 00
	Time Debit Ma	indate (if already regi	,				
Bank Name		Ĩ	FOP-UP S		one % or Amount)		
Top-Up Percentage	5%	1 □ 10% OR □ C	Other	5%	2 ☐ 10% OR ☐ Oth	3 her 5% 10% OR	Other
(in multiples of 5% only) OR		OR			OR	OR	
Top-Up Amount Rs. (in multiples of Rs. 500 o	nly) Amount F	નેઙ					
				Amount Rs		Amount Rs	
Top-Up Frequency	Half	f - Yearly Ann		Half -	Yearly Annu	ual Half - Yearly	Annual
Top-Up SIP CAPAmou (maximum SIP installment inc	nt₹			Half -		ual Half - Yearly	Annual
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR	nt ₹ cluding	TOP-L	JP SIP C	Half -	Yearly Annu	ual Half - Yearly	Annual
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We her	nt ₹ cluding h-Year M eby declare that th	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one o	Jal Half - Yearly pption) Y M Y M Y M Y	Y Y
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We herr Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons	nt ₹ sluding h-Year	TOP-L	JP SIP C	AP (Investor has AP (Investor has Mesof SBI Mutual ress transactions by old the user instituti	Yearly Annu to choose only one o M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will	A labo inform SBI Mutual Fund/RTA about any	schemes of SBI Mutual s Act ("FCRA"), I/We are te transaction is delayed changes in my/our bank
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We herr Fund. I/We hereby confirm aware that SBI Mutual Fund or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R	nt ₹ sluding eby declare that th and declare that th d and its service pr of incomplete or i the aggregate of t upees Fifty Thouss	TOP-L	mandate form e in the sche orized to proc a would not h (fresh purcha	AP (Investor has hare correct and exp mes of SBI Mutual cess transactions by old the user instituti se & additional purc " only). The ARN ho	Yearly Annu to choose only one o M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will nase) and SIP installmem Ider has disclosed to me	A Half - Yearly pption) A to make payments towards investment in the rovisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If th also inform SBI Mutual Fund/RTA about any ts in rolling 12 months period or financial year clus all the commissions (in the form of trail c	schemes of SBI Mutual Act ("FCRA"). I/We are transaction is delayed changes in my/our bank i.e. April to March does ommission or any other
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode). payable to him for	nt ₹ sluding eby declare that th and declare that th and declare that d and its service pr of incomplete or the aggregate of t upees Fifty Thouss the different comp ind contents of the	TOP-L	JP SIP C mandate form the in the sche orized to proc e would not h (fresh purcha b investments s Mutual Fund dum issued f	AP (Investor has AP (Investor has Mesof SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho is from amongst with	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will nase) and SIP installment ider has disclosed to me ich the Scheme is beinc	A to make payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the lass inform SBI Mutual Fund/RTA about any to is in rolling 12 months period or financial year	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm that aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I	nt ₹ cluding by declare that th and declare that and its service pr of incomplete or i the aggregate of t upees Fifty Thous the different comp ind contents of the have signed and e	TOP-L	JP SIP C. mandate form he in the sche orized to prote e would not h (fresh purcha b investments s Mutual Fund dum issued fi m.	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to me nich the Scheme is being he respective Scheme(s)	A Half - Yearly Partian Half - Yearly Martian Half - Yearly Marti	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We herr Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/ (R mode), payable to him for the terms and conditions a	nt ₹ cluding by declare that th and declare that and its service pr of incomplete or i the aggregate of t upees Fifty Thous the different comp ind contents of the have signed and e	TOP-L	JP SIP C. mandate form he in the sche orized to prote e would not h (fresh purcha b investments s Mutual Fund dum issued fi m.	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will nase) and SIP installment ider has disclosed to me ich the Scheme is beinc	A Half - Yearly Partian Half - Yearly Martian Half - Yearly Marti	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We herr Fund. I/We hereby confirm aware that SBI Mutual Fun- or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/ (R mode), payable to him for the terms and conditions a payments for which I/We I	nt ₹ cluding by declare that th and declare that and its service pr of incomplete or i the aggregate of t upees Fifty Thous the different comp ind contents of the have signed and e	TOP-L	JP SIP C. mandate form he in the sche orized to prote e would not h (fresh purcha b investments s Mutual Fund dum issued fi m.	