


**COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES (Please fill in BLOCK Letters)**

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
<b>ARN-153155</b>				<b>E-271894</b>	

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))

\* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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

 EXISTING FOLIO NO.  NAME

**1. FIRST APPLICANT DETAILS**

 Name   
 (Mr. / Ms. / M/s.)

(Name should be as per PAN)

 Name of Guardian (As per PAN)  
 (in case of Minor)

 Relationship of Guardian ☐ Father ☐ Mother ☐ Legal Guardian (Please mandatorily enclose the document evidencing the relationship of Minor with Guardian)

Guardian Date of Birth (As per PAN) (Mandatory)


 PAN/PEKRN NO.  Date of Birth / Incorporation  
 (Enclose PAN Card Copy) (As per PAN) (Mandatory)

Legal Entity Identifier (LEI) for Non-Individuals Validity

 KIN  
 (CKYC Identification No.) (Enclose KYC Acknowledgement)

 Email ID 

 Email ID pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

 Mobile No.  Country Code Telephone (O) Telephone (R)

 Mobile No. pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

 Correspondence Address of 

1st Applicant

City

Pin State

 Address for Correspondence for NRI Applicants only ( Please (✓) ) Indian by Default ☐ Foreign ☐




 Foreign Address  
 (Mandatory for NRI / FII )

City

Zip Country

**2. MODE OF HOLDING (Please ✓)**
☐ Single ☐ Joint ☐ Anyone or Survivor

**3. JOINT APPLICANT DETAILS**

	Second Applicant	Third Applicant
Name (Name should be as per PAN) 		
PAN/PEKRN  (Enclose KYC Acknowledgement)		
Date of Birth  (As per PAN) (Mandatory)		
KIN (CKYC Identification No.)		

**4. BANK ACCOUNT (Pay Out) Details of First Applicant (Mandatory to attach bank account proof in case the payout bank account is different from the source/investment bank account)**

Name of Bank	
Branch Name and Address	
City	Pin
Account No.	
IFS Code	(Please provide a copy of CANCELLED cheque leaf)
9 digit MICR Code	

Account Type (Please ✓)		
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

TEAR HERE

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

**5. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-1).**

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?

First Applicant (including Minor)	Second Applicant	Third Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "YES", please provide the following information (mandatory):

Details	First Applicant (including Minor)	Second Applicant	Third Applicant
Country of Birth			
Place/City of Birth			
Nationality			
Country of Tax Residency 1			
Tax Payer Ref. ID No <sup>^</sup>			
Identification Type (TIN or Other, Please specify)			
Country of Tax Residency 2			
Tax Payer Ref. ID No.2			
Identification Type (TIN or Other, Please specify)			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type (TIN or Other, Please specify)			

<sup>^</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. (Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)**6. INVESTMENT AND PAYMENT DETAILS**

<input type="checkbox"/> One time Investment	<input type="checkbox"/> Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form)
Scheme Name	
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> Frequency
Income Distribution cum Capital Withdrawal (IDCW) Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer
Please refer to Note 28 for details of IDCW renaming	
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS
Cheque No. & Date	Cheque Amount (Rs.)
Drawn on Bank and Branch	

**7. TAX STATUS (Please ✓)**

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

\*Non-Profit Organization [NPO] (Mandatory) ☐ Yes ☐ No If yes, please quote Registration No. of Darpan portal

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

If not, please register immediately and confirm with the above information to avoid non processing of applications. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to us or collect such fines/charges in any other manner as might be applicable.

**8. DEMAT ACCOUNT DETAILS (OPTIONAL)**

If you wish to hold units in Demat mode, please provide below details and enclose <input type="checkbox"/> Latest Client Master / <input type="checkbox"/> Demat Account Statement	
Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.	
<b>National Securities Depository Limited (NSDL)</b>	<b>Central Depository Services (India) Limited (CDSL)</b>
Depository Participant Name	Depository Participant Name
DP ID No. <input type="text" value="I"/> <input type="text" value="N"/>	Beneficiary Account No.
Beneficiary Account No.	

