SBI MUTUAL FUND

A PARTNER	FOR LIF								S-2024					
				TION SLIP (PI	ease f	ill in BLOCK Let	tters)							
ARN & Name of Dis	stributor	Branch Co (only for SBG	de S	ub-Broker ARN	Code	Sub-Broker Code	e (Employee	EUIN* Unique Identification Nu	Imber) Reference No.					
ARN-171669							E-34	4021						
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p)) '//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)				0.14										
		ian / Authorised S	ignatory		ant / Autr	orised Signatory		3rd Applicant / Auth	iorised Signatory					
INVESTOR DETAILS	1 1													
Name (Mr/Ms/M/s)														
Email ID														
Email ID pertains to Self(default) Spouse Dependent Children Dependent Sibling Dependent Parents Guardian PMS Custodian POA														
Mobile No. Telephone (O) Telephone (R)														
Mobile No. pertains to Self(default) Spouse Dependent Children Dependent Sibling Dependent Parents Guardian PMS Custodian POA														
PAN DETAILS (Enclose PAN copy & KYC acknowledgement) First Applicant / Guardian Second Applicant Third Applicant														
					1 I									
PAN Exempt KYC Ref n			1	xempt KYC Ref no			-	xempt KYC Ref no						
(PEKRN for Micro investm	,			I for Micro investme	/		- `	Micro investments))					
KIN (KYC Identification I	No.)			C Identification N	10.)			Identification No.)						
Legal Entity Identifier							Va	alidity						
ADDITIONAL PURCH	ASE REQU	JEST												
Scheme Name Plan (Please 🗸)		Regular		Direct		In case of IDCW Trans	sfer facility plea	se mention target sche	eme along with plan/option.					
Option (Please ✓)		Growth		IDCW		Scheme / Plan / Opt			and along that plantophone					
Income Distribution cum C Withdrawal (IDCW) Facility		Reinvestmen	t 🗌	Payout 🔲 T	ransfer									
Payment Mode (Please 🗸 a	any one only)	Cheque	🗌 RT	GS NEFT		Fund Transfer 🛛 🗌 O	TM (Registere	d in the Folio)						
Cheque No. 8	& Date / UTR	No.		Bank	Name			OTM - Bank Name	e & A/c No.					
Investment Ame	ount (Rs. in F	igures)				Investment Ar	mount (Rs. ir	n Words)						
DEMAT ACCOUNT DETAILS If you wish to hold units in Demat mode, please provide below details and enclose the latest Client Master / Demat Account Statement (Mandatory) 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					pository	Name								
DP ID No.	I N				•	Account No.								
SWITCH REQUEST						of Units		0.0						
From Scheme]	Un				_						
Plan (1)	Option	ı (∕)			10	Scheme	Option	n (🖌)	IDCW Facility(
Regular	Growth					Regular	Growth	□ R	einvestment 🔲 Payout					
Direct					In o	Direct case of IDCW Transfer f			ransfer along with plan/option.					
REDEMPTION REQU	EST				Sc	heme / Plan / Option-								
Scheme														
Plan (🗸) 🗖 Regular	Di	irect		ption (🗸)	vth 🗖	IDCW (Reinvestment	t / Pavout /Tr:	ansfer)						
						× ×								
Amount									15C V)					
SBI MUTUAL FUND TRANSACTION SLIP - ACKNOWLEDGEMENT A PARTNER FOR LIFE To be filled in by the Investor Folio No. To be filled in by the Investor														
(To be filled in by the Firs Received from	t applicant/Au								Stamp Signature & Date					
Additional Purchase / Redemption		Scheme Name /F	ian/Optio	n/IDGW Facility		Amoun	IL	Units						
Systematic Investment Plan / Withdrawal Plan	Sch	neme Name /Plan/	Option/ID	CW Facility		Amount (Rs.)	Frequen	Frequency SIP/SWP Date 1st 5th 10th 15th 20						
							i	25 th	30 th (For February, last business day)					
Systematic Transfer Plan / Switch Over		Scheme Name / From	Plan/Opti	on/IDCW Facility To		Amount		Units	STP Commencement Date					
Change of Address (P														

SWP / STP FACILITY REQUEST																													
				Scheme / Plan						SW	SWP installment amount (Rs.)						Amount (in words)							Frequency (Please 🗸 any one)					
Systematic Withdrawal Plan (SWP)																							Monthly Quarterly Half-yearly Annual						
																								Weekly - Fixed Dates (1 st , 8 th , 15 th & 22 nd)					
					SWP From M Y Y Y Y Y Y Y Y Y SWP Date 1st 5th 10th 15th 20th 30th (For February, last (Any other date												OR Weekly - Any Day												
		STP Facility Request (Please ✓ any one) Regular STP CASTP Flex ST												, ,	(Monday to Friday)														
				STPI	Facilit	y Req	uest (e ✓ ang From (\$) 1e)	F	Regula	r STF	5		CA	STP Flex STP To (Scheme)											
Systematic Transfer Plan (STP)			Scheme							.0)																			
				Plan (✓) □ Regular						🗌 Dii	rect			Plan (✓)							Direct								
			Option (✓) Growth												Option (🗸)					vth 🔲 IDCW									
																IDCW Facility(✓) □ Reinvestr													
																					ase me	ntion ta	arget scheme along with plan/option.						
