

APPLICATION NO.

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SIGNATURE(S)	1 <sup>st</sup> Appli	icant/G	uardia	n/Au	thoris	ed Si	anato	rv		2 <sup>nd</sup> A	pplica	nt/A	uthori	sed Si	gnato	rv			3rd	Applic	ant/	Autho	rised §	Signato	orv
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(To be filled in		st applic	ant/Aut	thorize	ea Sig	natory	y).																		
(To be filled in Received from Scheme	:		Plan (#	/)		on (🗸 )				cility(, nt 🔲 F	· ·	-	ue/ Di	D Amo	ount (R	s.) I	Bank a	and B	ranch	Ch	eque	/ DD N	No. &	Date	Signa Dat Sta

			n-Individual investors should manda	torily fill separate FATCA	CR5 & OBO Form (Annexure-1).				
Is the applicant(s) Countr First Applicant	,	tionality / Tax Residency other	than "India" ? second Applicant	Third Applicant					
				 C∰ ∏Yes					
If "YES", please provid	le the followir	ng information (mandatory):							
Details	F	First Applicant (including M	linor) Second Appl	icant	Third Applicant				
Country of Birth									
Place/City of Birth									
Nationality									
Country of Tax Residence	cy 1								
Tax Payer Ref. ID No^									
Identification Type	vl								
Country of Tax Residence	cy 2								
Tax Payer Ref. ID No.2									
Identification Type [TIN or Other, Please specify	y]								
Country of Tax Residence	cy 3								
Tax Payer Ref. ID No. 3									
Identification Type [TIN or Other, Please specify	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
^ In case Tax Identification Nu this to the form. (Please attac	mber is not availa h additional shee	ble, kindly provide its functional equi	ivalent. If no TIN is yet available or has ntries in which applicant is a tax reside	not yet been issued, pleas ent & provide relevant det	e provide an explanation and attach ails)				
@6. INVESTMENT AN	ID PAYMENT	DETAILS							
One time Investment	S	Systematic Investment Plan (SIP)	(Please submit SIP Enrolment & O	TM Form)					
Scheme Name									
Plan (Please ✓)	Regular	Direct	In case of Dividend Trai	In case of Dividend Transfer facility, please mention target scheme along w					
Option (Please ✓ )	Growth		Frequency Scheme / Plan / Opti	Scheme / Plan / Option					
Dividend Facility (Please ✓)	Reinvestr	ment Payout	Transfer						
Payment Mode	Cheque	DD (Third Party	Declaration Mandatory)	Fund Transfer	RTGS				
Cheque/D.D. No.	& Date	Cheque / DD Amount (Rs.)		Drawn on Bank and Bra	nch				
7. TAX STATUS (Please	✓)								
Resident Individual		Pension and Retirement		ody	NGO				
		Financial Institutions	Society	ody [	NGO				
Resident Individual Resident Minor (through 0		Financial Institutions Public Limited Company	Society Trust	ody [					
Resident Individual         Resident Minor (through 0         NRI (Repatriable)		Financial Institutions	Society Trust	ody [ [	LLP PIO NPO				
Resident Individual         Resident Minor (through (         NRI (Repatriable)         NRI (Non-Repatriable)	Guardian)	Financial Institutions     Public Limited Company     Private Limited Company	y Society	ody [ [ [	LLP PIO NPO [Please specify]				
Resident Individual         Resident Minor (through (         NRI (Repatriable)         NRI (Non-Repatriable)         NRI– Minor (Repatriable)         NRI – Minor (Non-Repatriable)         Sole-Proprietor	Guardian)	<ul> <li>Financial Institutions</li> <li>Public Limited Company</li> <li>Private Limited Company</li> <li>Body Corporate</li> </ul>	y Society Society Trust NPS Trust Fund of Fund Gratuity Fund AOP	ody [ [ [	LLP PIO NPO [Please specify] Others				