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to ma ich the Scheme is being he respective Scheme(s) ATE FORM (C	Jal Half - Yearly pption) Half - Yearly pption) Half - Yearly stomake payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the also inform SBI Mutual Fund/RTA about any this in rolling 12 months period or financial year ead, un of SBI Mutual Fund. I/We have read, Un of S	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I	Int ₹ cluding eby declare that th and declare that and its service pr of incomplete or i the aggregate of t upees Fifty Thousa the different comp ind contents of the have signed and e entry of the signed and entry of the signed and e entry of the signed the signed and e entry of the signed the signed and e entry of the signed the signed and entry of the signed the signed the sig	TOP-L	JP SIP C	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to me nich the Scheme is being he respective Scheme(s)	ual Half - Yearly pption) Half - Yearly stomake payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the lasto inform SBI Mutual Fund/RTA about any ts in rolling 12 months period or financial year s/us all the commissions (in the form of trail c recommended to me/us. I/We have read, un) of SBI Mutual Fund. I/We hereby authorize the procession of SDI Mutual Fund SDI Mutual Fund/RTA about any to fact the second	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm that aware that SBI MULUIAI Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I Sponsor Bank Code CREATE / I/We MODIFY	Int ₹ eluding eby declare that th n and declare that and its service pr of incomplete or i the aggregate of f upees Fifty Thouss the different comp ind contents of the have signed and e E FUND E O R L I F E	TOP-L	JP SIP C	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to me the respective Scheme is being the respective Scheme(s) DATE FORM (C	ual Half - Yearly pption) Half - Yearly stomake payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the lasto inform SBI Mutual Fund/RTA about any ts in rolling 12 months period or financial year s/us all the commissions (in the form of trail c grecommended to me/us. I/We have read, un) of SBI Mutual Fund. I/We hereby authorize the procession of the lastomether the system of trail c grecommended to me/us. I/We have read, un of SBI Mutual Fund. I/We hereby authorize the procession of SBI Mutual Fund. I/We hereby authorize the system of the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trail c grecommended to me/us. I/We hereby authorize the system of trails and the system o	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fund or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I Sponsor Bank Code CREATE / MODIFY CANCEL	Int ₹ eluding eby declare that th n and declare that and its service pr of incomplete or i the aggregate of f upees Fifty Thous: the different comp ind contents of the have signed and e LEVID correction of the system of the the system of the system of the system of the system of the the system of the the system of the system of the system of the the system of the the system of the system of the the system of the system of the the system of	TOP-L	JP SIP C	Half - AP (Investor has Meriod Content of the second sec	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to me the respective Scheme is being the respective Scheme(s) DATE FORM (C	ual Half - Yearly pption) Half - Yearly pption) M Y sto make payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the lasto inform SBI Mutual Fund/RTA about any ts in rolling 12 months period or financial year e/us all the commended to me/us. I/We have read, un of SBI Mutual Fund. I/We hereby authorize t OTM) Date D M M Please ✓) SB / CA / CC / SB-NRE	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We herr Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/ mode), payable to him for the terms and conditions a payments for which I/We I Sponsor Bank Code CREATE / MODIFY CANCEL With Bank	Int ₹ eluding eby declare that th n and declare that and its service pr of incomplete or i the aggregate of f upees Fifty Thous: the different comp ind contents of the have signed and e LEVID correction of the system of the the system of the system of the system of the system of the the system of the the system of the system of the system of the the system of the the system of the system of the the system of the system of the the system of	TOP-L	JP SIP C	AP (Investor has AP (Investor has Mare correct and exp mes of SBI Mutual ress transactions by old the user instituti se & additional purc " only). The ARN ho ds from amongst wh rom time to time of the method of the second second second the second second second second second the second second second second second the second second second second second second the second second second second second second second the second seco	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installment ider has disclosed to me the respective Scheme is being the respective Scheme(s) DATE FORM (C	ual Half - Yearly pption) Half - Yearly pption) M Y cto make payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If the laso inform SBI Mutual Fund/RTA about any fusion rolling 12 months period or financial year s/us all the commissions (in the form of trail c g recommended to me/us. I/We have read, un) of SBI Mutual Fund. I/We hereby authorize t DTM) Date D M M Please ✓) SB / CA / CC / SB-NRE OR MICR OR MICR	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fun or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I Sponsor Bank Code CREATE / MODIFY CANCEL With Bank an amount of Rupees	Int ₹ cluding eby declare that th n and declare that th n and declare that