

Attachments

A PARTI	N E R	F O R																ON I								S-2	810/1
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eclaration for "ex																											
I/We hereby confirm istributor or notwiths																											
SIGNATURE(S)	1st /	Applica	ant / C	luard	lian / /	Author	rised S	ianat	orv		2nd Δ	nnlic	ant / A	uthori	i2 hasi	ianato	rv			3rd /	\ nnli	cant /	Autho	ricod	Signat	orv	
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Networth in Rs.																											
	olitically Exposed Person [PEP] : Yes No Related to PEP																										
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Country of Birth														Plac	e of Bi	rth_											
Nationality																											
Are you a tax re	sident c	of any	countr	y otł	ner tha	an Indi	a? 🗌	Yes	☐ No)																	
If Yes, plea	se indic	cate al	ll count	ries i	in whic	ch you	are res	sident f	or tax p	urp	oses ar	nd the as	sociat	ed Tax	k Identi	ificatio	on Nu	mbers	belov	v:							
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(Please atta	ch addi	tional	sheets	if ne	cessa				ountries	in	which a	applicant	is a ta	ax resid	dent &	provi	de rel	evant	details	s)							
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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

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

DETAILS OF 1	DETAILS OF THIRD APPLICANT country of Birth Place of Birth																										
Country of Birth															Place	of Bir	th						_				—
Nationality Are you a tax resident of any country other than India? Yes No																											
If Yes, pleas					n which	າ you ຄ	are re				oses	and t	he asso														
(also i	include	USA	, whe	re the i		ountry ual is a		en/ gre	en ca	rd hol	der of	USA)	T	ax Pa	yer Ide	entifica	ation	Numb	er					on Typ ease s)
It is mandato	nv to s	sunnly	a TIN	l or fur	nctiona	ıl equi	valent	t if the	country in which you are tax resident issues such identifiers. If no T								n TIN is	N is yet available or has not yet been issued.									
please provid	de an	explar	nation	and at	tach th	nis to t	he for	rm.		-		-									o you	vallab	10 01	1100 11	or you	500111	ocaca,
5. GENERAL II											WITE	парр	nicant is	s a la	k resiu	ent a	provide	e reie	varii (ietalis)			(S	EE N	OTE	1 m 8	& n)
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· ·	NRI (Non-Repatriable) Body Corpora											\Box	NPS Tr		4		ŀ	=	NPO						y one irvivor	or	
<u> </u>	Repatriable) Partnership F Non-Repatriable) FII / FPI												Gratuit						[Please specify]								
Pension and F			und			HUF						\Box	AOP BOI	Ot						Others [Please specify]							
6. CONTACT	1 2														1	SEE NOTE 1)											
Local Address of																											
Address of 1st Applicant								 				<u>. </u>	<u>. </u>		<u> </u>				<u>. </u>			 		i	i	<u> </u>	
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(Mandatory for NRI / FII)		<u> </u>	 		<u> </u>			<u> </u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			1	<u> </u>			<u></u>	1	<u> </u>	$\perp \perp \parallel$
City												<u> </u>												<u></u>			$\perp \perp \parallel$
Country															Zip						(SEE NOTE 3)						
7. BANK PAR	TICU	LAR	S (As	per S	EBI Re	gulati	ons it	is ma	ndator	y for l	nvest	ors to	provid	e thei	r bank	accol	ınt det	ails)					(S	EE N	OTE	3)	
Name of Bank															<u> </u>								L	<u> </u>		<u> </u>	
Branch Name and Address																								\perp			
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Scheme Name																											
Plan (Please ✓)				Reg	ular				Direct					In (case of	Divide	nd Trar	nsfer f	acility,	please	mentio	n target	t sche	eme ak	ong with	n plan/c	option.
Option (Please ✓)				Grov	wth				Dividen	ıd				+_													
Dividend Facility	(Pleas	se 🗸)		Reir	nvestm	ent			Payout	i i	Г	☐ Tr	ansfer	Sc	heme	/ Plan	/ Opti	on									
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Inves	Investment Amount (Rs. in Words)																										
For third party ch	heque	s plea	ase se	ee Not	e 3 vii.																						

