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APPLICATION NO.

S-2810/1
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A PARINER FOR L									S-2810/1
COMM ARN & Name of Distril		LICATION FORM Branch Code			ED SCHEM Sub-Broker	<u>``</u>		EUIN*	Reference No.
16709		(only for SBG)						que Identification Number) E039709	
10709							L	1039709	
Declaration for "execution-only" to * I/We hereby confirm that the EUIN box	x has been inte	entionally left blank by me/us	s as this is an "execu	ution-only" transa	ction without any in	teraction or a	dvice by the emplo	oyee/relationship manager/s	ales person of the above
distributor or notwithstanding the advice	e of in-appropr	iateness, if any, provided by	the employee/relat	ionship manager/	sales person of the	distributor ar	nd the distributor h	as not charged any advisory	fees on this transaction.
SIGNATURE(S)									
1st Applican Upfront commission shall be paid		n / Authorised Signato		11	thorised Signa ne investors' asse			Applicant / Authorised	<u> </u>
TRANSACTION CHARGE	S FOR A	PPLICATIONS TH	ROUGH DIST	<b>TRIBUTORS</b>	S/AGENTS O	NLY (SE	E NOTE 16	)	
In case the subscription amount investor other than first time mu	t is Rs. 10,00 utual fund inv	00/- or more and if you vestor) will be deducted	r Distributor has I from the subsc	ription amount	and paid to the	Charges, H distributor	s. 150 (for first . Units will be	t time mutual fund inves issued against the balar	tor) or Hs. 100/- (fo nce amount invested
1. PARTICULARS OF FIR									NOTE 1)
I confirm that I am a Firs	t time inves	stor across Mutual Fun	ias	(F			-	investor in Mutual Func your Folio number, Na	
EXISTING FOLIO NO.								nd Payment details- 8)	
Mame (Mr./Ms./M/s.)									
Gender 🗌 Male 🗌 Fe	emale 🗌 (	Other (Third Gender)	Date of Birth	D D	M M Y	Ý	ΥΥ		
Father's Name									
Spouse's Name									
Name of Guardian / Name of									
(in case of Minor) (in case Relationship of Guardian in case		tional Investor) ease mandatorily enclose th	e document eviden	cing the relations	hip of Minor with G	uardian (See	Note 1 h)]	Father Mother	Legal Guardia
(In case of Minor, please fill th	ne following	details of Guardian)				-		_	
Email ID									
Mobile No.									
Co Please register your E-mail address & M	ounty Code lobile number to	get alerts & communication via	a E-mail & SMS.						
Telephone (O)									
County	Code					andatory E	nclosures		Acknowledgement
Telephone (R)									
County Type of address given at		Residential		Busine	ss		Registered	Office	
Address of tax residence would	be taken as a	available in KRA databa	se. In case of any				•		
PAN					N Exempt KYC pe of Identific			o investments) at KRA	
AADHAAR No	1 1		1 1		entification Do		•		
					ocument Issui		,		
Occupation Professional (Please (✔)) Retired	Busin		ent Service	Private Sector Forex Dealer	r Service	Public Se	ctor Service	Agriculturist	pecifv]
Gross Annual Income in Rs				_	10 Lacs	10-25 Lacs	s 25 La	cs - 1 Cr.	
	<b>、</b>								
Networth in Rs				as	of (date)	DM	IVI Y Y	ΥΥ	
Politically Exposed Person [			Related to PE						
For Non-individuals : Is the e - For Foreign Exchange / Mon	-		· ·			Sorvicos (	o a Casinos I	Betting Syndicates)	Yes No
- Money Lending / Pawning	loy onlanger			Gaming / Gai	noning / Lottery	Services (	e.y. Casinos, i	Setting Syndicates)	
NOTE: Non-individual applicant			- I alongwith this	form.					
2. PARTICULARS OF SE	LCOND A	PPLICANI						(SEE )	NOTE 1 & 2)
Mame Mr./Ms./M/s.									
Gender 🗌 Male 🗌 Fer	male 🗌 C	Other (Third Gender)	Date of Birth	D D	M M Y	Y	ΥY		
Father's Name									
Spouse's Name									
Type of address given at		Residential		Busines			Registered	Office	
Address of tax residence would I			· · ·	•		,		with application form	
				R HERE — -		ionin com	- <del>&gt;\$</del>		
SBI MUTUAL FUND A PARTNER FOR LIFE (A Joint	ient manager	k of India : SBI Funds Management een SBI & AMUNDI)	Pvt. Ltd.	KNOWLED		SLIP ,	A Applicatio	RN - 16709 <b>DN NO</b> .	E039709
(To be filled in by the First app			10						
Received from :									Signature, Date &
Scheme Name	Plan (✔)		ividend Facility einvestment 🔲 F		e/ DD Amount (I	Rs.) Ban	k and Branch	Cheque / DD No. &	Date Stamp
	Direc		ansfer	·					
Attachments		· · · · ·			All p	urchases ar	e subject to reali	sation of cheque / deman	d draft

