

TRANSACTION SLIP (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-64917				E434563	

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)	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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Upront 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 15)

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.

INVESTOR DETAILS (MANDATORY)

EXISTING FOLIO NO.	
Name (Mr/Ms/M/s)	
Email ID	
Mobile No.	
Telephone No.	

PAN DETAILS (Enclose PAN copy & KYC acknowledgement)

First Applicant / Guardian	Second Applicant	Third Applicant
PAN Exempt KYC Ref no (PEKRN for Micro investments) -	PAN Exempt KYC Ref no (PEKRN for Micro investments) -	PAN Exempt KYC Ref no (PEKRN for Micro investments) -
KIN (KYC Identification No.)	KIN (KYC Identification No.)	KIN (KYC Identification No.)

Legal Entity Identifier (LEI) for Non-Individuals _____ Validity _____

ADDITIONAL PURCHASE REQUEST

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

Please refer to Note 27 for details of Dividend renaming

Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in 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	Depository Participant Name
DP ID No.	Beneficiary Account No.
Beneficiary Account No.	

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned. Further allotment of units (through additional purchase / SIP) in the same scheme/plan will be allotted in Demat mode and investors can do further transactions through their Depository Participant only.

SWITCH REQUEST

Amount	OR Number of Units	OR <input type="checkbox"/> All units (Please ✓)
From Scheme	To Scheme	
<input type="checkbox"/> Regular <input type="checkbox"/> Growth <input type="checkbox"/> Direct <input type="checkbox"/> IDCW	<input type="checkbox"/> Regular <input type="checkbox"/> Growth <input type="checkbox"/> Direct <input type="checkbox"/> IDCW	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer
In case of IDCW Transfer facility, please mention target scheme along with plan/option. Scheme / Plan / Option _____		

REDEMPTION REQUEST

Scheme	
Plan (✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Reinvestment / Payout / Transfer)
Amount	OR Number of Units
	OR <input type="checkbox"/> All units (Please ✓)

TEAR HERE

Folio No.	
(To be filled in by the First applicant/Authorized Signatory) :	Stamp Signature & Date
Received from	
Additional Purchase / Redemption	Scheme Name / Plan / Option / IDCW Facility
	Amount
	Units
Systematic Investment Plan / Withdrawal Plan	Scheme Name / Plan / Option / IDCW Facility
	Amount (Rs.)
	Frequency
	SIP/SWP Date
	<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day)
Systematic Transfer Plan / Switch Over	Scheme Name / Plan / Option / IDCW Facility
	From
	To
	Amount
	Units
	STP Commencement Date
<input type="checkbox"/> Change of Address (Please ✓)	

SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through Direct Debit/ NACH must fill up the Registration cum Mandate Form)

<input type="checkbox"/> SIP with Cheque <input type="checkbox"/> SIP without Cheque		In case this application is for Micro SIP (Please tick (✓)) <input type="checkbox"/> MICRO SIP	
Scheme Name/Plan/Option/ IDCW Frequency			
Payment Mechanism (Please ✓ any one)		<input type="checkbox"/> Post Dated Cheques (Please provide the details below)	
		<input type="checkbox"/> SIP Direct Debit/ NACH (Please complete SIP Direct Debit/NACH Registration cum Mandate Form)	
Frequency (Please ✓ any one)			
<input type="checkbox"/> Weekly SIP (1 st , 8 th , 15 th and 22 nd)		<input type="checkbox"/> Monthly SIP (Default)	
<input type="checkbox"/> Quarterly SIP			
SIP Date (for Monthly & Quarterly) (Please ✓)			
<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day)		<input type="checkbox"/> Any other Date between 1 st to 30 th	
SIP Tenure *Form date* should be minimum 15 days after 'form submission date'			
From DDMMYYYY		<input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years OR No of SIP Installments	
To DDMMYYYY		OR <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetual (Select any one)	
Cheque(s) Details			
No. of Cheques		SIP Installment Amount (in figures)	
Cheques drawn on			
Name of Bank & Branch			

SWP / STP FACILITY REQUEST

Systematic Withdrawal Plan (SWP)		Systematic Transfer Plan (STP)	
Scheme / Plan		SWP installment amount (Rs.)	
		Amount (in words)	
		Frequency (Please ✓ any one)	
		<input type="checkbox"/> Weekly (1 st , 8 th , 15 th & 22 nd)	
		<input type="checkbox"/> Monthly	
		<input type="checkbox"/> Quarterly	
		<input type="checkbox"/> Half-yearly	
		<input type="checkbox"/> Annual	
SWP From MMYYYY		SWP To MMYYYY	
SWP Date <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day)		STP Facility Request (Please ✓ any one)	
		<input type="checkbox"/> Regular STP <input type="checkbox"/> CASTP <input type="checkbox"/> Flex STP	
From (Scheme)		To (Scheme)	
Plan (✓)		Plan (✓)	
<input type="checkbox"/> Regular <input type="checkbox"/> Direct		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Option (✓)		Option (✓)	
<input type="checkbox"/> Growth <input type="checkbox"/> IDCW		<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	
		IDCW Facility(✓)	
		<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	
In case of IDCW/Transfer facility, please mention target scheme along with plan/option.			
Scheme / Plan / Option			
STP Frequency & Enrolment Period (Please ✓ any one)		STP Installment Amount (Rs.)	
<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly		STP From	
		STP To	
		DDMMYYYY	

