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| ARN & Name of Distributor Branch Code (only for SBG)   |   |  |  |  |                | _             |  |                                       |  | _  | -Broker  |   | <u> </u>   | mnlovac  | El                    | UIN*   | ication N  | dumbor)  | Refere   | nce No.  |   |  |  |  |  |
| Systematix ARN: 64917  |   |  |  |  | (Only it       | 01 000        | .,   |                                       |  |  |  |   |  |  | (2)                   | (Employee Unique Identification Number) E-029678   |  |  |  |  |   |  |  |  |  |
| Declaration for "ex  | that the  | EUIÑ b   | ox has bee   | n intentio   | nally le       | eft blank     | by me/   | us as thi                             | is is an "e  | xecutio  | n-only" tran   | saction w   | vithout any i  | nteraction   | or advic              | ce by the  | e employe  | ee/rela  | tionship   | manager/   | sales perso   | n of the above   |  |  |  |
| distributor or notwithstanding the advice of in-appropriateness, if any, provided by the e   |   |  |  |  |                |               |  | by the en                             | npioyee/   | elations   | nip manage   | r/sales p   | erson of the   | distributo   | or and the            | e distrib  | utornas  | not cna  | argeo an   | y advisory   | iees on this  | transaction.   |  |  |  |
| SIGNATURE(S)   |   |  |  |  |                | `! <b>.</b>   | tory 2nd Applicant / Authorised Signatory  |                                       |  |  |  |   |  |  |                       |  |  |  |  |  |   |  |  |  |  |
| 1st Applicant / Guardian / Authorised Signatory   Upfront commission shall be paid directly by the investor to the AMFI regist TRANSACTION CHARGES FOR APPLICATIONS THRO   |   |  |  |  |                |               |  |                                       |  | ibutors  | based on   | the inve  | stors' ass   | essment  |                       |  | tors incl  |  |  |  | Signato<br>ered by th   |  |  |  |  |
| 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/- 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 investor INVESTOR DETAILS (MANDATORY)   |   |  |  |  |                |               |  |                                       |  |  |  |   |  | . 100/- (for nt invested.  |                       |  |  |  |  |  |   |  |  |  |  |
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| PAN DETAILS  |   | licant   | / Guard  | ian  |                |               |  |                                       |  | Sec  | ond Appl   | icant   |  | ,  |                       |  |  | TI   | hird Ap  | plicant  |   |  |  |  |  |
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| ADDITIONAL<br>Scheme Name  | PURC  | HAS  | E REQ  | UEST   |                |               |  |                                       |  |  |  |   |  |  |                       |  |  |  |  |  |   |  |  |  |  |
| Plan (Please ✓)  |   |  | ☐ Re   | egular   |                |               |  | Direct                                |  |  |  | In o  | case of Div  | idend Tra  | ansfer fa             | acility, p   | lease m  | ention   | target s   | scheme a   | long with p   | lan/option.  |  |  |  |
| Option (Please / Dividend Facilit  |   | se ✓)  |  | rowth<br>einvestm  | nent           |               |  | Divider<br>Payout                     |  |  | Transfe  |   | heme / PI  | an / Opt   | ion                   |  |  |  |  |  |   |  |  |  |  |
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| SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through Direct Debit/ NACH must fill up the Registration cum Mandate Form) |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
|---|--|---|---|--|------------------------|-------------------------|-------------------------|--------------------------|---|--------------------------|---|------------------------|-------------------------|-------------------------|--|--------------------------------------|----------------------|------------------------------|-------------------------------------|------------------------|------------------------|----------------------|-----------------------|--------------------------------------|------------------------|------------------------|--|
| SIP with Che  |  |   |   |  |                        |                         |                         |                          | In case this application is for Micro SIP (Please tick (✓)) |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        | SIP                  |                       |                                      |                        |                        |  |
| Scheme Name/Pla   | -                                      | 1   | SIP without Cheque  |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         | The state of the s |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| Dividend Frequence  |  | <u> </u>  |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| Payment Mechanis<br>(Please ✓ any one)  |  | Post Dated Cheques (Please provide the details below) |   |  |                        |                         |                         |                          |   |                          | SIP Direct Debit/ NACH ( Please complete SIP Direct Debit/NACH Registration cum Mandate Form) |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| Frequency (Please   |  | Weekly SIP (1st, 8th,15th and 22nd)                   |   |  |                        |                         |                         |                          |   |                          | Monthly SIP (Default) Quarterly SIP   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| SIP Date (for Mont  | erly)                                  | 1 <sup>st</sup> 5 <sup>th</sup> 10 <sup>th</sup>      |   |  |                        |                         |                         |                          |   |                          | th  |                        | 20 <sup>th</sup>        |                         | 25 <sup>th</sup>   | ,                                    | 3                    | <b>30</b> <sup>th</sup> (For | February                            | , last bus             | siness da              | y)                   |                       |                                      |                        |                        |  |
| SIP Tenure  |  | From D D M M Y Y Y Y                                  |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