dand its service pr of incomplete or i the aggregate of f upees Fifty Thousa the different comp ind contents of the have signed and e LEVID 5 0 R LIFE e, hereby author k A/c No. Bank	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will nase) and SIP installment lder has disclosed to me the the Scheme is being the respective Scheme(s) ATE FORM (C Utility Cod To debit (f	Jal Half - Yearly pption) yption y Half - Yearly yption y Half - Yearly half -	schemes of SBI Mutual s Act ("FCRA"). I/We are te transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fund or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I Sponsor Bank Code CREATE / MODIFY CANCEL With Bank an amount of Rupees FREQUENCY:	Int ₹ eluding eby declare that th and declare that th and declare that the aggregate of t upees Fifty Thousa the different comp ind contents of the have signed and e ELEFUND F 0 R LIFE e, hereby author k A/c No. Bank	TOP-L	JP SIP C	Half - AP (Investor has Meriod Content of the second sec	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will nase) and SIP installment lder has disclosed to me the the Scheme is being the respective Scheme(s) ATE FORM (C Utility Cod To debit (f	Jal Half - Yearly pption) yption y to make payments towards investment in the provisions of Foreign Contribution Regulations count through Direct Debit / NACH facility. If th also inform SBI Mutual Fund/RTA about any ts in rolling 12 months period or financial year //us all the commissions (in the form of trail c precommended to me/us. I/We have read, un) of SBI Mutual Fund. I/We hereby authorize t DTM) Date D M M Please ✓) SB / CA / CC / SB-NRE OR MICR	schemes of SBI Mutual s Act ("FCRA"). I/We are le transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We hereby confinence of the construction of the terms and conditions a count. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA Model, payable to him for the terms and conditions a payments for which I/We I SBI MUTUA A PARTNER F Sponsor Bank Code CREATE ✓ MODIFY CANCEL with Bank an amount of Rupees FREQUENCY: Folio No.:	Int ₹ cluding eby declare that th n and declare that th n and declare that dand its service pr of incomplete or i the aggregate of f upees Fifty Thousa the different comp ind contents of the have signed and e LEVID 5 0 R LIFE e, hereby author k A/c No. Bank	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one of the choose on the choose on the choose only one of the choose on the choose on the choose only one of the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose on the choose	Jal Half - Yearly pption) yption y Half - Yearly yption y Half - Yearly Half -	schemes of SBI Mutual s Act ("FCRA"). I/We are te transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to he bank to honour such
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We hereby confirm ware that SBI MUtual Fundor or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA Mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA A PARTNER Sponsor Bank Code CREATE ✓ MODIFY CANCEL with Bank an amount of Rupees FREQUENCY: Folio No.: Appln No. : I Agree fo	nt ₹ eluding h-Year	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installmenni ider has disclosed to me nich the Scheme is being the respective Scheme(s) ATE FORM (C Utility Cod To debit (f DEBIT TYPI Moblie No.: Email ID:	Jal Half - Yearly pption) yption y Half - Yearly yption y Half - Yearly Half -	Schemes of SBI Mutual Control of the second
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We here Fund. I/We hereby confirm aware that SBI Mutual Fundor or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA A P A R T N E R F Sponsor Bank Code CREATE ✓ MODIFY CANCEL with Bank an amount of Rupees FREQUENCY: Appln No. : I Agree fo	nt ₹ eluding h-Year	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installmenni ider has disclosed to me nich the Scheme is being the respective Scheme(s) ATE FORM (C Utility Cod To debit (f DEBIT TYPI Moblie No.: Email ID:	Jal Half - Yearly pption) Half - Yearly pption) Image: Stress of the second stress of the secon	Schemes of SBI Mutual Control of the second
Top-Up SIP CAPAmou (maximum SIP installment inc Top-Up amount) OR Top-Up SIP CAP Month DECLARATION : I/We hereby confirm ware that SBI MUtual Fundor or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (R mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA Mode), payable to him for the terms and conditions a payments for which I/We I SBI MUTUA A PARTNER Sponsor Bank Code CREATE ✓ MODIFY CANCEL with Bank an amount of Rupees FREQUENCY: Folio No.: Appln No. : I Agree fo	nt ₹ eluding h-Year	TOP-L	JP SIP C	AP (Investor has	Yearly Annu to choose only one of M Y Y Y press my/our willingness Fund do not attract the p debiting my/our bank ac on responsible. I/We will hase) and SIP installmenni ider has disclosed to me nich the Scheme is being the respective Scheme(s) ATE FORM (C Utility Cod To debit (f DEBIT TYPI Moblie No.: Email ID:	Jal Half - Yearly pption) Half - Yearly pption) Image: Stress of the second second second through Direct Debit / NACH facility. If the second second through Direct Debit / NACH facility. If the second second second through Direct Debit / NACH facility. If the second second second through Direct Debit / NACH facility. If the second	Schemes of SBI Mutual Control of the second