9. STP ENROLL	_MENT	DET/	AILS	C	pted	for S	STP:		Yes		N	0	(lf	Yes,	it is r	manda	atory t	subr	nit ST	P Enr	ollmer	nt Form/Transaction slip)
10. 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)																						
	al Secui	rities	Dep	osite	ory L	imite	ed (N	ISDL)					Cent	tral I	Depo	sitor	y Se	rvice	s (In	ndia)	Limited (CDSL)
Depository Participant Name												eposit articip	tory ant Na	me								
DP ID No.		L	N									·	D No.									
Beneficiary Accour	nt No.					Ī	İ	İ	Ī	_ 	''											
															•			•				rther allotment of units (through
additional purchase 11A. NOMINATION																						their Depository Participant only.
individual investors	applying	with s	single l	holdir	ng, No	minat	tion is	mand	atory.	How	ever, i	n cas	e you	do no	t wish	to no	minat	e pleas	se sig	n poir	nt 11 B	S.) (SEE NOTE 10)
Name of the Nomir																						_
Name of the Guard	lian																					-
Percentage																					1	_
Relationship Address of Nomine	20/										Date	of Bi	irth*	D	D	M	M	Υ	Υ	Υ	Υ	Signature of Nominee/Guardian
Guardian																						(*Mandatory in case of Minor nominee)
Name of the Nomir	nee																					
Name of the Guard	dian																					
Percentage																						
Relationship		Date of Birth* D D M M Y Y Y Y													Υ	⊗						
Address of Nomine Guardian	ee/																					Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Nomi	nee																					
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Address of Nomine Guardian	ee/																					Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
11B. NOMINATION: I do not wish to nominate any person at the time of making the investment.																						
Signature																						
12. DECLARATION	ON (SEE	NOT	E 11):	I/We o	confir	m tha	at the	infor	matio	on pro	vide	ed in th	nis fo	rm is	true	& acc	urate	. I/We	e hav	e read	d and understood the contents
of all the scheme	related	docu	ments	s and			•						-								•	any rebate or gifts, directly or
																						(the Fund") is derived through islation or any other applicable
laws or any notifi	cations, o	direct	tions i	issue	d by a	any g	overr	ment	tal or	statu	itory a	autho	ority fr	om t	ime t	to tin	ne; (iii) the	moni	es inv	veste	d by me in the schemes of the
	•				U			•			•										•	in the definition of the term 'US J.S. person/resident of Canada;
1 ' '									•							•						her for the different competing
					_								_									Memorandum and Articles of am/are authorised to enter into
						•													•	_		hat funds for the subscriptions R Account; (viii) *** I/We do not
				-				-				-							-			gency and also confirm that the
00 0	•							-						•								upees Fifty Thousand); (ix) all ge and belief and I/We shall be
liable in case any	of the sp	pecifie	ed info	orma	ition is	s four	nd to	be fa	lse or	untr	ue or	misl	eading	g or r	nisre	pres	enting	; (x) t	hat v	ve au	thoriz	ze you to disclose, share, remit
				-				-		-			_		_							as and when provided by me/ horities/agencies including but
not limited to SE	BI, the F	inand	cial In	tellig	jence	Unit-	India,	the	tax/re	evenu	ue aut	thorit	ties in	Indi	a or	outs	ide In	dia w	here	ver it	is le	gally required and other such
,		•													•	_				-		the same; (xi) I/We shall keep s may be required by you from
			•						_										•			to seek additional personal, tax
																				•		n 30 days should there be any me) the Fund may be obliged
		•														•						information to any institutions reto; (d) as may be required by
domestic or overs	seas regu	ılator	s/ tax	auth	orities	s, the	Fund	l may	also	be c	onstra	ined	l to wi	thhol	ld and	d pay	out a	ıny sı	ıms f	rom ı	my/οι	ur account or close or suspend
my account(s) and * Applicable to of								-				-						s abo	ut m	y/our	tax re	esidency;
			···	-, III	/			2 10 1			ייוקק.		10		•02							
SIGNATURE(S)																						
(ALL Applicants must sign)																						
	\otimes								(⊗									8			
	1st Appl	icant	/ Guar	rdian	/ Auth	orise	d Sia	natorv			d App	licant	t / Autl	norise	ed Sic	nato	ry	+		3rd A	pplica	ant / Authorised Signatory
Date							- 'B'		· I		1.15				Pla		-					