|   |  |   |   |  |                        |                         |                         |                          |   |                          | 3 years 5 years 10 years OR No of SIP Installments  |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
|   |  |   | То  | D  | D                      | M                       | M                       | Y                        | Υ   | Υ                        | OR  | 1:                     | 5 yea                   | rs                      | Per  | ct any o                             | one)                 |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| Cheque(s) Details   |  | No. of Cheques SIP                                    |   |  |                        |                         |                         |                          |   |                          | Installment Amount (in figures)   |                        |                         |                         |  |                                      | Cheque Nos           |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
|   |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
|   |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  | l                                    |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| Cheques drawn on  | ı                                      |   | Na  | me of  | Bank                   | & Bra                   | nch                     |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| SWP / STP FA  | CILITY RE                              | QUE   | ST  |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| Systematic Withdra  | awal Plan (S                           | SWP)  |   |  | Schen                  | ne / PI                 | an                      |                          | SW  | P inst                   | tallmer   | nt amo                 | unt (F                  | Rs.)                    |  | An                                   | nount                | (in wo                       | ords)                               |                        |                        | _                    |                       |                                      |                        | ny one)                |  |
|   |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        | =                    | eekly<br>onthly       | (1 <sup>st</sup> , 8 <sup>th</sup> , | 15™ &                  | 22 <sup>na</sup> )     |  |
|   |  | ŀ   | SWF   | From   | 1 M                    | М                       | v                       | v ,                      | Y Y   | Т                        |   |                        |                         | SWP                     | То   | м I м                                | V                    | V                            | γ                                   | У                      |                        | =                    | uarter                |                                      |                        |                        |  |
|   |  |   |   |  |                        |                         |                         |                          |   |                          | 15 <sup>th</sup>  |                        | 20 <sup>th</sup>        |                         |  |                                      | 30 <sup>th</sup>     | /For Fo                      | bruary, las                         | nt busines             | no dou)                |                      | lf-yea                | rly                                  |                        |                        |  |
|   |  |   |   |  |                        | 1 <sup>st</sup>         |                         | e <b>√</b> an            | 10 <sup>th</sup><br>v one)                                  | ⊢                        | _   | Regula                 |                         | <u> </u>                | 25 <sup>th</sup>   |                                      | ASTP                 | (I UI FE                     | oruary, id:                         |                        | x STP                  |                      | nnual                 |                                      |                        |                        |  |
|   |  | f   |   |  | ,q                     |                         |                         | From (                   |   |                          |   | . ioguic               | ., 516                  |                         | L  |                                      |                      |                              |                                     | _                      | cheme                  |                      |                       |                                      |                        |                        |  |
| Systematic Transf   | er Plan (STI                           | P) [  | Sche  | me   |                        |                         |                         | •                        |   | ·                        |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
|   |  |   | Plan  | <b>(</b> ✓)  |                        |                         | Reg                     | ular                     |   | ☐ Di                     | irect   |                        |                         |                         | Plar   | n (🗸)                                |                      |                              | ☐ Re                                | gular                  |                        |                      | Direc                 | t                                    |                        |                        |  |
|   |  | Ī   | Optio   | n (🗸)  |                        |                         | Grov                    | wth                      |   | ☐ Di                     | vidend  |                        |                         |                         | Optio  | on (🗸)                               | )                    |                              | ☐ Gr                                | owth                   |                        |                      | Divide                | nd                                   |                        |                        |  |
|   |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         | Divi   | dend f                               | Facility             | /(✔)                         | ☐ Re                                | invest                 | ment                   |                      | Payou                 | ıt [                                 | Trar                   | nsfer                  |  |
|   |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  | In case of Dividend Transfer facilit |                      |                              |                                     |                        | mentior                | n target             | schem                 | e along v                            | vith plar              | n/option.              |  |
| STP Frequency &   | Enrolment                              |   | Daily Monthly STP Ins   |  |                        |                         |                         |                          |   | lmont                    | ł A moi   | ınt (D                 | - 1                     |                         | Sche   | eme /<br>STP I                       |                      | Optic                        | on                                  | _                      |                        |                      | STP                   | т.                                   |                        |                        |  |
| Period  |  |   |   |  |                        |                         |                         |                          | iiistaii  | illelli                  | AIIIO   | חווג (ה                | 5.)                     | D                       | n I 14   | J III                                | rioiii               | v                            | v I v                               | III e                  | D                      | M                    | M                     | v   v                                | ,   <sub>v</sub>       | V                      |  |
| (Please ✓ any one   | ·                                      | FOR   |   | Weekly Quarterly D D M M Y Y Y Y D D M N NON-KYC FOLIOS (Identity and Address proof mandatory)** |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| Local   | DURESS                                 | FUR   | NOI   | V-IC Y   | C FO                   | LIUS                    | ) (IGE                  | ntity                    | and   | Add                      | ress  | proc                   | r ma                    | indat<br>               | ory)"<br>∣   |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| Address of  |  |   |   |  |                        |                         |                         |                          |   |                          | 1   |                        |                         | <u> </u>                |  | <u> </u>                             |                      |                              | 1                                   |                        |                        | <u> </u>             |                       |                                      |                        |                        |  |
| 1st Applicant   |  |   |   |  |                        |                         |                         | <u> </u>                 |   |                          | <u> </u>  |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        | <u> </u>             |                       | <u> </u>                             |                        |                        |  |
| Landmark  |  |   |   |  |                        |                         |                         |                          |   |                          | <u> </u>  |                        |                         | <u> </u>                |  | <u> </u>                             | <u> </u>             |                              | Ļ                                   |                        |                        | Ļ                    |                       | <u> </u>                             |                        | Ш                      |  |
| City  |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     | Pin                    |                        |                      |                       |                                      |                        |                        |  |
| State   |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
|   | Address for C                          | orresp  | onder   | nce for  | NRI A                  | pplica                  | nts on                  | y (Plea                  | se (🗸)  | ) India                  | ın by De  | fault                  |                         |                         | Fore   | eign                                 |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| Foreign Address<br>(Mandatory for   |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| NRI/FII)  |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| City  |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| Country   |  | T   |   |  |                        |                         |                         |                          |   |                          | İ   |                        |                         | i                       |  | İ                                    | Zip                  |                              | i                                   |                        |                        | i                    |                       | İ                                    |                        |                        |  |
| ** KYC Compliant Un   |  |   |   |  |                        |                         |                         | C info                   | rmatic  | n, ple                   | ease u  | odate                  | he sa                   | me by                   | using  | the pr                               | escrib               | ed"K                         | YC Ch                               | ange                   | Reque                  | est Fo               | m"ar                  | d sub                                | mit the                | same                   |  |
| at the Point of Service DECLARATION   |  |   |   |  |                        |                         |                         | curate IA                | Ne have   | read an                  | nd unders   | tood the               | contents                | of all the              | orheme   | related o                            | document             | ts and IA                    | We hereh                            | v confirm              | and de                 | clare that           | (i) I/We              | have not                             | received               | nr heen                |  |