This is to confirm that the declaration has been carefully read, understood & made by me/us. I/We are authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me/us. I/We have understood that I/ we are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I/We have authorized the debit.

Know Your Customer (KYC) Application Form Undividual

District*



	KIIC		Stome		<i>5)</i> Ap	pricat		UIII	Tina	Iviuua			U	R	VI.	51	٢F	KА
Important Instructions: A. Fields marked with '*' are ma	andatory fie	alde	F. Plea		d sactic	n wise	dotaile	d quid	0							K	YC S	ervices
B. Tick " wherever applicable.	indatory ne	5103.						•		hicle Ac	t, 1988 is	s availal	ble at th	ne end.				
C. Please fill the form in English	and BLO	CK letters.	H. List	of two	charact	er ISO	3166 c	country	codes	is availa	able at th	ne end.						
D. Please fill the date in DD-MN					-			-			olication.		moduo	ina				
E. For particular section update section number and strike of required to be updated.						C in non				пескеа	IOF ACCOL	ints ope	ened us	ing				
For office use only		Application Ty	pe*	Ne	ew	Up Up	odate											
(To be filled by financial institution	on)	KYC Number									۸)	/landato	ory for k	(YC up	date re	quest)	ļ	
		Account Type'	r	No.	ormal	Mi	nor		Aadhaa	r OTP b	ased E-ł	≺YC (in	non-fac	ce to fa	ce mo	de)		
1. Personal Details	(Please	e refer instru	uction A	at the	e end)												
	Prefix		First N	ame					Midd	le Name					Last	Name		
Name* (Same as ID proof)																		
Maiden Name																		
Father / Spouse Name*																		
Mother Name																		
Date of Birth*	D D -	M M - Y	YY	Y														
Gender*	M- Ma	ale	F	- Fema	le		T-	Trans	gender	•								
PAN*						[FC	ORM 6	0 furnis	shed								
Marital Status*	Mar	ried		Unmar	rried	[0	thers										
Citizenship*	IN-	Indian		Others	s – Cou	untry						Cοι	untry C	ode [
Residential Status*		ident Individua				Indian		•			Perso	on of Ind	lian Ori	gin				
2. PROOF OF IDEN	ΙΤΙΤΥ ΑΙ	ND ADDRE	SS * (PI	ease	refer	instru	ction	B at	the e	nd)								
Certified copy of OVD or equival	ent e-docu	ment of OVD	or OVD of	otained	throug	h digital	KYC	proces	s need	s to be s	submitted	d (anyor	ne of th	e follov	ving O	√Ds)		
A-Passport Number			I	Passpo	ort Exp	iry Dat	e D	D ·	MI	M - Y	Y Y Y	Y				PH	ΙΟΤΟ) *
B-Voter ID Card																		<i></i>
C-Driving Licence						Driving	Licen	ice Ex	piry D	ate D	D - N	1 M -	ΥY	YY]			
D-NREGA Job Card																		
E-National Population Re	gister Lette	er																
F-Proof of Possession of	-		attach. Aadh	aar card. I	lf submitte	d, Aadhaal	r Numbei	r to be ma	isked by t	the custome	er							
II E-KYC Authentication		No need to	attach. Aadh	aar card. I	lf submitte	d, Aadhaal	r Numbei	r to be ma	isked by t	the custome	ər							
III Offline verification of Aad	boor	No need to	attach. Aadh	aar card. I	lf submitte	d, Aadhaal	r Numbei	r to be ma	isked by t	the custome	ər					apature /	Thumb I	Impression
