

ARN-S5371 Celevation for "seculos-obly" transaction (only where EUIN box is set black and presentation (onl	A PARTNER FOR LIFE			APPLICATION	NO.	S-1710/17
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ADHARM Country Details of First Applicant Anyone or Survivor	Name should be as per PAN / Aadhaar Card)					
Date of Birth AADHAARN No # Telephone (O) Telephone (R) ADDITION (Please /) In A	in case of Minor) Relationship of Guardian Father	Mother Legal (Guardian [Please mandatorily enclo	se the document evidencing the re	elationship of Minor with Guardian]	
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AADHAAR No # 4. BANK ACCOUNT (Pay Out) Details of First Applicant (Mandatory to attach bank account proof in case the payout bank account is different from the source/investment bank account arms of Bank aranch Name and Address Stity Locount No. SCode (Please provide a copy of CANCELLED cheque leaf) ACCOUNT (Please /) Savings NRO FONR Current NRE Others TEAR HERE ACKNOWLEDGEMENT SLIP To be filled in by the Investor To be filled in by the First applicant/Authorized Signatory): Received from: Scheme Name Plan (/) Option (/) Dividend Facility(/) Cheque/ DD Amount (Rs.) Require Growth Direct Regular Growth Reinvestment Payout Current ACCOUNT (Pay Out) Details of First Applicant (Mandatory to attach bank account proof in case the payout bank account is different from the source/investment bank account	KIN					
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Scheme Name Plan () Option () Dividend Facility() Cheque/ DD Amount (Rs.) Bank and Branch Cheque / DD No. & Date Regular Growth Reinvestment Payout Direct Dividend Transfer	(To be filled in by the First applicant/	Detween 3DI & AMUNDI)	i o be filled in by	y uie ilivestor		Cianat
□ Regular □ Growth □ Reinvestment □ Payout □ Direct □ Dividend □ Transfer		n(f) Ontion (f) F	Dividend Excility (1)	o/DD Amount /D= \\	ok and Branch Chague / DD No.	Date &
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	Attachments □ □	Direct Dividend T	ransfer	All nurchases or	re subject to realisation of chaque / doma	and draft

5. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-1).								
Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?								
First Applicant (Minor)			Applicant		Third Applicant	
Yes	□No		₽ □ \	Yes	No		Yes No	
If "YES", please provide	the follow	ing information	on (mandatory):	:				
Details		First Applica	ant (including	Minor)	Second Applic	ant	Third Applicant	
Country of Birth								
Place/City of Birth								
Nationality								
Country of Tax Residency 1								
Tax Payer Ref. ID No^								
Identification Type [TIN or Other, Please specify]	I							
Country of Tax Residence	y 2							
Tax Payer Ref. ID No.2								
Identification Type [TIN or Other, Please specify]								
Country of Tax Residence	y 3							
Tax Payer Ref. ID No. 3								
Identification Type [TIN or Other, Please specify]	I							
^ In case Tax Identification Num this to the form. (Please attach	nber is not ava additional sh	ulable, kindly prov eets if necessarv	ide its functional eq and mention all co	uivalent. If untries in v	no TIN is yet available or has no which applicant is a tax residen	ot yet been issu	ued, please provide an explanation and attach evant details)	
€6. INVESTMENT ANI						•		
One time Investment		Systematic Inv	estment Plan (SIP) (Pleas	se submit SIP Enrolment & OT	M Form)		
Scheme Name								
Plan (Please ✓)	Regula	ar	Direct				mention target scheme along with plan/option.	
Option (Please ✓)	Growth	ı	Dividend		Scheme / Plan / Option	1		
Dividend Facility (Please ✓)	Reinve	estment	Payout	Tran	nsfer			
Dividend Frequency	Daily	□ w	eekly	ortnightly	☐ Monthly	Quarterly	y Annually	
Payment Mode	Cheque	e [DD (Third Party	/ Declarati	ion Mandatory)	Fund Transfer	RTGS	
Cheque / D.D. No. &	Date	Cheque	/DD Amount (Rs.	.)]	and Branch		
7. STP ENROLMENT DE		ted for STP:	Yes	No	(If Yes, please submit STP	Enrolment Forr	n/Transaction slip)	
8. TAX STATUS (Please	/)							
Resident Individual			sion and Retiremen	nt Fund	Government Boo	dy	NGO	
Resident Minor (through G	iuardian)		incial Institutions		Society		LLP	
NRI (Repatriable) NRI (Non-Repatriable)			lic Limited Company	•	Trust NPS Trust		PIO	
l ' ' ' '			ate Limited Compai	ny			□ NPO	
NRI- Minor (Repatriable)	hla\		Body Corporate		Fund of Fund		[Please specify]	
NRI – Minor (Non-Repatria	bie)	1 😐	Partnership Firm		Gratuity Fund		Others	
Sole-Proprietor HUF			FPI		AOP BOI		[Please specify]	
		Ban	K		Б вог		[Flease specify]	
9. DEMAT ACCOUNT D				J-4 "	nd analas	4 P.F.	/ Demot A	
If you wish to hold units in Demat mode, please provide below details and enclose Latest Client Master / Demat Account Statement 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 — Participant Name								
DP ID No. Target ID No.								
Beneficiary Account No.								
Please note wherever units	are allotted	in Demat Mode	, Statement of Ac	count wil	Il be issued by the Deposito	ry concerned.		
					, ,	,		
A		ale aleis " "		EAR HERE				
_	onnection wi	ui uiis applicati	on snould be add	uressed t	o the Registrar or the Inves		eı	
Investment Manager: Registrar:								