S-2810/15 SIP REGISTRATION CUM MANDATE FORM (ECS / DIRECT DEBIT / NACH FACILITY) New Investors subscribing to the scheme through SIP (ECS / Direct Debit / NACH Facility) must complete this form compulsorily alongwith Common Application Form														
									cation Form					
	(Application should be si	ubmitted atleast 30 day	s before the	e 1st ECS/E	Direct Debit	t/NACH de	bit date)	• •						
ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN	Code S	ub-Broke	r Code	(Employ	EUIN * ee Unique Identi	fication Number)	Referenc	e No.				
L Declaration for "execution-only" transaction * I/We hereby confirm that the EUIN box has been	intentionally left blank by me/u	us as this is an "execution-or	nly" transactio	n without any i	interaction or	advice by th	e employee/rela	ionship manager/s	ales person of	the above				
distributor or notwithstanding the advice of in-appr	opriateness, if any, provided by	y the employee/relationship	manager/sale	s person of the	e distributor a	and the distri	butor has not cha	rged any advisory	fees on this tra	nsaction.				
SIGNATURE(S) 1st Applicant / Guard Uniform commission shall be paid directly be	dian / Authorised Signate		cant / Autho			f various fa		nt / Authorised		distributor				
TRANSACTION CHARGES FOR														
In case the subscription amount is Rs. (for investor other than first time mutual f														
Please (✓) SIP	Registration	INIVECT	OR DETA	VII C	SIP -	- Change	in Bank D	etails						
Falls No /Assiltantias No		INVEST	OR DETA		rs: Please m	ention vour	Folio Number.	New applicants: I	Please mention	n the				
Folio No./Application No.				ation Numbe		iondon your	Tollo Hambel.	rece applicants.	icuse mentio	ii tiio				
Name of 1st Applicant (Mr/Ms/M/s)														
Name of Father/Guardian in case of Minor														
PAN DETAILS														
First Applicant / Guardi	an 	Secon	nd Applican	t 		1 1	Т	hird Applicant	1 1					
Mandatory Enclosure	s	Mandato	ory Enclosu	res			Man	datory Enclosu	res					
PAN Proof KYC Ackr	nowledgement	PAN Proof		knowledge	ment		Proof	KYC Ac	knowledgem	ent				
PAN Exempt KYC Ref no (PEKRN for Micro investments)		I Exempt KYC Ref no KRN for Micro investme	ents)				mpt KYC Ref for Micro inve							
SIP DETAILS (ECS in select citi	es or Direct Debit/NA SIP without Chequ		only)											
Scheme Name	SIP WILLIOUT CHEQU	ue												
		virled (Farmer)												
-	<u>_</u>	Dividend (Frequency)			-									
1 1 1		ayout												
First Cheque No. (Note : Cheque should be drawn on bank account mentioned below)														
SIP Frequency (Please ✓ any one)	Weekly SIP (1st, 8th	th , 15 th and 22 nd)		Monthly	SIP (Defa	ult)		Quarterly SIP						
SIP Date (for Monthly & Quarterly) (Please ✓)	1 st 5 th	10 th	15 th	20 th	2	5 th	30 th (For Febru	ary, last business day)						
SBI MUTUAL FUND A PARTNER FOR LIFE	For	Of fice	Us	е			Date	D D M	Л Ү Ү	YY				
Sponso	r Bank Code C I T	· I 0 0 0 P I	G W	Utili	ty Code C	ITI	0 0 0	2 0 0 0	0 0 0	0 3 7				
(Please ✓)	horize SBI Mutual	Fund	_	To	debit (P	lease 🗸)	SB/CA/CC	/SB-NRE/SB-N	NRO/Other					
MODIFY I/We, hereby aut	obi Mutuai													
CANCEL Bank a/c numbe	r													
with Bank	Bank Name	IFSC					or MICR							
an amount of Rupees							₹							
FREQUENCY: X Weekly X Mor	nthly X Quarterly	✓ As & when preser	nted		DEBIT T	YPE:	Fixed Amo	ount X M	aximum An	nount				
Reference 1				Phon	e No.									
Reference 2				Emai						==				
	e processing charges by the bar	ank whom I am authorizing to	debit my acco			of charges of	the bank.							
PERIOD From To	Signature of 1	st Applicant		Signature	e of 2nd A	Applicant	-	Signature c	f 3rd Appli	icant				
Or Until cancelled	Name as in bar	nk records		Name as	s in bank r	ecords		Name as	in bank reco	ords				

Name as in bank records

Name as in bank records