

N PARTN															A	PPLI	CATI	ON	NO.							S-21	810/15
				API	PLIC	ATIC	ON FO	ORM	I FO	R EC	UITY	/ OI	RIEN	ITED	SCH	ЕМЕ	ES (P	leas	e fill	in Bl	_OC	K Le	tters)		3-20	010/13
ARN & Name						Branch		le	 					$\overline{}$			Cod	e			EUII	N*	on Numl		Reference No.		
1130	651																			E164							
Declaration for "exe * I/We hereby confirm to															vithout a	ınv inte	eraction	or advi	ce by the	e employ	vee/rel	lationsh	in mana	ner/sal	es perso	n of the	e above
distributor or notwithsta																											
SIGNATURE(S)	1st An	plica	nt / Gu	ıardi	an / A	uthori	sed Si	anato	orv	2nd Applicant / Authorised Signatory 3rd Applicant / Authorise												rised !	Signate				
Upfront commission	shall b	e paid	directl	ly by	the in	vestor t	o the A	MFI r	egister	red Dis	tributor	s bas	sed on	the inv	estors'	asses	sment			ctors in							tributor
TRANSACTION In case the subscrinvestor other than	iption a first t	amoun ime m	it is Re utual f	s. 10 und	,000/- invest	or mo or) will	re and	if you	ur Dist	tributo	r has o	pted	to re	ceive T	ransac	tion C	Charges	s, Rs.	150 (fd	or first							
1. PARTICULA I confirm tha							Mutus	al Eur	nde							onfire	n that	l om 1	n avis	tina i	avoot	or in N	(SI Iutual I		OTE 1	1)	
EXISTING FOI										-		ī	- 1		xisiting	g unit	holders	s: Ple	ase me	ention	your	Folio	numbe	r, Nar	ne and	l PAI	N
Name		.O. I			<u> </u>		<u> </u>	 I			<u> </u>			details	and t	hen p	oroceed	d to li	nvestm I	ent an	ıd Pa I	yment	details	s- 8) I	ı	ı	
(Mr./Ms./M/s.)													+	_													
Gender M	1ale	☐ F	emale		Oth	er (Thir	d Gend	ler)	Da ¹	te of B	Birth	D	D	M	M	Υ	Υ	Υ	Υ]							
Father's Name	e [_								<u> </u>					<u> </u>	L	<u> </u>	<u> </u>							Щ		
Spouse's Nan	ne																										
Name of Guardia (in case of Minor						n al Inve	estor)																<u> </u>	\perp			
Relationship of Gu				-			-		ne docu	ıment e	videncir	ng the	relatio	nship of	Minor w	ith Gua	ardian (See No	te 1 h)]		Fath	ner	Mot	ther	Le	gal Gu	uardian
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Email ID	T	1	l	<u> </u>	1 1	1	1																				
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Please register your E-	mail add	ress & I	Mobile ni	umber 	to get	alerts & (communic 	ation vi	ia E-mai	il & SMS I	S. 			I I	1												
Telephone (O)		Count	y Code													Mar	ndatory	y Enc	losure	s 🗌	PAN	Proof		KYC A	cknow	ledge	ment
Telephone (R)					J L																						
County Code Type of address given at KRA Residential Business Registered Office																											
Address of tax res	_				s avai	_			se. In	case o	f any cl	hang	-		roach l	KRA 8	notify	the ch	_								
PAN															-		R <mark>ef no</mark> ation [•									
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Gross Annual Ir	ncome	in Rs	s. (Ple	ase	tick ([√)): [Belo	w 1 l	Lac		ப 1-5 Lad	cs		5-10 La	acs		0-25 L	.acs		25 Lac			_	1 Cr.	0	R	