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

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

**Investment Manager :**

SBI Funds Management Ltd.  
(A Joint Venture between SBI & AMUNDI)  
9th Floor, Crescenzo, C-38 & 39,  
G Block, Bandra Kurla Complex,  
Bandra (East), Mumbai – 400 051  
Tel: 022- 61793537  
Email: customer.delight@sbimf.com

**TOLL FREE NO : 1800 425 5425/1800 2093333**  
**ALTERNATE NON TOLL FREE NO. :**  
**+91-22-62511600 / +91-80-25512131**  
**Website : www.sbimf.com**

**Registrar:**

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

9. OTHER PERSONAL INFORMATION – (Please ✓)

	First Applicant	Second Applicant (NA in case of investments from minors)	Third Applicant (NA in case of investments from minors)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Father's Name			
Spouse's Name			
Occupation (Please ✓)	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____
Gross Annual Income in Rs. (Please ✓):	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs
OR Network in Rs.			5-10 Lacs    10-25 Lacs 25 Lacs - 1 Cr.    > 1 Cr.
Networth as of date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office

10. NOMINATION : I/We wish to nominate the following person/s to receive the proceeds in the event of death. (For individual investors, Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11)

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

11. NO NOMINEE DECLARATION : I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my/ our mutual fund units held in my / our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

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

12.INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION

Name of Contact Person	<input type="text"/>
Is the entity involved / providing any of the following services	<input type="checkbox"/> Yes <input type="checkbox"/> No    Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No For Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No    Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.

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 ☐

**14. DECLARATION** I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that (i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the Fund") is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time; (iii) the money invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We am/are aware that a U.S. person (within the definition of the term 'US Person' under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/resident of Canada; (v) the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us; (vi) \* as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) \*\* I/We am/are Non Resident of Indian Nationality/Origin and that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/ Ordinary account/FCNR Account; (viii) 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 all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same; (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; (xi) Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency; (f) I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same. (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 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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> Applicant / Authorised Signatory
Date		Place	

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

New investors subscribing to the scheme through SIP must submit this Form alongwith Common Application Form

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-153155				E-271894	

Declaration for “execution-only” transaction (only where EUIN box is left blank) : I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an “execution-only” transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

INVESTOR DETAILS																		
Folio No./Application No.																		
Name of 1 <sup>st</sup> Applicant																		
SIP Cheque No/s :																		
		1				2				3								
Scheme Name																		
Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct				<input type="checkbox"/> Regular	<input type="checkbox"/> Direct				<input type="checkbox"/> Regular	<input type="checkbox"/> Direct						
Option	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW		Frequency		<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW		Frequency		<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW		Frequency				
Income Distribution cum Capital Withdrawal (IDCW) Facility	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout				<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout				<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout						
Each SIP Instalment Amount (₹)																		
SIP Frequency	<input type="checkbox"/> Monthly (Default)		<input type="checkbox"/> Quarterly				<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly				<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly					
	<input type="checkbox"/> Daily		<input type="checkbox"/> Weekly				<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly				<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly					
	<input type="checkbox"/> Half - Yearly		<input type="checkbox"/> Annual				<input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Annual				<input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Annual					
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>	<input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)				<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>	<input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)			<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>	<input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)				
	<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 20 <sup>th</sup>					<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 20 <sup>th</sup>					<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 20 <sup>th</sup>				
	<input type="checkbox"/> 10 <sup>th</sup> (Default)	<input type="checkbox"/> 25 <sup>th</sup>	(Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )				<input type="checkbox"/> 10 <sup>th</sup> (Default)	<input type="checkbox"/> 25 <sup>th</sup>	(Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )				<input type="checkbox"/> 10 <sup>th</sup> (Default)	<input type="checkbox"/> 25 <sup>th</sup>	(Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )			
(for Weekly Fixed Date or Day)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR		<input type="checkbox"/> Any Day (Default)		(Monday to Friday)		<input type="checkbox"/> Fixed dates (1,8,15,22) OR		<input type="checkbox"/> Any Day (Default)		(Monday to Friday)		<input type="checkbox"/> Fixed dates (1,8,15,22) OR		<input type="checkbox"/> Any Day (Default)		(Monday to Friday)	
SIP Period	From						From					From						
	To						To					To						
	OR		<input type="checkbox"/> 3 yrs		<input type="checkbox"/> 5 yrs		<input type="checkbox"/> 10 yrs				OR		<input type="checkbox"/> 3 yrs		<input type="checkbox"/> 5 yrs		<input type="checkbox"/> 10 yrs	
			<input type="checkbox"/> 15 yrs		<input type="checkbox"/> 20 yrs		<input type="checkbox"/> 30 yrs		(Select any one)				<input type="checkbox"/> 15 yrs		<input type="checkbox"/> 20 yrs		<input type="checkbox"/> 30 yrs	

☐ Use Existing One Time Debit Mandate (if already registered in the Folio)

Bank Name Bank A/c No

TOP-UP SIP (Select anyone % or Amount)												
Top-Up Percentage (in multiples of 5% only) OR Top-Up Amount Rs. (in multiples of Rs. 500 only)	1				2				3			
	<input type="checkbox"/> 5%	<input type="checkbox"/> 10%	OR <input type="checkbox"/> Other_____		<input type="checkbox"/> 5%	<input type="checkbox"/> 10%	OR <input type="checkbox"/> Other_____		<input type="checkbox"/> 5%	<input type="checkbox"/> 10%	OR <input type="checkbox"/> Other_____	
Top-Up Frequency	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual				<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual				<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual			