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

TOLL FREE NO: 1800 425 5425 Website : www.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

10. OTHER PER	SONAL INFORMAT	ION – (Ple								
			First Applica		_	Second App			Third Applic	
Gender		Male	Female	Other	Male	Female	Other	Male	Female	Other
Father's Name										
Spouse's Name	•									
Date of Birth			МММТ	y		MIMIY	y		M M Y	y
Occupation (Please ✓)		Profess	ional	Business	Profession		Business	Profess	ional [Business
(_	ment Service Sector Service	Agriculturist Retired		nent Service Sector Service	Agriculturist Retired		ment Service Sector Service	Agriculturist Retired
			Sector Service	Housewife		ector Service [Housewife		Sector Service	Housewife
		Student	t	Forex Dealer		Ī	Forex Dealer		:	Forex Deale
		Doctor Others			Doctor Others			Doctor Others		
Gross Annual I	ncome in Rs	☐ Below	 1 Lac	1-5 Lacs	Below 1	Lac [1-5 Lacs	Below	 1 Lac Г	1-5 Lacs
(Please ✓):	ncome in ris.	5-10 La		10-25 Lacs	5-10 La		10-25 Lacs	5-10 La		10-25 Lacs
		25 Lac	s - 1 Cr.	> 1 Cr.	25 Lacs	s - 1 Cr. [> 1 Cr.	25 Lac	s - 1 Cr.	> 1 Cr.
OR Networth in	Rs.									
Networth as of	date	D D	MMY	YYY	D D	M M Y	YYY	D D	M M Y	YYY
Politically Expo	sed Person [PEP]	Yes	□ No □	Related to PEP	Yes	□ No □	Related to PEP	Yes	□ No □	Related to PEP
Type of address	given at KRA	Resident	ial Business	Reg. Office	Residenti	al Business	Reg. Office	Resident	ial Business	Reg. Office
	N: I wish to nominate the						th effect from 01/0	04/2011, for ir	ndividual investor	rs applying with
single holding, Non	mination is mandatory. H	lowever, in c	ase you do not v Nominee 1		please sign po	Nominee 2			Nominee 3	
Name of the Nomin										
Name of the Guard (In case Nominee is Mi										
Percentage (Mandate	ory if more than one Nominee	(+								
Relationship with N	lominee	1								
Date of Birth* (Mane	datory if Nominee is Minor)	D D	M M Y	YYY	D D	M M Y	YYY	D D	M M Y	YYY
Signature of Nomin (*Mandatory in case of N		\otimes								
12 NOMINATION	N: I do not wish to no		w poroon at th	o time of makin	⊗ the inves	tmont		⊗		
	1. I do not wish to no	orninate an	ly person at th	e time of makii	ig the lives	ourient.				
Signature										
13.INSTITUTION	NAL INVESTORS A	DDITION	AL INFORMA	TION						
Name of Contac	ct Person									
1	ed / providing any of the age / Money Changer Sei	J	_	_	•	,	Services (e.g. Ca	sinos, Bettin	g Syndicates)	Yes No
_	ual investors should ma		Yes I separate FATC	_	foney Lending rm (Annexure	0	is form.			Yes No
	N: /We confirm that the infor									
and is not held or designed	d for the purpose of contravention y me in the schemes of the Func	n of any act, rule:	s, regulations or any s	tatute or legislation or a	ny other applicabl	e laws or any notificati	ions, directions issued	by any governme	ental or statutory autho	rity from time to time
Securities laws) / resident	t of Canada are not eligible for inv m/her for the different competing	vestments with t	he Fund and I/We am	are not a U.S. person	resident of Canad	lá; (v) the ARN holder	has disclosed to me/u	is all the commis	sions (in the form of tra	il commission or any
