

**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-29181 HITESH OZA				E045829	

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

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

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

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

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 16)**

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.

**1. PARTICULARS OF FIRST APPLICANT**

(SEE NOTE 1)

I confirm that I am a **First time** investor across Mutual Funds

I confirm that I am an **existing** investor in Mutual Funds

**EXISTING FOLIO NO.** \_\_\_\_\_ (For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)

**Name** (Mr./Ms./M/s.) \_\_\_\_\_

**Gender**  Male  Female  Other (Third Gender) **Date of Birth** [D][D][M][M][Y][Y][Y][Y]

**Father's Name** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

**Name of Guardian / Name of Contact Person** (in case of Minor) (in case of Institutional Investor) \_\_\_\_\_

**Relationship of Guardian in case of Minor** [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h)]  Father  Mother  Legal Guardian  
(In case of Minor, please fill the following details of Guardian)

**Email ID** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_  
County Code

Please register your E-mail address & Mobile number to get alerts & communication via E-mail & SMS.

**Telephone (O)** \_\_\_\_\_  
County Code

**Mandatory Enclosures**  PAN Proof  KYC Acknowledgement

**Telephone (R)** \_\_\_\_\_  
County Code

**Type of address given at KRA**  Residential  Business  Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

**PAN** \_\_\_\_\_ **PAN Exempt KYC Ref no (PEKRN for Micro investments) -** \_\_\_\_\_  
Type of Identification Document given at KRA \_\_\_\_\_

**AADHAAR No** \_\_\_\_\_ **Identification Document No.** \_\_\_\_\_  
**Document Issuing Country** \_\_\_\_\_

**Occupation**  Professional  Business  Government Service  Private Sector Service  Public Sector Service  Agriculturist  
(Please (✓))  Retired  Housewife  Student  Forex Dealer  Doctor  Others [Please specify] \_\_\_\_\_

**Gross Annual Income in Rs. (Please tick (✓)):**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Cr.  > 1 Cr. **OR**

**Networth in Rs.** \_\_\_\_\_ **as of (date)** [D][D][M][M][Y][Y][Y][Y]

**Politically Exposed Person [PEP]:**  Yes  No  Related to PEP

**For Non-individuals :** Is the entity involved / providing any of the following services  Yes  No

- For Foreign Exchange / Money Changer Services  Yes  No - Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates)  Yes  No

- Money Lending / Pawning  Yes  No

**NOTE:** Non-individual applicants should mandatorily fill Annexure - I alongwith this form.

**2. PARTICULARS OF SECOND APPLICANT**

(SEE NOTE 1 & 2)

**Name** (Mr./Ms./M/s.) \_\_\_\_\_

**Gender**  Male  Female  Other (Third Gender) **Date of Birth** [D][D][M][M][Y][Y][Y][Y]

**Father's Name** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

**Type of address given at KRA**  Residential  Business  Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

**Investors subscribing to the scheme through SIP must complete Registration cum Mandate form compulsorily alongwith application form**

TEAR HERE

(To be filled in by the First applicant/Authorized Signatory) : Received from : _____							Signature, Date & Stamp
Scheme Name	Plan (✓)	Option (✓)	Dividend 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"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments					All purchases are subject to realisation of cheque / demand draft		

**PAN**

**AADHAAR No**

**Occupation (Please tick (✓))**  Professional  Business  Government Service  Private Sector Service  Public Sector Service  Agriculturist  Retired  Housewife  Student  Forex Dealer  Doctor  Others [Please specify] \_\_\_\_\_

**Gross Annual Income in Rs. (Please tick (✓)):**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Cr.  > 1 Cr. **OR**