CHANGE OF ADDRESS FOR NON-KYC FOLIOS (Identity and Address proof mandatory)

Local Address of 1st Applicant	
Address of	
Landmark	
City	
State	
Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>	
Foreign Address (Mandatory for NRI / FI)	
City	
Country	
Zip	

DECLARATION I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that (i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the Fund") is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time; (iii) the monies invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We are aware that a U.S. person (within the definition of the term "US Person" under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We are not a U.S. person/resident of Canada; (v) the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us; (vi) * as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) ** I/We are Non Resident of Indian Nationality/Origin and that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account; (viii) *** I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand); (ix) all information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting; (x) that we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me / us, including all changes, updates to such information as and when provided by me / us to the Fund, its Sponsor, AMC, trustees, their employees/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 compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required 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 required to contact my tax advisor for any questions about my/our tax residency;

* Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to "Micro investments"

SIGNATURE(S) Applicants must sign as per mode of holding		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Applicant/Guardian/ Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory
Date	Place	

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All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

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- 61793537 Email: customer.delight@sbimf.com Website : www.sbimf.com	Registrar: Computer Age Management Services Ltd., SEBI Registration No. : INR00002813) Rayala Towers, 158, Anna Salai, Chennai – 600 002 Tel: 022-27786501 / 6551, Fax: 044 – 30407101 Email: enq_L@camsonline.com Website: www.camsonline.com
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TERMS & CONDITIONS

Investor must use separate request for change of Option in each existing SIP/STP/SWPs. Modification in Registration will be accepted only if there is any existing systematic registration. This form should be not used for fresh SIP / STP / SWP Registration.

MODIFICATION IN SIP:

- For SIP, Modification can be done in Scheme name, Instalment date, Instalment amount, Top up amount, End date and Change of debit bank.
- Request should be submitted at least 10 days prior to the next SIP instalment date.
- The units allotted for previous instalments will remain in the old plan/option. The change will be applicable from prospective instalment.
- The new registration of SIP based on the change request would be subject to the minimum instalments conditions required to carry out such registration.
- Modification in SIP shall be processed only if the OTM Debit Mandate is already registered in the folio.
- If no broker code details are mentioned in the change request, the new registrations will be processed in Direct Plan of the said scheme.
- **SIP cancellation request** must be submitted 10 days in advance from the next SIP due date.
- Change request form shall be liable for rejection if the details mentioned are incorrect / incomplete.

MODIFICATION IN STP:

- In STP, Modification can be done in Source scheme, Target scheme, Instalment date, Instalment amount and End date.
- Request should be submitted at least 10 days prior to the next STP instalment date.
- The new registration of STP based on the change request would be subject to the minimum instalments conditions required to carry out such registration.
- In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the STP will be processed on the immediate next business day/date.
- In case of change in scheme details, default option will be applied in case the details are not available or in case of any ambiguity.
- **STP cancellation request** must be submitted 10 days in advance from the next STP due date.
- Modification/Cancellation request shall be liable for rejection if the details mentioned are incorrect / incomplete.

MODIFICATION IN SWP:

- In SWP, Modification can be done in Scheme name, Instalment date, Instalment amount and End date.
- Request should be submitted at least 10 days prior to the next SWP instalment date.
- The new registration of SWP based on the change request would be subject to the minimum instalments conditions required to carry out such registration.
- In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SWP will be processed on the immediate next business day/date.
- **SWP cancellation request** must be submitted 10 days in advance from the next SWP due date.
- Modification/Cancellation request shall be liable for rejection if the details mentioned are incorrect / incomplete.

SIP PAUSE:

- Investor can Pause SIP at any time he or she so desires by filling in the SIP Pause form and submitting the same at any branch of SBIMF/CAMS. Pause request should be received 15 days prior to the subsequent SIP date.
- SIP Pause facility is available for SIP registration across all frequencies.
- SIP shall restart immediately after the completion of Pause period.
- SIP Pause facility will allow investors to 'Pause' their existing SIP during the tenure of SIP across all frequencies for a period of one year. The actual number of instalments that will get paused will be as per the SIP frequency
- Investors can avail this facility only once in the tenure of the existing SIP.
- SIP Pause facility will not be available for the SIPs sourced/registered through MFU, Exchange & Channel platforms as the mandate is registered by them.
- If the SIP Pause period is coinciding with the Top-Up facility, the SIP instalment amount post completion of pause period would be inclusive of SIP Top-up amount. For e.g. SIP instalment amount prior to Pause period is Rs. 2,000/- and Top-up amount is Rs.1,000/-. If the pause period is completed after date of Top-up, then the SIP instalment amount post completion of pause period shall be Rs. 3,000/-.
- In case of multiple SIPs registered in a scheme, SIP Pause facility will be made applicable only for those SIP instalments whose SIP date, frequency, amount and Scheme/Plan is specified in the form.
- The AMC reserves the right to terminate this facility or modify the conditions of the SIP Pause facility at its discretion.
- In case of discrepancies in the information provided in the SIP Pause Form and the details registered with the AMC, the details registered with the AMC shall be considered for processing or in case of ambiguity in the SIP Pause Form, the AMC reserves the right to reject the SIP Pause Form.
- Investor cannot cancel the SIP Pause once registered.

CHANGE OF DEBIT BANK (ONLY FOR SIP):

Please submit following document:

- I. Please submit "CANCELLED" original cheque leaf of the New bank account where the first unitholder / investor's name is printed on the face of the cheque
- II. The existing default bank account in the folio will remain same.