		l places mont			ldroool											ross phot		ut covering
Address [For other than residen		a, please menu	on Overs	eas Au	ulessj													
Line 1*																		
Line 3											City/To	own/Villa	age*					
District*			Pin/Pos	st Code	*]	Sta	ate/U.T (Code*			ISO 3	166 Co	ountry (Code*	r
						-	1											
3. CURRENT ADDR																<u> </u>		
Same as above mentioned																		
I. Certified copy of OVD or equiv	alent e-do		J or OVD	optaine	ea throu	ign aigii		- proce	ess nee	eas to de	e submitt	ed (any	one or	the foll	owing	UVDS)		
B-Voter ID Card																		
C-Driving Licence																		
D-NREGA Job Card																		
E-National Population Re	gister Lette	er																
F-Proof of Possession of	Aadhaar		No need to	attach. Aa	adhaar ca	rd. If subm	itted, Aad	dhaar Nu	nber to be	e masked b	y the custon	ner						
II E-KYC Authentication			No need to	attach. Aa	adhaar ca	rd. If subm	itted, Aad	dhaar Nu	nber to be	e masked b	y the custon	ner						
III Offline verification of Aad	haar		No need to	attach. Aa	adhaar car	rd. If submi	itted, Aad	lhaar Nui	nber to be	e masked by	y the custom	ner						
IV Deemed Proof of Address	s – Docum	nent Type code																
Address			·i															
Line 1*																		
Line 2																		
Line 3											City/To	own/Villa	age*					

Pin/Post Code*

State/U.T Code*

ISO 3166 Country Code*

		ns will be sent to Mobile	e number/Ema	il-ID pro∖	vided) (Please	refei	rinst	ructio	on C	at tr	ne en	ıd)			
Tel. (Off)	-	Tel. (Res)	-			Mobile	•	-								
Email ID																
5. Remark	s (If any)															
 undertake to info or untrue or misl. I hereby declare any statute of leg time I hereby consen number/email ad 	that the details furnished above rm you of any changes therein, adding or misrepresenting. I am that I am not making this applic jislation or any notifications/direct t to receiving information from	immediately. Incase any of aware that I may be held li ation for the purpose contra- ctions issued by any gover	the above informable for it. avention of any nmental or statu	nation is f Act, Rules tory autho	ound to , Regula rity from	be false ations or a time to						imb l				cant
7. Attestation	For Office Use only															
Documents Receive	d Certified Copies	E-KYC data rec			ata rece	ived froi	m Offl	ine ve	erifica	tion		Digit	al KN	/C Pi	oces	s
К	YC documents verification c	arried out by					Instit	ution	deta	ails						
Date:	DD-MM-YY	YY	Name													
Emp. Name																
			Code													
Emp. Code			Code													
Emp. Designation			Code													
	[Employee Signature]		Code			[1	Instit	utior	n Sta	mp]						
Emp. Designation Emp. Branch	[Employee Signature]		Code				Instit									
Emp. Designation Emp. Branch	-Person Verification (IPV) ca		Code													