**Networth in Rs.** \_\_\_\_\_ **as of (date)**

**Politically Exposed Person [PEP]:**  Yes  No  Related to PEP

**Mandatory Enclosures**  PAN Proof  KYC Acknowledgement

**PAN Exempt KYC Ref no (PEKRN for Micro investments) -** \_\_\_\_\_

**Type of Identification Document given at KRA** \_\_\_\_\_

**Identification Document No.** \_\_\_\_\_

**Document Issuing Country** \_\_\_\_\_

**3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 1 & 2)**

**Name** Mr./Ms./M/s.

**Gender**  Male  Female  Other (Third Gender) **Date of Birth**

**Father's Name**

**Spouse's Name**

**Type of address given at KRA**  Residential  Business  Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

**PAN**

**AADHAAR No**

**Occupation (Please tick (✓))**  Professional  Business  Government Service  Private Sector Service  Public Sector Service  Agriculturist  Retired  Housewife  Student  Forex Dealer  Doctor  Others [Please specify] \_\_\_\_\_

**Gross Annual Income in Rs. (Please tick (✓)):**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Cr.  > 1 Cr. **OR**

**Networth in Rs.** \_\_\_\_\_ **as of (date)**

**Politically Exposed Person [PEP]:**  Yes  No  Related to PEP

**Mandatory Enclosures**  PAN Proof  KYC Acknowledgement

**PAN Exempt KYC Ref no (PEKRN for Micro investments) -** \_\_\_\_\_

**Type of Identification Document given at KRA** \_\_\_\_\_

**Identification Document No.** \_\_\_\_\_

**Document Issuing Country** \_\_\_\_\_

**4. FATCA & CRS RELATED INFORMATION (Only for Individuals/Proprietor)**

**DETAILS OF FIRST APPLICANT**

**Country of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Nationality** \_\_\_\_\_

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

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

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

\* It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. 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)

**DETAILS OF SECOND APPLICANT**

**Country of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Nationality** \_\_\_\_\_

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

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

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

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. 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)

**TEAR HERE**

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

**Investment Manager :**  
SBI Funds Management Pvt. 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- 61793511  
Email: customer.delight@sbimf.com

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

**DETAILS OF THIRD APPLICANT**

Country of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

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

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

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

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. 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)

**5. GENERAL INFORMATION – Please (✓) wherever applicable (SEE NOTE 1 m & n)**

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

**6. CONTACT DETAILS (SEE NOTE 1)**

Local 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 \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_

**7. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details) (SEE NOTE 3)**

Name of Bank \_\_\_\_\_

Branch Name and Address \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

Account No. \_\_\_\_\_

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

IFS Code \_\_\_\_\_

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

**8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE NOTE 5)**

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

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

Direct Debit / NACH (In case of SIP through Direct Debit/NACH it is mandatory to submit SIP Enrolment Form and One Time Debit Mandate Form)

Scheme Name		
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	Scheme / Plan / Option _____

Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)	

For third party cheques please see Note 3 vii.





**ONE TIME DEBIT MANDATE FORM (OTM)**

(Applicable for SIP Registrations through NACH/DIRECT DEBIT)

Date

UMRN   
Sponsor Bank Code  Utility Code

CREATE  I/We, hereby authorize **SBI Mutual Fund** To debit (Please ) SB/CA/CC/SB-NRE/SB-NRO/Other  
MODIFY   
CANCEL  Bank A/c No.

with Bank  Bank Name  IFSC  OR MICR   
an amount of Rupees  ₹

FREQUENCY:  Weekly  Monthly  Quarterly  As & when presented DEBIT TYPE:  Fixed Amount  Maximum Amount

Folio No.:  Phone 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            
To            
Or  Until cancelled  
Signature of 1<sup>st</sup> Bank Account Holder  Signature of 2<sup>nd</sup> Bank Account Holder  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 am authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I have authorized the debit.

**INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE FORM (OTM)**

- Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third party validation.
- Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund.
- Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
- Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by SBI Mutual Fund.
- For the convenience of investors, the frequency of the mandate mentioned "As and when presented".
- There is no maximum duration for enrolment. Investor(s) has an option to fill 'End Date' or select the option "Until Cancelled".

**Mandatory Information to be provided by investors in One Time Debit Mandate Form (OTM):**

- Date of Mandate
- Bank A/c Type
- Bank Account Number
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Folio No / Appln No
- Mandate Start Date
- Mandate End Date or Until Cancelled
- Signature(s) as per Bank records
- Name(s) as per Bank records