Networth in Rs														as of (c	ate)	пΙ	D N	л I м	ΙΙΥ	V	V	Y					
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Politically Expos					_	_	No ing an	_	_		o PEP servic		ПΥ	es [☐ No												
- For Foreign Exc			•			•		Yes		No				_	_	tery S	Service	es (e.g	g. Casi	nos, B	etting	g Synd	dicates	.) _[Yes	, _	No
- Money Lending		•						Yes		No														_	_		_
NOTE: Non-individual 2. PARTICULA								exure	- I alo	ngwith	this to	orm.											(S	EE N	OTE -	1 & 2	2)
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Mr./Ms./M/s.				_	100						1		<u> </u>	1	l	 	l	L	l	<u> </u>							
Gender M		F€	emale ı ı	L) Othe	er (Third	d Gend	er) ı	Dat	e of B	irth	D	D	M	M	I Y	Y	Y	Y		ı	i i	ı	ı	ı	ı	
Father's Name	1				1					<u> </u>	<u> </u>		+		1	+-						1	1				Щ
Spouse's Nam Type of addres		en a	t KRA	`		Resid	dential					\vdash	Busin	220					Regis	tered C	Office						
Address of tax resi					_	_		tabas	se. In c	case of	any ch				oach K	RA &	notify t	he ch	-								
Inves	stors s	subsc	ribing	to th	ne scl	heme t	hroug	h SIP	mus		plete F TEAR I			on cun	n Mand	late f	orm co	mpu	sorily	along	with	applic	ation f	orm			
SBI MUTUAL F	EUND R LIFE	Spons Investr (A Join	or : Sta ment M t Ventui	ate Ba l anag re bet	nk of I er : SE ween S	ndia 31 Funds 3BI & AN	Manage ∕/UNDI)	ement	Pvt. L		ACK	NO	WLE		MEN Invest		LIP	AF	PPLIC	ATIO	N N	١٥.					
(To be filled in by Received from :											1				1							1					ature,
Scheme I	Name		P	lan (<u>√</u>)	Optio	on (✔)	D	ivide	nd Fa	_ cility(.	′)	Chec	ue/ DE	Amou	ınt (R	s.) E	Bank a	and Bra	anch	Ch	eque/	DD No). & D	ate		ite & amp
				Reg	jular	Gr	owth ridend	_	einve:		t 🔲 Pa	yout															
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PAN								<u> </u>		J					KYC Re		•					,					.
AADHAAR No															Docu				•								
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Occupation (Please ())	Profes	sional d	_		iness sewife		_Gove		it Servic		_	ate Sect ex Deale		vice	_	Public Docto		or Ser	vice	F	Ag		urist [Pleas	e spe	cify]		
Gross Annual I	•		. (Plea	ıse ti	ick (✔)): 🔲	Below	1 Lac		1-5	5 Lacs	5	·10 La	cs		-25 L	acs		25 La	cs -					OF	ł	
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Networth in Rs					_							a	s of (c	late)	D		101		1 '	-							
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0. 17																							(01		715	u 2	,
Name Mr./Ms./M/s.																							I				
Gender 🔲	Male	□ F	emale		Othe	r (Third	Gende	er)	Date of	Bii	rth	D D	M	M	Υ	Υ	Υ	Υ	T								
Father's Nan	ne										ΙĪ	Ī	Ī	Ī	Ī	Ī	Ī	Ī	_				I				
Spouse's Na	me															T				$\overline{}$							
Type of addr	ess aiv	/en a	t KRA			Resid	ential					Busin	ess					Regi	stered	l Offi	ice						
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.																											