PAN		KYC Acknowledgement												
	PAN Exempt KYC Ref no (PEKRN for Micro in													
AADHAAR No	Type of Identification Document given a Identification Document No.													
	Document Issuing Country													
Occupation         Professional         Business         Government Service         Private S           (Please (✓))         Retired         Housewife         Student         Forex Descent		Agriculturist Others [Please specify]												
	5-10 Lacs 10-25 Lacs 25 Lacs													
Networth in Rs.	as of (date)	YY												
Politically Exposed Person [PEP]: Yes No Related to PEP	ARN - 16709 E	039709												
3. PARTICULARS OF THIRD APPLICANT		(SEE NOTE 1 & 2)												
Name I I I I I I I I I I I I I I														
Mr./Ms./M/s.														
Gender Male Female Other (Third Gender) Date of Birth														
Father's Name   Image: Spouse's Name														
		ffice												
Type of address given at KRA       Residential       Business       Registered Office         Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.       Registered Office														
Mandatory Enclosures PAN Proof KYC Acknowledgement														
PAN	PAN Exempt KYC Ref no (PEKRN for Micro	nvestments)												
AADHAARNo														
Document Issuing Country														
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. <b>OR</b>												
Networth in Rs.	as of (date)	YY												
Politically Exposed Person [PEP] : Yes No Related to PEP														
4. FATCA & CRS RELATED INFORMATION (Only for Individuals/Propr	ator)													
DETAILS OF FIRST APPLICANT														
Country of Birth	Place of Birth													
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														
Country Tax Payer Identification Number * Identifica														
(also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number *	Identification Type (TIN or Other, please specify)												
	Tax Payer Identification Number *													
	Tax Payer Identification Number *													
(also include USA, where the individual is a citizen/ green card holder of USA)		(TIN or Other, please specify)												
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(also include USA, where the individual is a citizen/ green card holder of USA)  * It is mandatory to supply a TIN or functional equivalent if the country in which you are	tax resident issues such identifiers. If no TIN is	(TIN or Other, please specify)												
<ul> <li>(also include USA, where the individual is a citizen/ green card holder of USA)</li> <li>* It is mandatory to supply a TIN or functional equivalent if the country in which you are please provide an explanation and attach this to the form.</li> <li>(Please attach additional sheets if necessary and mention all countries in which applic</li> </ul>	tax resident issues such identifiers. If no TIN is ant is a tax resident & provide relevant details)	(TIN or Other, please specify)												
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Email: customer.delight@sbimf.com