Bye laws, Trust Deed or Pa	artnership Deed and resolutions pa e subscriptions have been remitte	assed by the Cor	mpany/Firm/Trust, I/V	Ve am/are authorised to	enter into the trans	sactions for and on beh	nalf of the Company/Fin	m/Trust; (vii) ** I/M	le am/are Non Residen	nt of Indian Nationality
hold only a single PAN Exe	empt KYC Reference No. (PEKF); (ix) all information provided in the	RN) issued by KN	YC Registration Agend	cy and also confirm that	the aggregate of I	ump sum and SIP inst	tallments in a rolling 12	months period o	rfinancial year does no	t exceed Rs. 50,000
to be false or untrue or mis	sleading or misrepresenting; (x) to the Fund, its Sponsor, AMC, tr	that we authoriz	ze you to disclose, sha	are, remit in any form, n	node or manner, a	ıll / any of the informat	ion provided by me/us	s, including all ch	anges, updates to suc	h information as and
the tax/revenue authoritie	s in India or outside India whereventh informed in writing about any o	ver it is legally re	quired and other such	regulatory/investigation	on agencies or suc	ch other third party, or	n a need to know basis	, without any obli	igation of advising me/	us of the same; (xi) l
laws, such as FATCA and	I CRS: (a) the Fund may be requi rmation provided; (b) In certain ci	ired to seek addi	itional personal, tax an	id beneficial owner info	rmation and certai	n certifications and do	cumentation from inve	stors. ÌWe ensu	re to advise you within 3	30 days should there
am aware that the Fund m	nay also be required to provide integrated to provide integral and the fundamental required to provide integrated to provide integra	formation to any	institutions such as w	ithholding agents for th	e purpose of ensu	ıring appropriate withh	nolding from the accou	nt or any proceed	ds in relation thereto; (d	l) as may be required
advisor for any questions a	about my/our tax residency; (f) I ha n number is true, correct, and con	ave understood t	the information require	ments of this Form (rea	d along with the FA	ATCA/CRS Instruction	ns) and hereby confirm	that the informati	on provided by me/us o	on this Form including
PAN/Aadhar card, applica	ation may liable to get rejected o	r further transac	tions may be liable to	get rejected	tro/tromound	Condition to bolow and	anoroby docopitalo od	mo. (All) il alo na	mo givernirato i ppilot	zaorio nocinatoring
# I/We hereby provide my	Individuals / HUF; ** Applicable y/our consent for (i) collecting, st	toring and usage	e (ii) validating/authen	ticating and (ii) updatin						
We hereby provide my/out purpose of updating the sa	r consent for sharing/disclosing o ame in my/our folios.	tmy Aadhaarnu	umber(s) including der	mographic information	with the asset man	nagement companies	ot SEBI registered mut	tual fund and thei	Registrar and Transfe	r Agent (RTA) for the
SIGNATURE(S)										
SIGNATURE(S) (ALL Applicants	0			\otimes						
must sign)	⊗ 1st Applicant / Guardia	an / Authoric	sed Signatory	⊗ 2 nd Applic	ant / Authoric	sed Signatory	⊗ 3	d Applicant /	Authorised Sigr	natory
Date	. Applicant/Guardia	Audioils	ocu oigilatui y	2 Applic	ant, Authorit	Place		Applicant/		- Latory