Resident Individual         Resident Minor (through (         NRI (Repatriable)         NRI (Non-Repatriable)         NRI– Minor (Repatriable)         NRI – Minor (Non-Repatriable)	Guardian)	<ul> <li>Financial Institutions</li> <li>Public Limited Company</li> <li>Private Limited Company</li> <li>Body Corporate</li> <li>Partnership Firm</li> </ul>	y Society Society Trust NPS Trust Fund of Fund Gratuity Fund	ody [ [ [	LLP PIO NPO [Please specify]				
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Resident Individual         Resident Minor (through 0         NRI (Repatriable)         NRI (Non-Repatriable)         NRI – Minor (Repatriable)         NRI – Minor (Non-Repatriable)         HUF         8. DEMAT ACCOUNT I         If you wish to hold unit         Please ensure that the set         National Securi         Depository         Participant Name         DP ID No.         Beneficiary Account No.         Please note wherever units         Any communication in or         Investment Manager :         SBI Funds Manager :         SBI Funds Manager :         Yenture betwee         9th Floor, Crescenzo, C	Guardian)  DETAILS (OPT is in Demat m equence of nar ities Deposito  I N s are allotted in connection with nt Pvt. Ltd. SI & AMU -38 & 39, Complex,	Financial Institutions         Public Limited Company         Private Limited Company         Body Corporate         Partnership Firm         FII / FPI         Bank         TIONAL)         ode, please provide below d         mes as mentioned in the appli         rry Limited (NSDL)         Demat Mode, Statement of Acc         this application should be addr         NDI)         TOLL FREE N		Itent Master / D         If the account held wire         ry Services (India) L         corry concerned.         corry concerned.         esment Manager         Registrar:         Computer Age Manager         SEBI Registration No.	LLP PIO PIO NPO [Please specify] Others [Please specify] emat Account Statement th the Depository Participant. imited (CDSL) ement Services Pvt. Ltd., : INR00002813) Anna Salai,Chennai – 600 002 online.com				

9. OTHER PERSONAL	INFORMATIO	N – (Please ✔ ) First Applic	ant	Sec	ond Applic	ant	Third Ar	plicant
Gender	[	Male Female	Other	Male	Female	Other	Male Fem	ale Other
Father's Name								
Spouse's Name								
Date of Birth			YYYY	D D M	M Y Y	YY		r Y Y Y
Occupation (Please ✔)		Professional Government Service Private Sector Service Public Sector Service Student Doctor Others	Business         Agriculturist         Retired         Housewife         Forex Dealer	Professional Government Private Sector Public Sector Student Doctor Others	or Service	Business Agriculturist Retired Housewife Forex Dealer	Professional Government Service Private Sector Service Public Sector Service Student Doctor Others	ice Retired
Gross Annual Income (Please ✔):	in Rs.	Below 1 Lac 5-10 Lacs 25 Lacs - 1 Cr.	☐ 1-5 Lacs ☐ 10-25 Lacs ☐ > 1 Cr.	Below 1 Lac 5-10 Lacs 25 Lacs - 1 (	Cr.	1-5 Lacs 10-25 Lacs > 1 Cr.	Below 1 Lac 5-10 Lacs 25 Lacs - 1 Cr.	☐ 1-5 Lacs ☐ 10-25 Lacs ☐ > 1 Cr.
OR Networth in Rs.								
Networth as of date		D D M M Y	YYYY	D D M	M Y Y	ΥΥ	DDMM	Y Y Y Y
Politically Exposed Pe	rson [PEP] [	Yes No	Related to PEP	Yes I	No 🗌 Re	elated to PEP	Yes No	Related to PEP
Type of address given a	at KRA	Residential Business	Reg. Office	Residential	Business	Reg. Office	Residential Busir	ness 🔲 Reg. Office
10. NOMINATION : I wish single holding, Nomination i			wish to nominate	please sign in poi		effect from 01/0	04/2011, for individual inv	
Name of the Nominee		Nommee			Nommee 2			
Name of the Guardian (In case Nominee is Minor)								
Allocation % (Mandatory if more	e than one Nominee)							
Relationship with Nominee			1 1 1 1			1 1 1		
Date of Birth* (Mandatory if N	lominee is Minor)		Y Y Y	D D M	M Y Y	YY	D D M M	YYYYY
Signature of Nominee/Guard (*Mandatory in case of Minor Nomi		8		$\otimes$			$\otimes$	