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(DI / (N)	Profes				ness sewife	Ļ	Gove Stude		t Servic	e	_	ate Sect x Dealer		vice	_	Public Docto		or Ser	vice	F	_ Ag Dtl		urist [Pleas	e spe	cifv1		
						\\. □	_			1 5				00					25 04	-		_	_	·)	
Gross Annual Income in Rs. (Please tick (✓)): Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. CR																											
letworth in Rsas of (date) D D M M Y Y Y Y colitically Exposed Person [PEP]: Yes No Related to PEP																											
olitically Exposed Person [PEP]: Yes No Related to PEP I. FATCA & CRS RELATED INFORMATION (Only for Individuals/Propriator)																											
DETAILS OF	FIRST	Γ ΑΡ	PLIC/	١NT																							
Country of Birth																											
Nationality																											
Are you a tax re	sident c	of any	countr	y otł	ner tha	an Indi	a? 🗌	Yes	☐ No)																	
If Yes, plea	se indic	cate al	ll count	ries i	in whic	ch you	are res	sident f	or tax p	urp	oses ar	nd the as	sociat	ed Tax	k Identi	ificatio	on Nu	mbers	belov	v:							
(alaa	ماريمان	LICA		the i		ountry		./		مام	day of LI	CA)	-	Гах Ра	yer Ide	entific	cation	Numl	ber*		,				n Type ase spe		
(also	include	USA,	where	trie i	maivia	uai is a	Cilizei	ı/ greei	n card r	1010	der of U	5A)								+	(TIIN	- Othe	, piec		ecity)	-
																				+							
* It is manda please prov									country	in v	which yo	ou are ta	x resid	dent iss	sues su	uch id	lentifie	ers. If i	no TIN	l is y	yet av	vailab	le or h	as not	t yet be	en is	ssued,
(Please atta	ch addi	tional	sheets	if ne	cessa				ountries	in	which a	applicant	is a ta	ax resid	dent &	provi	de rel	evant	details	s)							
DETAILS OF	SEC	OND	APPL	LICA	INT																						
Country of Birth														Plac	e of Bi	rth_											
Nationality																											
Are you a tax re	sident c	of any	countr	y otł	ner tha	an Indi	a? 🗌	Yes	☐ No)																	
If Yes, plea	ase indic	cate al	ll count	ries i	in whic	h you	are res	sident fo	or tax p	urp	oses ar	nd the as	sociat	ed Tax	Refer	ence	Numb	ers be	elow:								
(also	include	USA	where	the		ountry		n/ areei	n card h	nolo	der of U	SA)		Tax Pa	ayer Id	lentifi	cation	n Num	ber		(n Type ase spe		
(dioc	morado		WHOLO		IIIaivia	uui 10 t	0111201	- g. cc.			201 01 0													, p.oc		,	
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It is mandat please prov									ountry i	n w	vhich yo	u are ta	k resid	lent iss	ues su	ıch id	entifie	rs. If r	no TIN	l is y	yet a	vailab	le or h	as no	t yet be	een is	ssued,
(Please atta		•							ountries	s in	which a	applican	is a ta	ax resi	dent &	provi	ide rel	evant	detail	s)							
				_						_	- TEAR	HERF_										_					
Any commu	nicatio	n in c	connec	tion	with	this a	oplicat	ion sh	ould b				he Re	egistra	ır or th	he In	vesm	ent M	lanac	ger							
Investment	Manag	ger:												Reg	gistrar	r:											
SRI Funde	1/0000	omor	* D.+	1 +-	1									Car	nnutar	. ^ ~ ~	N/On	aaam	ont C	coni	iooo	Dvt	I td				

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

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 1	THIRI	D AP	PLIC	CANT																								
Country of Birth	Are you a tax resident of any country other than India? Yes No															—												
	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 Tax Payer Identification Number Identification Type																											
					n which	າ you ຄ	are re				oses	and t	he asso															
(also i	include	USA	, whe	re the i		•		en/ gre	en ca	rd hol	der of	USA)	T	ax Pa	yer Ide	entifica	ation	Numb	er					on Typ ease s)	
It is mandato	nv to s	sunnly	a TIN	l or fur	nctiona	ıl equi	valent	t if the	count	rv in v	which	VOLL	are tax i	eside	nt issi	IPS SIII	ch ider	ntifier	s If n	n TIN is	s vet a	availah	le or	has n	nt vet	heen i	issued	