| induced by any rebate or g<br>of contravention of any ac  | gifts, directly or in                  | directly, i   | in making   | g this inv   | estment;               | (ii) the                | amount i                | nvested/to               | be inve   | sted by                  | me/us in  | the sche               | eme(s) o                | f SBI Mu                | itual Fund   | d ("the Fu                           | und") is             | derived t                    | through le                          | gitimate               | sources                | and is n             | ot held o             | r designe                            | d for the              | purpose                |  |
| Fund do not attract the pro-  | an Contril                             | bution R  | legulation  | ns Act ("I   | FCRA"):                | (iv) I/We               | am/are a                | aware th                 | at a U.S  | <ol><li>person</li></ol> | (within t   | he defin               | ition of th             | ne term 'l              | JS Perso   | on' under                            | the US               | Securitie                    | s laws) /                           | resident               | t of Cana              | ada are              | not eliaibl           | e for inv                            | estments               |                        |  |
| with the Fund and I/We an<br>funds from amongst which   | Fund is                                | being re  | ecomme  | nded to  | me/us; (v              | vi) * as p              | er the Me               | emorandi                 | um and  | Articles                 | of Associ   | ation of               | the Com                 | pany, Bye               | e laws, Ti   | rust Dee                             | d or Par             | tnership [                   | Deed and                            | d resoluti             | ions pass              | ed by th             | ie Compa              | iny / Firn                           | n / Trust,             |                        |  |
| I/We am/are authorised to<br>channels or from my/our N<br>that the aggregate of lump  | ansaction<br>emal/Ordi                 | is for and<br>inary acc                               | a on ber<br>count/FC  | NR Acco  | e Compa<br>unt; (viii) | any/Firm/<br>) *** I/We | do not h                | old a Pe                 | am/are<br>ermanen   | t Accoun                 | sident of<br>Number   | and ho                 | Nationalit<br>Id only a | y/Origin a<br>single P/ | and that i   | npt KYC                              | tne sub<br>Reference | ce No. (P                    | nave be<br>EKRN) i                  | en remi                | KYC R                  | abroad<br>egistratio | tnrougn i<br>n Agency | approved<br>and also                 | o confirm              |                        |  |
| to the best of my/our know  | and I/W                                | 'e shall b  | oe liable   | in case  | any of th              | he specit               | ied intorm              | nation is                | tound to  | o be talse               | or untru  | ie or mi               | sleading                | or misrep               | presenting   | g; (x) tha                           | t we aut             | thorize yo                   | u to disc                           | dose, sha              | are, remi              | t in any             | form, mo              | de or ma                             | anner, all             |                        |  |
| / any of the information pr<br>authorities/agencies include   | ling but not limite                    | ed to SEI   | BI, the F   | Financial  | Intellige              | nce Unit                | t-India, tl             | he tax/rev               | enue au   | thorities                | in India  | or outsi               | de India                | whereve                 | er it is leg   | ally requ                            | uired and            | other s                      | such regu                           | latory/inv             | estigation             | on agend             | ies or si             | uch other                            | third pa               | irty, on a             |  |
| time to time; (xii) Towards   | compliance with                        | tax infor   | EBI, 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 off<br>sing mefus 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 r<br>ormation 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 document |  |                        |                         |                         |                          |   |                          |   |                        |                         | umentatio               | n from i   | investors.                           |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| I/We ensure to advise you<br>account with relevant tax a  | u within 30 days authorities; (c) I/W  | should th<br>le am av                                 | nere be a   | any char<br>t the Fur  | nge in ar<br>nd may a  | ny inform<br>also be r  | nation pre<br>equired t | ovided; (b<br>to provide | ) In cert<br>informat                                       | ain circu                | umstance<br>iny institu   | s (includ<br>tions suc | ing if the              | Fund d                  | oes not re<br>agents fo  | eceive a<br>or the pu                | valid se             | If-certific<br>ensuring      | ation from                          | n me) th<br>iate withl | e Fund i<br>nolding fr | may be or            | obliged taccount      | o share i<br>or any pr               | nformatio<br>oceeds in | on on my<br>n relation |  |