11. NOMINATION : I do	not wish to noi	minate any person at th	he time of makir	ig the investmei	nt.			
Signature								
12.INSTITUTIONAL IN	1 1	DITIONAL INFORMA	TION	1 1 1				
Name of Contact Person Is the entity involved / provide For Foreign Exchange / Mon- NOTE: Non-Individual invest	ding any of the f ey Changer Serv	vices Yes	No M	oney Lending / Pa	awning		sinos, Betting Syndicate	s) Yes No
13. GO-GREEN INITIA As part of Go-Green initiative who specifically opt to receive	e, issuance of ph						stors whose email id is r	ot available and
that (i) I/We have not received or be through legitimate sources and is r governmental or statutory authority person (within the definition of the t has disclosed to me/us; (vi) * as pe enter into the transactions for and or channels or from my/our Non Reside and I/We shall be liable in case any information provided by me/ us, inclu or judicial authorities/agencies inclu agencies or such other third party, co or any other additional information information to any institutions such tax and beneficial owner information (including if the Fund does not recei information to any institutions such tax authorities, the Fund may also b questions about my/our tax residenc the taxpayer identification number i is not matching PAN, application m invested as per the option selected * Applicable to other than Individuals	een induced by any re- root held or designed from time to time; (iiii) erm 'US Person' und nissions (in the form of er the Memorandum a h behalf of the Compa ent External/Ordinary v of the specified info uding but not limited ing but not limited ing but not limited ing but not limited ing but not limited as may be required b a and certain certifica as withholding agent ee constrained to with y; (f) I have underside ay liable to get reject / mentioned under cl	for the purpose of contravention ) the money invested by me in the ler the US Securities laws) / resid of trail commission or any other m and Articles of Association of the any/Firm/Trust; (viii) *1/We am/arr account/CCNR Account; (viii) all ormation is found to be false or un dates to such information as and u to SEBI, the Financial Intelligenc iss, without any obligation of advi by you from time to time; (xi) Tow ations and documentation from in cation from me) the Fund may be ts for the purpose of ensuring ap shold and pay out any sums from od the information requirements o complete. I also confirm that I har cted or further transactions may I lause (5) of the form.	n making this investr of any act, rules, reg eschemes of the Fund lent of Canada are not tode), payable to him/h Company, Bye laws, T e Non Resident of India information provided in ntrue or misleading or when provided by me/ us e Unit-India, the tax/re ising me/us of the same ards compliance with t vestors. I/We ensure to obliged to share inform propriate withholding f my/our account or clos f this Form (read along ve read and understoo	nent; (ii) the amount in ululations or any statut do not attract the prove eligible for investment er for the different com rust Deed or PartnersI in Nationality/Origin an this application form t his application form t us to the Fund, its Spor venue authorities in II e; (x) I/ We shall keep ax information sharing o advise you within 30 ation on my account w rom the account or an e or suspend my acco with the FATCA/CRS In d the FATCA Terms ar	vested/to be inve e or legislation o isions of Foreign s with the Fund a peting schemes of hip Deed and res d that funds for th gether with its an tat we authorize sor, AMC, trusted vou forthwith info laws, such as F7 days should ther th relevant tax an y proceeds in rel unt(s) and (e) I/W nstructions) and hid Conditions bel	sted by me/us in t r any other applic Contribution Regu nd I/We am/are n of various mutual f olutions passed by the subscriptions ha nnexures is/are tru you to disclose, sf as, their employee: dia wherever it is rmed in writing ab NTCA and CRS: (a) e be any change i tuhorities; (c) I/We ation thereto; (d) a fe understand that ereby confirm that ow and hereby ac	he scheme(s) of SBI Mutual Fu able laws or any notifications, ulations Act ("FCRA"); (iv) I/We ot a U.S. person/resident of Ca unds from amongst which a scl y the Company / Firm / Trust, 1, ave been remitted from abroad 1 e and correct to the best of my nare, remit in any form, mode c s/RTAs or any Indian or foreign legally required and other suc out any changes/modification to ) the Fund may be required to the fund may be required to am aware that the Fund may a as may be required by domesti 1 am / we are required to cont the information provided by me cept the same. (xii) If the nam	nd ( <sup>*</sup> the Fund") is derived directions issued by any am/are aware that a U.S. inada; (v) the ARN holder neme of the Fund is being //We am/are authorised to through approved banking /our knowledge and belief or manner, all / any of the governmental or statutory h regulatory/investigation b the information provided seek additional personal, In certain circumstances Iso be required to provide iso or overseas regulators/ act my tax advisor for any /us on this Form including e given in the Application
(ALL Applicants must sign)			⊗ ■			8		
1 <sup>st</sup> Appl	icant / Guardian	n / Authorised Signatory	2 <sup>nd</sup> Applica	ant / Authorised S	lace	3"	Applicant / Authorised	Signatory