please provid	de an	explar	nation	and at	tach th	nis to t	he for	rm.		-		-									o you	vallab	10 01	1100 11	or you	500111	ocaca,	
5. GENERAL II											WITE	парр	nicant is	s a la	k resiu	ent a	provide	e reie	varii (ietalis)			(S	EE N	OTE	1 m 8	& n)	
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NRI (Repatria	NRI (Repatriable) Private Limited																ŀ	_	LP PIO					Jo	int			
· ·	NRI (Non-Repatriable) Body Corporat NRI– Minor (Repatriable) Partnership Fir											\Box	NPS Tr		4		ŀ	=	NPO						y one irvivor	or		
<u> </u>	NRI – Minor (Non-Repatriable)												Gratuit							[F	Please	speci	fy]					
	Pension and Retirement Fund HUF Financial Institutions Bank												AOP BOI						Others		loaco	specif						
6. CONTACT						_ ⊨ar	ıĸ						201							נר	case	Specil	1	EE N	OTE	1)		
Local																												
Address of 1st Applicant								 				<u>. </u>	<u>. </u>		<u> </u>				<u>. </u>			 		ī	i	<u> </u>		
City			<u> </u>					<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	 							
City											<u> </u>		1								Pin							
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Foreign Address	Addre	ss for (Corres I	spondei 	nce for	NRI Ap	plicar	nts onl 	y (Plea I	se (✔)) India	n by D I	efault _		ı	Fore I	eign [ı	ı	I	I I		ı	ı	ı		
(Mandatory for NRI / FII)		<u> </u>	 		<u> </u>			<u> </u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			1	<u> </u>			<u></u>	1	<u> </u>	$\perp \perp \parallel$	
City												<u> </u>												<u></u>			$\perp \perp \parallel$	
Country																		Zip						<u></u>				
7. BANK PAR	ndator	y for l	nvest	ors to	provid	e thei	r bank	accol	ınt det	ails)					(S	EE N	OTE	3)										
Name of Bank															<u> </u>								L	<u> </u>		<u> </u>		
Branch Name and Address																								\perp				
and Addioco																												
City																					Pin							
Account No.													1						_									
9 digit MICR Code								Ī					ber next t		heque n	umber.	Please p	provid	e a	Savi		count			ease 🗸	<u> </u>		
3 digit milori code	' 	<u> </u>	<u> </u>	1			<u> </u>	<u> </u>	<u> </u>	copy	of CAN	ICELLI	ED cheque	e leaf)						Curr	- -	NRE		□c	thers_			
IFS Code 8. INVESTMEN	IT AN	ID D	A V B #	ENT F) TA	u c	100/						llowing	0.1		ODLA					'			(CEI	E NOT	FE E\		
One time Ir							stema PD0	atic In	vestm	ent F	lan (s	SIP) (if Yes,	oleas	e tick a	any on	e)			nit Tra	nsacti	on Slip	o me					
							-		it / EC f SIP t		h ECS	S/Auto	o Debit	mode	it is m	andato	ory to s	submi	t SIP	Enrolm	ent C	um Aut	to De	ebit/EC	S Mar	ıdate F	Form)	
Scheme Name																												
Plan (Please ✓)				Reg	ular				Direct					In (case of	Divide	nd Trar	nsfer f	acility,	please	mentio	n target	t sche	eme ak	ong with	n plan/c	option.	
Option (Please ✓)				Grov	wth				Dividen	ıd				+_														
Dividend Facility	Payout	i i	Г	☐ Tr	ansfer	Sc	heme	/ Plan	/ Opti	on																		
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				a	Уп	- with (\top					u											
Inves							Inv	estme	nt Am	ount	(Rs.	in Wor	ds)		_													
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For third party ch	heque	s plea	ase se	ee Not	e 3 vii.																							

9. STP ENROLL	_MENT	DET/	AILS	С	pted	for S	STP:		Yes		N	0	(lf	Yes,	it is r	manda	atory t	subr	nit ST	P Enr	ollmer	nt Form/Transaction slip)
10. 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)																						
	al Secui	rities	Dep	osite	ory L	imite	ed (N	ISDL)					Cent	tral I	Depo	sitor	y Se	rvice	s (In	ndia)	Limited (CDSL)
Depository Participant Name												eposit articip	tory ant Na	me								
DP ID No.		L	N									·	D No.									
Beneficiary Accour	nt No.					Ī	İ	İ	Ī	_ 	''											
															•			•				rther allotment of units (through
additional purchase 11A. NOMINATION																						their Depository Participant only.
individual investors	applying	with s	single l	holdir	ng, No	minat	tion is	mand	atory.	How	ever, i	n cas	e you	do no	t wish	to no	minat	e pleas	se sig	n poir	nt 11 B	S.) (SEE NOTE 10)
Name of the Nomir																						_
Name of the Guard	lian																					-
Percentage	Date of Birth*											1										
Relationship Address of Nomine	20/										Date	of Bi	irth*	D	D	M	M	Υ	Υ	Υ	Υ	Signature of Nominee/Guardian
Guardian																						(*Mandatory in case of Minor nominee)
Name of the Nomir	nee																					
Name of the Guard	dian																					
Percentage																						
Relationship														Υ	⊗							
Address of Nomine Guardian	ee/																					Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Nomi	nee																					
Name of the Guard	dian]
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Address of Nominee/ Guardian Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)																						
11B. NOMINATION: I do not wish to nominate any person at the time of making the investment.																						
Signature																						
12. DECLARATION	ON (SEE	NOT	E 11):	I/We o	confir	m tha	at the	infor	matio	on pro	vide	ed in th	nis fo	rm is	true	& acc	urate	. I/We	e hav	e read	d and understood the contents
of all the scheme	related	docu	ments	s and			•						-								•	any rebate or gifts, directly or
																						(the Fund") is derived through islation or any other applicable
laws or any notifi	cations, o	direct	tions i	issue	d by a	any g	overr	ment	tal or	statu	itory a	autho	ority fr	om t	ime t	to tin	ne; (iii) the	moni	es inv	veste	d by me in the schemes of the
	•				U			•			•										•	in the definition of the term 'US J.S. person/resident of Canada;
1 ' '									•							•						her for the different competing
					_								_									Memorandum and Articles of am/are authorised to enter into
						•													•	_		hat funds for the subscriptions R Account; (viii) *** I/We do not
				-				-				-							-			gency and also confirm that the
00 0	•							-						•								upees Fifty Thousand); (ix) all ge and belief and I/We shall be
liable in case any	of the sp	pecifie	ed info	orma	ition is	s four	nd to	be fa	lse or	untr	ue or	misl	eading	g or r	nisre	pres	enting	; (x) t	hat v	ve au	thoriz	ze you to disclose, share, remit
				-				-		-			_		_							as and when provided by me/ horities/agencies including but
not limited to SE	BI, the F	inand	cial In	tellig	jence	Unit-	India,	the	tax/re	evenu	ue aut	thorit	ties in	Indi	a or	outs	ide In	dia w	here	ver it	is le	gally required and other such
,		•													•	_				-		the same; (xi) I/We shall keep s may be required by you from
			•						_										•			to seek additional personal, tax
																				•		n 30 days should there be any me) the Fund may be obliged
		•														•						information to any institutions reto; (d) as may be required by
domestic or overs	seas regu	ılator	s/ tax	auth	orities	s, the	Fund	l may	also	be c	onstra	ined	l to wi	thhol	ld and	d pay	out a	ıny sı	ıms f	rom ı	my/οι	ur account or close or suspend
my account(s) and * Applicable to of								-				-						s abo	ut m	y/our	tax re	esidency;
			a a u li	-, III	/			2 10 1			ייוקק.		10		•02							
SIGNATURE(S)																						
(ALL Applicants must sign)																						
	\otimes								(⊗									8			
	1st Appl	icant	/ Guar	rdian	/ Auth	orise	d Sia	natorv			d App	licant	t / Autl	norise	ed Sic	nato	ry	+		3rd A	pplica	ant / Authorised Signatory
Date							- 'B'		· I		1.15				Pla		-					