| thereto; (d) as may be required to contact my tax advisor   | uired by domestic<br>for any questions | or overs<br>about m                                   | eas reguny/our tax  | ulators/ ta<br>x residen   | ax author<br>ncv:      | ities, the              | Fund m                  | ay also be               | e constra   | ined to                  | withhold a  | and pay                | out any                 | sums from               | n my/our   | account                              | or close             | or suspe                     | end my ac                           | ccount(s)              | and (e)                | I/We und             | lerstand              | that I am                            | / we are               | required               |  |
| to contact my tax advisor to Applicable to other than   |  | JF; ** Ap   | plicable  | to NRIs  | ; *** App              | olicable t              | to "Micro               | investme                 | ents"   |                          |   |                        |                         |                         |  |                                      |                      | _                            |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| SIGNATURE(S) Applicants must  |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              |                                     |                        |                        |                      |                       |                                      |                        |                        |  |
| sign as per mode  | 8                                      |   | ⊗   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      | 8                            | _                                   |                        |                        |                      |                       |                                      |                        |                        |  |
| of holding  | 1st App                                | licant/   | /Guar   | dian/  | Autho                  | rised                   | Signa                   | itory                    |   | 2n                       | nd Applicant/Authorised Signatory   |                        |                         |                         |  |                                      |                      |                              | 3rd Applicant/ Authorised Signatory |                        |                        |                      |                       |                                      |                        |                        |  |
| Date  |  |   |   |  |                        |                         |                         |                          |   |                          |   |                        |                         |                         |  |                                      |                      |                              | Place                               |                        |                        |                      |                       |                                      |                        |                        |  |
|   |  | _=  |   |  |                        |                         | _=                      |                          | TE/   | AR HE                    | RE -  |                        |                         | _=                      |  |                                      |                      |                              |                                     |                        | _=                     |                      |                       |                                      |                        | _=                     |  |
| All future  | communi                                | cation  | in c  | onnec  | ction v                | with t                  | his a                   | oplicat                  | ion s   | hould                    | be a  | ddres                  | sed 1                   | to the                  | Regis  | strars                               | to th                | e sch                        | neme                                | or S                   | BIMF                   | Corp                 | orate                 | Office                               | e.                     |                        |  |
| Investment  |  |   |   |  |                        |                         | ,                       |                          |   |                          |   | gistr                  |                         |                         |  |                                      |                      |                              |                                     |                        |                        | ·                    |                       |                                      |                        |                        |  |
| SBI Funds   | Managem                                | ent F   |   |  |                        |                         |                         |                          |   |                          | Co  | mput                   | er Ag                   |                         |  |                                      |                      |                              | vt. Ltd                             | l.,                    |                        |                      |                       |                                      |                        |                        |  |
| (A Joint Ve   |  |   |   |  |                        | )                       |                         |                          |   |                          |   |                        | -                       |                         | No. :<br>58. Ar  |                                      |                      |                              | nai – (                             | 600 n                  | 02                     |                      |                       |                                      |                        |                        |  |
| Bandra Kur  | la Complex                             |   |   |  |                        | nbai -                  | - 400                   | 051                      |   |                          |   |                        |                         |                         | 236, F   |                                      |                      |                              |                                     |                        | -                      |                      |                       |                                      |                        |                        |  |

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