

**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

Upfront 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 \_\_\_\_\_

Email ID pertains to  Self(default)  Spouse  Dependent Children  Dependent Sibling  Dependent Parents  Guardian  PMS  Custodian  POA

Mobile No. \_\_\_\_\_ Telephone (O) \_\_\_\_\_ Telephone (R) \_\_\_\_\_

Mobile No. pertains to  Self(default)  Spouse  Dependent Children  Dependent Sibling  Dependent Parents  Guardian  PMS  Custodian  POA

**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 ✓)  Regular  Direct

Option (Please ✓)  Growth  IDCW

Income Distribution cum Capital Withdrawal (IDCW) Facility (Please ✓)  Reinvestment  Payout  Transfer

Payment Mode (Please ✓ any one only)  Cheque  DD  RTGS  NEFT  Fund Transfer  OTM (Registered in the Folio)

Cheque / DD No. & Date / UTR No. \_\_\_\_\_ Bank Name \_\_\_\_\_ OTM - Bank Name & A/c No. \_\_\_\_\_

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  All units (Please ✓)

From Scheme \_\_\_\_\_ To Scheme \_\_\_\_\_

Plan (✓)	Option (✓)	IDCW Facility(✓)
<input type="checkbox"/> Regular	<input type="checkbox"/> Growth	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout
<input type="checkbox"/> Direct	<input type="checkbox"/> IDCW	<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 (✓)  Regular  Direct

Option (✓)  Growth  IDCW (Reinvestment / Payout / Transfer) \_\_\_\_\_

Amount \_\_\_\_\_ OR Number of Units \_\_\_\_\_ OR  All units (Please ✓)

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**TRANSACTION SLIP - ACKNOWLEDGEMENT**

Sponsor : State Bank of India,  
Investment Manager : SBI Funds Management Ltd.  
(A Joint Venture between SBI & AMUNDI)

Folio No. \_\_\_\_\_ To be filled in by the Investor

(To be filled in by the First applicant/Authorized Signatory) :

Received from _____	Scheme Name / Plan / Option / IDCW Facility			Amount	Units	Stamp Signature & Date
<b>Additional Purchase / Redemption</b>	Scheme Name / Plan / Option / IDCW Facility			Amount (Rs.)	Frequency	SIP/SWP Date
<b>Systematic Investment Plan / Withdrawal Plan</b>	Scheme Name / Plan / Option / IDCW Facility			Amount	Units	STP Commencement Date
<b>Systematic Transfer Plan / Switch Over</b>	From _____	To _____	Amount	Units	STP Commencement Date	

Change of Address (Please ✓)

**SWP / STP FACILITY REQUEST**

<b>Systematic Withdrawal Plan (SWP)</b>	Scheme / Plan	SWP installment amount (Rs.)	Amount (in words)	<b>Frequency</b> (Please ✓ any one)
	SWP From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SWP To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> & 22 <sup>nd</sup> ) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annual
SWP Date <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)				

<b>Systematic Transfer Plan (STP)</b>	<b>STP Facility Request</b> (Please ✓ any one)		<input type="checkbox"/> Regular STP	<input type="checkbox"/> CASTP	<input type="checkbox"/> Flex STP	
	From (Scheme)		To (Scheme)			
	Scheme					
	Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct		
	Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	Option (✓)	<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. <b>Scheme / Plan / Option</b> _____						

<b>STP Frequency &amp; Enrolment Period</b> (Please ✓ any one)	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly	<b>STP Installment Amount (Rs.)</b>	STP From		STP To	
	<input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

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

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

**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 am/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 am/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 am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) \*\* I/We am/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"

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

----- ✂ ----- **TEAR HERE** ----- ✂ -----

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

<b>Investment Manager :</b> SBI Funds Management 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	<b>Registrar:</b> Computer Age Management Services Ltd., SEBI Registration No. : INR00002813) Rayala Towers, 158, Anna Salai, Chennai – 600 002 Email: enq_sbimf@camsonline.com Website: www.camsonline.com
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### Systematic Transactions Change request form (SIP/STP/SWP)

ARN & Name of Distributor	Branch Code <small>(only for SBG)</small>	Sub-Broker ARN Code	Sub-Broker Code	EUIIN* <small>(Employee Unique Identification Number)</small>	Reference No.
ARN-64917				E434563	

**Declaration for "execution-only" transaction (only where EUIIN box is left blank) :** I/We hereby confirm that the EUIIN 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.

Folio No.  PAN No.

Investor Name  
Mr / Ms./ M/s

#### I. MODIFICATION IN SIP STP SWP (Tick any one)

Details	Existing Details	New Details <small>(Mention below only the details to be changed)</small>
Existing Scheme (SIP/SWP/STP Scheme)		
Target Scheme (only for STP)		
Existing Instalment Date	D   D	New Date (1st to 30th)   D   D
Each Instalment Amount (₹)		
Top Up Amount (only for SIP) (₹)		
End Date	D   D   M   M   Y   Y   Y   Y	D   D   M   M   Y   Y   Y   Y

#### II. SIP PAUSE (Please refer to terms & conditions)

Scheme Name	Plan	Option
SIP Date	SIP Pause Start Month   M   M   Y   Y   Y   Y	SIP Pause End Month   M   M   Y   Y   Y   Y
SIP Instalment Amount (₹)	Bank Account No.	
Frequency <small>(1st, 8th, 15th &amp; 22nd)</small>	Bank Name	

#### III. CHANGE OF DEBIT BANK (ONLY FOR SIP)

New Bank Name	<b>(tick any one)</b> <input type="checkbox"/> OTM to be registered (Attach OTM form given below, duly signed along with cancelled cheque of new bank account) <input type="checkbox"/> OTM is already registered
New Bank Account Number	


#### IV. CANCELLATION REQUEST (Tick any one) SIP STP SWP

Scheme /Plan / Option	To Scheme <small>(For STP Only)</small>
Instalment Details	Instalment Amount (₹)
	Instalment Date
	Frequency
Existing Bank Account Number <small>(only for SIP)</small>	

**DECLARATION:** I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP instalments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

<b>Applicants must sign as per mode of holding</b>			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date		Place	

### ONE TIME DEBIT MANDATE FORM (OTM)


**SBI MUTUAL FUND**  
 A PARTNER FOR LIFE

UMRN  Date

Sponsor Bank Code  Utility Code

CREATE  I/We, hereby authorize **SBI Mutual Fund** To debit (Please )

MODIFY  Bank A/c No.

CANCEL

with Bank  Bank Name  IFSC  OR MICR

an amount of Rupees  ₹

FREQUENCY:  Weekly  Monthly  Quarterly  As & when presented DEBIT TYPE:  Fixed Amount  Maximum Amount

Folio No.:  Moblie No.:

Appln No. :  Email ID:

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

**PERIOD**

From

To

Signature of 1<sup>st</sup> Bank Account Holder      Signature of 2<sup>nd</sup> Bank Account Holder      Signature of 3<sup>rd</sup> Bank Account Holder

Name as in Bank records      Name as in Bank records      Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I/We are authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me/us. I/We have understood that I/ we are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I/We have authorized the debit.