CAMES OF THE STORY					Declar	ation	Supplem Form for ssional on you	Indi	vidua	ls				lance		
PAN / PEKRN*																
Name																
Address Type [for KYC address]	🗌 Reg	Residential Registered Office Business				nality	🗌 Indian		US [] Othe	ers <u>(</u>	olease	spec	<u>cify)</u>		
Place of Birth						Coun	try of Birth									
Gross Annual Income Details in INR Net Worth in INR. In Lacs & Date [Optional]	5-10	v 1 Lakh Lacs Ics - 1 Cr	☐ 1-5 ☐ 10 ☐ > 1	-25 I Cr	Lacs ore	Detai	pation Is [Please ny one (√)]		Publ Gove Agric Stud Fore	ic Sec ernme culturis ent x Dea	nt Sei st Ier		vate usev ired	Sector vife		
Politically Exposed Person [PEP]	☐ Yes ☐ Not A	.pplicable	Related to	PE	P		other nation [if cable]			[Pleas	e spec	ify]			
	Green Car y of Tax dency	-	Tax Resid Tax Identifi Number (T nctional Ec	cati IN)	on or	Identi	e countries fication Type N or other, se specify]		If TIN ➔ Rea	the i [as	reaso s defir	available, please tick ☑ eason A, B or C defined below] □ B □ C □				
2 > Reason A → The > Reason B → No TIN to be collected > Reason C → Othe	TIN required d]	l [Select th	is reason or	is lia nly if	able to pa the auth	ay tax do orities of	es not issue the respecti	TIN t	→ Rea o its res	son A		B B ce do no	С			
Declaration: I acknowledge and co the above specified in authorize you [CAMS/ including all changes Management Compar judicial authorities / a India or outside India Further, I authorize to SEBI / RBI / IRDA / PI writing about any cha additional information Fund/AMC/RTA to pro or close or suspend m FATCA & CRS Terms	formation is Fund/AMC] , updates to ay, trustees, gencies incl wherever it share the g FRDA to fac anges / moo as may be vvide relevan account(s	found to be to disclose o such infi- their empl- uding but i is legally r iven inform illitate singli dification to required a mt informati s) without a	e faise or un e, share, rely ormation as oyees / RTA not limited to equired and tation to othe e submissio o the above at your / Fui on to upstre iny obligatio	true /, rer and and o the l oth er Sl n / u infc nd's am μ n of	or mislea mit in any d when the Auth e Financi er invest EBI Regi pdate & ormation end or oayors to advising	ading or y form, m provided orized Pa ial Intellig igation a stered In for other in future by dome enable me of th	nisrepresent ode or mann by me to / arties') or any gence Unit-In gencies without termediaries/ relevant purp within 30 d stic or overs vithholding to e same. I als	ing, I her, a ny lndia dia (bout a for ar boses ays eas b occ	/ am av all / any of the ian or fo (FIU-INI iny oblig ny regul s. I also and also regulato ur and	vare the of the Mutua preign (D), the gation (ated in under so under so under so y und	at I ma inform al Fun goverr tax / of adv terme take to ertake c autho t any s	ay liable ation pr d, its S mental revenue diaries r b keep y to prov prities. I sums fro	for it ovide pons or st auth of t regist ou in ride /We m m	I hereby ed by me, or, Asset atutory or horities in he same. tered with formed in any other authorize y account		
Date: Place:									S	ignatu	ire:					
				==== A(===== cknowle	daemer	======================================				====	=====				
We [CAMS, on beh and signed from Mr			/lutual Fun				e receipt o	f FA AN	TCA/C	RS de	eclara			uly filled		

Signature with Name, Emp. ID & Seal

Date: