



**3. PARTICULARS OF THIRD APPLICANT**

(SEE NOTE 1 & 2)

Name Mr./Ms./M/s. \_\_\_\_\_

PAN \_\_\_\_\_

Mandatory Enclosures  PAN Proof  KYC Acknowledgement

PAN Exempt KYC Ref no (PEKRN for Micro investments) - \_\_\_\_\_

Occupation (Please ✓)  Professional  Business  Government Service  Private Sector Service  Public Sector Service  Agriculturist  
 Retired  Housewife  Student  Forex Dealer  Doctor  Others [Please specify] \_\_\_\_\_

Gross Annual Income in Rs. (Please tick ✓):  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Cr.  > 1 Cr. **OR**

Networth in Rs. \_\_\_\_\_ as of (date) | D | D | M | M | Y | Y | Y | Y |

Politically Exposed Person [PEP]:  Yes  No  Related to PEP

**4. FATCA RELATED INFORMATION**

**DETAILS OF FIRST APPLICANT**

Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Country of Citizenship / Nationality \_\_\_\_\_

Are you a tax resident of any country other than India?  Yes  No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number (Please enclose supporting documents)

(Please attach additional sheets if necessary)

**DETAILS OF SECOND APPLICANT**

Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Country of Citizenship / Nationality \_\_\_\_\_

Are you a tax resident of any country other than India?  Yes  No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number (Please enclose supporting documents)

(Please attach additional sheets if necessary)

**DETAILS OF THIRD APPLICANT**

Country of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Country of Citizenship / Nationality \_\_\_\_\_

Are you a tax resident of any country other than India?  Yes  No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number (Please enclose supporting documents)

(Please attach additional sheets if necessary)

**5. GENERAL INFORMATION – Please (✓) wherever applicable**

(SEE NOTE 1 m & n)

Tax Status (Please ✓)				Mode of Holding (✓)
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO	<input type="checkbox"/> Single
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	<input type="checkbox"/> Joint
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Trust	<input type="checkbox"/> PIO	<input type="checkbox"/> Any one or Survivor
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> NPO _____ [Please specify]	
<input type="checkbox"/> NRI – Minor (Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> Others _____ [Please specify]	
<input type="checkbox"/> NRI – Minor (Non-Repatriable)	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> Gratuity Fund		
<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP		
<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI		

TEAR HERE

Any communication in connection with this application should be addressed to the Registrar or the Investment Manager

**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- 61793511  
 Email: customer.delight@sbimf.com

**Registrar:**

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

**6. CONTACT DETAILS**

(SEE NOTE 1)

Local Address of 1st Applicant \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

State \_\_\_\_\_

Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default  Foreign

Foreign Address (Mandatory for NRI / FII) \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_

**7. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details)**

(SEE NOTE 3)

Name of Bank \_\_\_\_\_

Branch Name and Address \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

Account No. \_\_\_\_\_

9 digit MICR Code \_\_\_\_\_ (This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)

IFS Code \_\_\_\_\_

Account Type (Please ✓)		
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

**8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund**

(SEE NOTE 5)

- One time Investment
- Systematic Investment Plan (SIP) (if Yes, please tick any one)
- PDC (Incuse of SIP through Post Dated Cheques (PDC) it is mandatory to submit Transaction Slip mentioning PDC details)
  - Auto Debit / ECS (Incuse of SIP through ECS/Auto Debit mode it is mandatory to submit SIP Enrolment Cum Auto Debit/ECS Mandate Form)

Scheme Name _____	
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer
Dividend Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
Cheque / DD Amount (Rs.)	Drawn on Bank and Branch
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)

In case of Dividend Transfer facility, please mention target scheme along with plan/option.  
Scheme / Plan / Option \_\_\_\_\_

For third party cheques please see Note 3 vii.

**9. STP ENROLLMENT DETAILS** Opted for STP:  Yes  No (If Yes, it is mandatory to submit STP Enrollment Form/Transaction slip)

**10. DEMAT ACCOUNT DETAILS** (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository)

Do you want Units in Demat Form (Please (✓))  Yes  No (If Yes, please provide the below details and enclose the latest Client Investor Master / Demat Account Statement (Mandatory))

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. _____	Target ID No. _____
Beneficiary Account No. _____	_____

**11. ONLY FOR SBI MAGNUM CHILDREN'S BENEFIT PLAN**

(SEE NOTE 1 k)

Name of Mother (Mrs/Ms)																								
Name of Applicant (If different from Parent/Legal Guardian)																								
LOCK IN (Please ✓) :	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required	REDEMPTION OPTION (Please ✓)	<input type="checkbox"/> Lump-sum	<input type="checkbox"/> Staggered	Nomination of an alternate child (Please ✓)	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required																
Name of Alternate Child																								
Date of Birth of alternate child	D	D	M	M	Y	Y	Y	Y	Relationship to the Magnum Holder															

**12. ONLY FOR SBI REGULAR SAVINGS FUND**

(SEE NOTE 1 k)

<p><b>GOOD HEALTH DECLARATION :</b> I declare that I am in sound health, do not have any physical defect/deformity, perform my routine activities independently and, that I have never suffered or have been suffering, or have been hospitalized for any critical illness® or a condition requiring medical treatment for a critical illness, as on date. I hereby declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information that may influence my admission into the Group Insurance Scheme of SBI Life Insurance Co. Ltd. I hereby agree that this declaration shall form the basis of my admission into the Group Insurance Scheme and if any untrue averment be contained therein, I, my heirs, executors, administrators and assignees shall not be entitled to receive any benefits under the Group Insurance Scheme. I hereby agree to your conveying the above particulars regarding my admission into the Group Insurance Scheme to SBI Life. I also permit SBI Life to approach me directly for any clarification and / or other purposes. ® Critical Illness is defined as follows: The life to be insured should not: i. have suffered or be suffering from cancer, ii. be taking treatment for heart disease, iii. have undergone or have been advised medically to undergo chest and/or heart surgery within the following six months, iv. have irreversible kidney and/or irreversible liver failure, v. have suffered or be suffering from paralysis, vi. have undergone or been advised to undergo, a major organ transplantation such as heart, lung, liver or kidney, vii. have suffered or be suffering from AIDS or venereal diseases.</p>	Signature of Applicant
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**13A. NOMINATION : I wish to nominate the following person/s to receive the proceeds in the event of my death. (With effect from 01/04/2011, for individual investors applying with single holding, Nomination is mandatory. However, in case you do not wish to nominate please sign point 13 B.)**

(SEE NOTE 10)

Name of the Nominee																									
Name of the Guardian																									
Relationship																	Date of Birth*	D	D	M	M	Y	Y	Y	Y
Address of Nominee/ Guardian																									
Address of Nominee/ Guardian																									
Country of Birth																									
																								⊗	Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Nominee																									
Name of the Guardian																									
Relationship																	Date of Birth*	D	D	M	M	Y	Y	Y	Y
Address of Nominee/ Guardian																									
Address of Nominee/ Guardian																									
Country of Birth																									
																								⊗	Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Nominee																									
Name of the Guardian																									
Relationship																	Date of Birth*	D	D	M	M	Y	Y	Y	Y
Address of Nominee/ Guardian																									
Address of Nominee/ Guardian																									
Country of Birth																									
																								⊗	Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)

**13B. NOMINATION : I do not wish to nominate any person at the time of making the investment.**

Signature																								
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**14. DECLARATION (SEE NOTE 11) :** 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: (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"

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