

**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-97379				E112253	

**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)			
	<b>1st Applicant / Guardian / Authorised Signatory</b>	<b>2nd Applicant / Authorised Signatory</b>	<b>3rd Applicant / Authorised Signatory</b>

**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 | \*Mandatory in case of Minor and please provide photocopy of supporting documents (See Note 1 h)

**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 \_\_\_\_\_

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

**PAN** \_\_\_\_\_ **AADHAR No** \_\_\_\_\_

**Occupation** (Please ✓)  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) | 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. \_\_\_\_\_

**PAN** \_\_\_\_\_ **Mandatory Enclosures**  PAN Proof  KYC Acknowledgement  
**PAN Exempt KYC Ref no (PEKRN for Micro investments) -** \_\_\_\_\_

**AADHAR No** \_\_\_\_\_

**Occupation** (Please ✓)  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) | D | D | M | M | Y | Y | Y | Y |

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

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

TEAR HERE

**SBI MUTUAL FUND** Sponsor : State Bank of India  
A PARTNER FOR LIFE Investment Manager : SBI Funds Management Pvt. Ltd.  
(A Joint Venture between SBI & AMUNDI)

**ACKNOWLEDGEMENT SLIP**  
To be filled in by the Investor

APPLICATION NO.

(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			

**3. PARTICULARS OF THIRD APPLICANT**

(SEE NOTE 1 & 2)

Name Mr./Ms./M/s. \_\_\_\_\_

PAN \_\_\_\_\_

AADHAR No \_\_\_\_\_

Mandatory Enclosures  PAN Proof  KYC Acknowledgement

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

Occupation (Please ✓)  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) 

D	D	M	M	Y	Y	Y	Y
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Politically Exposed Person [PEP]:  Yes  No  Related to PEP

**4. FATCA RELATED INFORMATION**

**DETAILS OF FIRST APPLICANT**

Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Country of Citizenship / Nationality \_\_\_\_\_

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

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

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

In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number. (Please attach additional sheets if necessary)

**DETAILS OF SECOND APPLICANT**

Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Country of Citizenship / Nationality \_\_\_\_\_

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

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

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

In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number. (Please attach additional sheets if necessary)

**DETAILS OF THIRD APPLICANT**

Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Country of Citizenship / Nationality \_\_\_\_\_

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

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

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

In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number. (Please attach additional sheets if necessary)

**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"/> Joint <input type="checkbox"/> Any one or Survivor
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Trust	<input type="checkbox"/> PIO	
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> NPO _____ [Please specify]	
<input type="checkbox"/> NRI– Minor (Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> Others _____ [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"/> Financial Institutions	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI		

TEAR HERE

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

**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

**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 / FI) \_\_\_\_\_

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 (Incase of SIP through Post Dated Cheques (PDC) it is mandatory to submit Transaction Slip mentioning PDC details)
- Auto Debit / ECS (Incase of SIP through ECS/Auto Debit mode it is mandatory to submit SIP Enrolment Cum Auto Debit/ECS Mandate Form)

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

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

Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)

For third party cheques please see Note 3 vii.

**9. STP ENROLLMENT DETAILS** Opted for STP:  Yes  No (If Yes, it is mandatory to submit STP Enrollment Form/Transaction slip)

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

Do you want Units in Demat Form (Please (✓))  Yes  No (If Yes, please provide the below details and enclose the latest Client Investor Master / Demat Account Statement (Mandatory))

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