STP Frequency &	Enrol	ment			Daily Quarterly STP Installment Amount (R											Sche	stp f		Οριιο			STP 1	0						
Period (Please ✓ any one)			Monthly													М	Y	Y .	Y Y	D	D	М	М	Y Y	Y	Y		
(-)			Weekly - Fixed Dates																									
				(1 st , 8 th , 15 th & 22 nd) OR																									
			Weekly - Any Day																										
			(Monday to Friday)																										
CHANGE OF A	ADDF	RESS	FOF	R NO					ntity	and	Add	ress	proo	f m	andate	ory)													
Local Address of																													
1st Applicant															1														
Landmark	L			 				1													I	<u> </u>							
		I		<u> </u>				I												 	 								
City		<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>													Pin								
State																													
	Addre	ess for (Corres	sponde	nce for	' NRI Aj	oplica	nts onl	y (Plea	se (🖌)) Indiar	n by De	fault			Fore	eign												
Foreign Address (Mandatory for																													
NRI/FII)																													
City																													
Country																		Zip											
DECLARATION	l/We c	onfirm	that th	e inforr	mation	provid	ed in t	his forn	n is true	e & acc	urate. I	/We ha	ave read	d anc	l underst	tood th	e conte	ents of	all the	schem	ie relat	ed doc	uments	and I/	We her	eby co	nfirm		
and declare that (i) l, of SBI Mutual Fund																													
other applicable law	s or a	ny noti	ficatio	ns, dire	ections	issued	by an	iy gove	rnmen	tal or s	tatutor	y auth	ority fr	om t	ime to ti	me; (iii) the n	nonies	invest	ed by	me in t	the sch	nemes (of the I	Fund de	o not a	ittract		
the provisions of Fo Canada are not eligi	ible fo	r inves	tments	s with t	the Fur	nd and	I/We	am/are	not a	U.S. pe	erson/r	esiden	t of Ca	nada	; (v) the	ARN I	nolder	has di	sclose	d to m	e/us a	ll the c	ommis	sions	in the	orm o	f trail		
commission or any * as per the Memora	andum	n and A	Articles	s of Ass	sociatio	on of th	e Con	npany,	Bye lav	vs, Tru	st Dee	d or Pa	artnersl	hip D	eed and	l resolu	itions	bassed	by the	e Com	pany /	Firm /	Trust, I	/We ar	n/are a	uthoris	ed to		
enter into the transa abroad through app																													
PAN Exempt KYC Re not exceed Rs. 50,00	eferenc	e No. (PEKR	N) issue	ed by K	YC Reg	jistrati	on Age	ncy an	d also	confirn	n that t	he agg	rega	te of lum	ip sum	and S	P insta	llment	s in a r	olling	12 mor	nths per	riod or	financi	al year	does		
and I/We shall be lia	ble in	case ai	ny of tl	he spec	cified in	nformat	tion is	found	to be fa	alse or	untrue	or mi	sleadin	ig or	misrepre	esentin	g; (x) 1	hat we	e autho	orize yo	ou to d	isclose	, share	, remit	in any	form, i	mode		
	or fore	eign go	vernm	nental o	or statu	tory or	judici	al auth	orities/	agenci	es incl	uding I	but not	limit	ted to SE	EBİ, the	e Finan	, cial Int	elligen	ce Uni	t-India	, the ta	x/rever	nue au	thoritie	s in Ind	dia or		
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; (xi) 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;																													
(xii) Towards complicentifications and do	iance	with ta	x infor	rmation	n sharir	ng laws	s, such	n as FA	TCA ar	nd CRS	6: (a) th	ne Fun	d may	be r	equired t	to seel	c addit	ional p	ersona	al, tax	and be	eneficia	I owne	r infor	mation	and c	ertain		
does not receive a v	alid se	elf-certi	ficatio	n from	me) th	e Fund	may	be obli	ged to	share i	inform	ation o	n my a	iccou	int with r	relevan	it tax a	uthorit	ies; (c	I/We a	am aw	are tha	t the F	und ma	ay also	be req	uired		
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 re * Applicable to othe	equireo er than	d to co Indivic	ntact r duals /	my tax HUF; *	adviso ** App	r for ar licable	to NR	estions ls; ***	about Applic	my/ou able to	r tax re "Micr	esidenc o inves	cy; stments	s″															
SIGNATURE(S)																												
(ALL Applicants	8									\otimes									\otimes										
must sign)	t/Guardian/ Authorised Signatory							2nd Applicant/Authorised						Signatory 3rd Applicant						t/ Authorised Signatory									
Date																	F	Place											
All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.																													
Investm															P	egist	rar												
SBI Funds Management (A Joint Venture between															С	ompu	iter A	0	0			rices I							
9th Floor, Crescenzo, C				-38 & 39,							SEBI Registratio													600	000				
G Block, Bandra Kurla (Bandra (East), Mumbai																							ennai – 600 002						
Tel: 022 Email: c	@sbim	nf.com	I					Email: enq_sbimf@camsonline.com Website: www.camsonline.com																					