TOP-UP SIP CAP (Investor has to choose only one option)												
Top-Up SIP CAPAmount ₹ (maximum SIP installment including Top-Up amount) OR												
Top-Up SIP CAP Month-Year												

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my/our willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addendum issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN		Date	
Sponsor Bank Code		Utility Code	
CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize	SBI Mutual Fund	To debit (Please <input checked="" type="checkbox"/> )
MODIFY	Bank A/c No.		SB / CA / CC / SB-NRE / SB-NRO / Other
CANCEL			
with Bank	Bank Name	IFSC	OR MICR
an amount of Rupees		₹	
FREQUENCY:	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Quarterly
	<input checked="" type="checkbox"/> As & when presented	DEBIT TYPE :	<input checked="" type="checkbox"/> Fixed Amount
			<input checked="" type="checkbox"/> Maximum Amount
Folio No.:		Moblie No.:	
Appln No. :		Email ID:	
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.			
PERIOD			
From		Signature of 1 <sup>st</sup> Bank Account Holder	Signature of 2 <sup>nd</sup> Bank Account Holder
To			Signature of 3 <sup>rd</sup> Bank Account Holder
	Name as in Bank records	Name as in Bank records	Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. 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.

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

New investors subscribing to the scheme through SIP must submit this Form alongwith Common Application Form

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-153155				E-271894	

Declaration for “execution-only” transaction (only where EUIN box is left blank) : I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an “execution-only” transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

INVESTOR DETAILS																				
Folio No./Application No.																				
Name of 1 <sup>st</sup> Applicant																				
SIP Cheque No/s :																				
		1				2				3										
Scheme Name																				
Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct				<input type="checkbox"/> Regular	<input type="checkbox"/> Direct				<input type="checkbox"/> Regular	<input type="checkbox"/> Direct								
Option	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW		Frequency		<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW		Frequency		<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW		Frequency						
Income Distribution cum Capital Withdrawal (IDCW) Facility	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout				<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout				<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout								
Each SIP Instalment Amount (₹)																				
SIP Frequency	<input type="checkbox"/> Monthly (Default)		<input type="checkbox"/> Quarterly				<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly				<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly							
	<input type="checkbox"/> Daily		<input type="checkbox"/> Weekly				<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly				<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly							
	<input type="checkbox"/> Half - Yearly		<input type="checkbox"/> Annual				<input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Annual				<input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Annual							
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>		<input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)				<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>		<input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)				<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>		<input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)		
	<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 20 <sup>th</sup>						<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 20 <sup>th</sup>						<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 20 <sup>th</sup>				
	<input type="checkbox"/> 10 <sup>th</sup> (Default)	<input type="checkbox"/> 25 <sup>th</sup>		(Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )				<input type="checkbox"/> 10 <sup>th</sup> (Default)	<input type="checkbox"/> 25 <sup>th</sup>		(Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )				<input type="checkbox"/> 10 <sup>th</sup> (Default)	<input type="checkbox"/> 25 <sup>th</sup>		(Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )		
(for Weekly Fixed Date or Day)	<input type="checkbox"/> Fixed dates (1,8,15,22)		OR				<input type="checkbox"/> Fixed dates (1,8,15,22)		OR				<input type="checkbox"/> Fixed dates (1,8,15,22)		OR					
	<input type="checkbox"/> Any Day (Default)		(Monday to Friday)				<input type="checkbox"/> Any Day (Default)		(Monday to Friday)				<input type="checkbox"/> Any Day (Default)		(Monday to Friday)					
SIP Period	From						From						From							
	To						To						To							
	OR		<input type="checkbox"/> 3 yrs		<input type="checkbox"/> 5 yrs		<input type="checkbox"/> 10 yrs						OR		<input type="checkbox"/> 3 yrs		<input type="checkbox"/> 5 yrs		<input type="checkbox"/> 10 yrs	
			<input type="checkbox"/> 15 yrs		<input type="checkbox"/> 20 yrs		<input type="checkbox"/> 30 yrs		(Select any one)						<input type="checkbox"/> 15 yrs		<input type="checkbox"/> 20 yrs		<input type="checkbox"/> 30 yrs	

☐ Use Existing One Time Debit Mandate (if already registered in the Folio)

