

**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.
ARN-24952				E347831	

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

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 15)**

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

EXISTING FOLIO NO.  NAME

**1. FIRST APPLICANT DETAILS**

**Name**   
 (Mr. / Ms. / M/s.)  
 (Name should be as per PAN )

**Name of Guardian**   
 (in case of Minor)

**Relationship of Guardian**  Father  Mother  Legal Guardian [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]

**PAN/PEKRN NO.**  **Date of Birth**

**Legal Entity Identifier (LEI) for Non-Individuals**  **Validity**

**KIN** (CKYC Identification No.)

**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

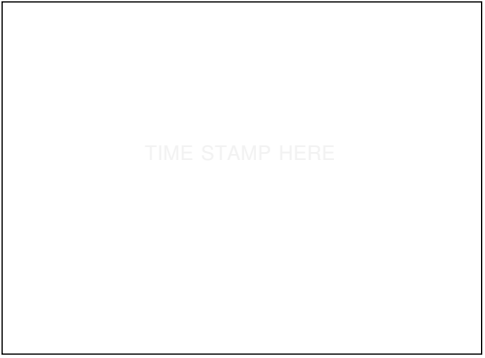
**City**

**Pin**  **State**

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

**Foreign Address** (Mandatory for NRI / Fill )   
**City**

**Zip**  **Country**



**2. MODE OF HOLDING (Please ✓)**

Single  Joint  Anyone or Survivor

**3. JOINT APPLICANT DETAILS**

	Second Applicant	Third Applicant
<b>Name</b> (Name should be as per PAN)	<input type="text"/>	<input type="text"/>
<b>PAN/PEKRN</b> (Enclose KYC Acknowledgement)	<input type="text"/>	<input type="text"/>
<b>KIN</b> (CKYC Identification No.)	<input type="text"/>	<input type="text"/>

**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.**

**IFSC 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 : <input type="text"/>							Signature, Date & Stamp
Scheme Name	Plan (✓)	Option (✓)	IDCW Facility(✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD 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 / demand draft			

**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**

One time Investment  Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form)

<b>Scheme Name</b>			
<b>Plan</b> (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of IDCW Transfer facility, please mention target scheme along with plan/option.	
<b>Option</b> (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> Frequency	<b>Scheme / Plan / Option</b> _____	
<b>Income Distribution cum Capital Withdrawal (IDCW) Facility</b> (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer		
Please refer to Note 28 for details of IDCW renaming			
<b>Payment Mode</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> DD (Third Party Declaration Mandatory) <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS		
<b>Cheque / D.D. No. &amp; Date</b>	<b>Cheque / DD Amount (Rs.)</b>	<b>Drawn on Bank and Branch</b>	

**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 _____
<input type="checkbox"/> NRI - Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	[Please specify]
<input type="checkbox"/> NRI - Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	<input type="checkbox"/> Others _____
<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	[Please specify]
<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	

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

If you wish to hold units in Demat mode, please provide below details and enclose  Latest Client Master /  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.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
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.

TEAR HERE

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)
<b>Gender</b>	<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
<b>Father's Name</b>			
<b>Spouse's Name</b>			
<b>Date of Birth</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Occupation (Please ✓)</b>	<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 _____
<b>Gross Annual Income in Rs. (Please ✓):</b>	<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"/> 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.
<b>OR Network in Rs.</b>			
<b>Networth as of date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Politically Exposed Person [PEP]</b>	<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
<b>Type of address given at KRA</b>	<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
<b>Name of the Nominee</b>			
<b>Name of the Guardian</b> (In case Nominee is Minor)			
<b>Allocation %</b> (Mandatory if more than one Nominee) (Should not be in decimal)			
<b>Relationship with Nominee</b>			
<b>Date of Birth*</b> (Mandatory if Nominee is Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Signature of Nominee/Guardian</b> (*Mandatory in case of Minor Nominee)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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.**

<b>Signature(s)</b> (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

**12. INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION**

**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 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;

<b>SIGNATURE(S)</b> (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
<b>Date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Place	Place	Place