Bank Name		Bank A/c No	
-----------	--	-------------	--

TOP-UP SIP (Select anyone % or Amount)																
Top-Up Percentage (in multiples of 5% only) OR Top-Up Amount Rs. (in multiples of Rs. 500 only)	1				2				3							
	<input type="checkbox"/> 5%	<input type="checkbox"/> 10%		OR	<input type="checkbox"/> Other	<input type="checkbox"/> 5%	<input type="checkbox"/> 10%		OR	<input type="checkbox"/> Other	<input type="checkbox"/> 5%	<input type="checkbox"/> 10%		OR	<input type="checkbox"/> Other	
Top-Up Frequency	<input type="checkbox"/> Half - Yearly				<input type="checkbox"/> Annual				<input type="checkbox"/> Half - Yearly				<input type="checkbox"/> Annual			

TOP-UP SIP CAP (Investor has to choose only one option)												
Top-Up SIP CAPAmount ₹ (maximum SIP installment including Top-Up amount) OR												
Top-Up SIP CAP Month-Year												

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my/our willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addendum issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN		Date	
Sponsor Bank Code		Utility Code	
CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize	SBI Mutual Fund	To debit (Please <input checked="" type="checkbox"/> )
MODIFY	Bank A/c No.		SB / CA / CC / SB-NRE / SB-NRO / Other
CANCEL			
with Bank	Bank Name	IFSC	OR MICR
an amount of Rupees		₹	
FREQUENCY:	<input checked="" type="checkbox"/> Weekly	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Quarterly
	<input checked="" type="checkbox"/> As & when presented	DEBIT TYPE :	<input checked="" type="checkbox"/> Fixed Amount
			<input checked="" type="checkbox"/> Maximum Amount
Folio No.:		Moblie No.:	
Appln No. :		Email ID:	
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.			
PERIOD			
From		Signature of 1 <sup>st</sup> Bank Account Holder	Signature of 2 <sup>nd</sup> Bank Account Holder
To			Signature of 3 <sup>rd</sup> Bank Account Holder
	Name as in Bank records	Name as in Bank records	Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. 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 | Individual



### Important Instructions:

- A. Fields marked with "\*" are mandatory fields.  
 B. Tick " " wherever applicable.  
 C. Please fill the form in English and BLOCK letters.  
 D. Please fill the date in DD-MM-YY format.  
 E. For particular section update, please tick ( ) in the box section number and strike off the sections not required to be updated.  
 F. Please read section wise detailed guide  
 G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 H. List of two character ISO 3166 country codes is available at the end.  
 I. KYC number of applicant is mandatory for update application.  
 J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

### For office use only

(To be filled by financial institution)

Application Type\*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

### ☐ 1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>		<input type="checkbox"/> FORM 60 furnished	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	<input type="text"/>	Country Code <input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

### ☐ 2. PROOF OF IDENTITY AND ADDRESS\* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number  Passport Expiry Date
- ☐ B-Voter ID Card
- ☐ C-Driving Licence  Driving Licence Expiry Date
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

### PHOTO\*



Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State/U.T Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

### ☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

- ☐ Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
- ☐ A-Passport Number
- ☐ B-Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- IV ☐ Deemed Proof of Address – Document Type code

### Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
State/U.T Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ **4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided) (Please refer instruction **C** at the end)

[illegible]

☐ 5. Remarks (If any)

## 6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature/Thumb Impression]

Signature/Thumb Impression of Applicant

Date: 

D	D
---	---

 - 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---

[illegible]

## 7. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document ☐ Video Based KYC

## KYC documents verification carried out by

Date: 

D	D
---	---

 - 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---

[illegible][illegible][illegible][illegible]

[Employee Signature]

## Institution details

Name \_\_\_\_\_

[illegible]

[Institution Stamp]

## In-Person Verification (IPV) carried out by

Date: 

D	D
---	---

 - 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---


[illegible][illegible][illegible][illegible]

[Employee Signature]

## Institution details

[illegible]

[Institution Stamp]

		<b>FATCA-CRS Declaration &amp; Supplementary KYC Information</b> <b>Declaration Form for Individuals</b> <i>Please seek appropriate advice from your tax professional on your tax residency, related FATCA &amp; CRS guidance</i>							
PAN / PEKRN*									
Name									
Address Type [for KYC address]		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>			
Place of Birth					Country of Birth				
Gross Annual Income Details in INR		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore		Occupation Details [Please tick any one (✓)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____			
Net Worth in INR. In Lacs & Date [Optional]		_____ dd-mmm-yyyy							
Politically Exposed Person [PEP]		<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any other information [if applicable]		[Please specify]			

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India?   Yes ☐ No ☐

**If 'Yes', please fill for all countries** (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.  
 ➤ Reason B → No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]  
 ➤ Reason C → Others – Please specify the reasons \_\_\_\_\_

#### Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:  
Place:

Signature:

#### Acknowledgement

We [CAMS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. \_\_\_\_\_ PAN \_\_\_\_\_ on dd-mmm-yyyy

Date:

Signature with Name, Emp. ID & Seal