20001101700
Email: enq_L@camsonline.com
Website: www.camsonline.com

DETAILS OF	THIR	D AP	PLIC	ANT																							
Country of Birth															Place	of Bir	th										
Nationality																											
Are you a tax resi If Yes, pleas					n whic		are re			No < purp	oses	and ti	he asso		d Tax I <b>Fax Pa</b>						1		Ident	ificatio	n Tyne		
(also i	nclud	e USA	, whei	e the i				en/ gre	en ca	rd hol	der of	USA	)			yeria		auon						ner, ple			
It is mandate please provid	de an	explar	nation	and at	ttach t	his to	the fo	rm.		-		-									s yet a	availat	ble or	has n	ot yet b	een i	ssued,
(Please attaction of the second secon											I WHIC	n app	blicant is	s a la	x resia	ent &	provid		evant c	ietaiis)			(S	EE N			
Resident Indi	vidua	1			Tax	_	-	<b>ase (</b> √ prietor				_	Goverr	mon	t Body									Mode		ding	(✔)
Resident Ind	Compa	anv		╘ .	Society		воау				NGO						gle										
NRI (Repatria	ble)	•		,					Comp	-			Trust						LLP					Joi	nt		
NRI (Non-Rep		,				-		rporat					NPS Tr					_							y one	or	
NRI– Minor (F	-	-	ahle)					hip Fir	m				Fund of Gratuit				ľ		NPO	[F	lease	spec	;ify]	Su	rvivor		
Pension and		-			╎┝	] FII ] HU	/ FPI F						AOP	yrun	iu		[		Others	5							
Financial Inst	titutio	ns				Ba							BOI						-	[F	lease	spec	ify]				
6. CONTACT	DET	AILS																					(S	EE N	OTE 1	)	
Local Address of																											
1st Applicant																											
City																					Pin						
State																											
Foreign Address (Mandatory for NRI / FII )	Addre	ess for (	Corres	ponde	nce for	NRI A	pplica:	nts only	y ( Plea	se (✔)	) India	n by D	efault			For	eign		1				I				
City																											
Country													1		1			Zip					1				
7. BANK PAR	ΤΙΟ	JLAR	S (As	per S	EBI Re	equlati	ions it	is ma	ndator	v for l	nvest	ors to	o provid	e the	ir bank	accol	unt de	tails)		1			(S	EE N	OTE :	3)	<u> </u>
Name of Bank	1	1	ì		1	1	1	1	1		1	1		1	1	1	1	1	1	1	1	1	1	1	1		
		<u> </u>					 	 	 	 		 		 	<u> </u>	<u> </u>	<u> </u>	 	<u> </u>		 	 			<u> </u>	 	
Branch Name and Address																											
City																					Pin						
Account No.																		J	Г		۵c	coun	t Tvr	e (Ple	ase 🗸		
9 digit MICR Code													nber next i E <b>D chequ</b> e		cheque n	umber.	Please	provi	dea	Savi					CNR		
IFS Code																			L	Curr	ent	NR	ε	0	thers_		
8. INVESTMEN		ND P	AYMI	ENT I	DETA	ILS :	l/We	would	like to	o inve	st in t	he fo	llowing	Sche	eme of	SBI N	/lutual	Fund	ł					(SEE	NOT	E 5)	
One time Ir	ivest	ment			[	_ Sy	PD	0			-		(if Yes, ∣ ted Che			-	-	atory	to subr	nit Tra	nsacti	on Sli	p me	ntionin	g PDC	detai	ls)
									oit / EC f SIP t		h ECS	6/Auto	o Debit	mode	e it is m	andat	ory to	subm	nit SIP	Enrolm	ent Ci	um Au	uto De	ebit/EC	S Man	date F	Form)
Scheme Name																											
Plan (Please ✓ )				Reg					Direct					In	case of	Divide	end Tra	ansfer	facility,	please	mentio	n targe	et sch	eme alo	ng with	plan/c	ption.
Option (Please ✓)				Grov	wth				Divider	ld				Sc	heme	/ Plan	/ Opt	ion_									
Dividend Facility				Reir		nent		F	Payou	t		_	ansfer							_							
	Chec	ue/D	D Am	ount (	Rs.)							Dra	wn on I	Jank	and B	ranch				+		Cheo	que/l	D.D. N	o. & D	ate	
Inve	stmei	nt Amo	ount (	Rs. in	Figur	es)									Inv	estme	ent An	noun	t (Rs.	in Wor	ds)						
For third party cl	heau	es nlea	ase se	e Not	e 3 vii																						

9. STP ENROLLM	ENT [	DETA	AILS	0	pted	for S	STP:		Yes			lo	(1	i Yes,	it is r	nanda	atory t	o sub	mit S1	P Enr	ollmei	nt Form/Transaction slip)
10. DEMAT ACCC										_										_		
																						count Statement (Mandatory). ith the Depository Participant.
National	Secur	rities	Dep	osito	ory L	imite	ed (N	ISDL	.)					Cent	tral [	Серс	sitor	y Se	ervice	es (Ir	ndia)	Limited (CDSL)
Depository												eposit										
Participant Name — DP ID No.		Ι.	N									·	ant Na									
Beneficiary Account N	lo.										l la	rget II	J NO.			1		1	1	I		
		ts are	allot	ted ir	n Den	nat N	lode,	State	ement	t of A	Accou	nt wi	ill be	issue	d by	the	Depo	sitory	con	cerne	d. Fu	rther allotment of units (through
additional purchase , 11A. NOMINATION																					0	their Depository Participant only.
individual investors ap	plying																					
Name of the Nominee	_																					_
Name of the Guardiar	ו																					
Percentage																						-
Relationship Address of Nominee/											Date	of Bi	rth*	D	D	M	Μ	Y	Y	Y	Y	Signature of Nominee/Guardian
Guardian					<u>,                                     </u>																	(*Mandatory in case of Minor nominee)
Name of the Nominee																						
Name of the Guardian	ו																					_
Percentage																						_
Relationship Address of Nominee/											Date	of Bi	rth*	D	D	M	M	Y	Y	Y	Y	Signature of Nominae/Guardian
Guardian																						Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Nominee	•																					
Name of the Guardia	ו																					
Percentage																						
Relationship	_										Date	of Bi	rth*	D	D	M	M	Y	Y	Y	Y	
Address of Nominee/ Guardian																						Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
11B. NOMINATION	: I do	not	wish	to no	omina	te an	ıy per	rson a	at the	time	of m	akin	g the	inves	stmer	nt.						
Signature																						
12. DECLARATION	(SEE	NOT	E 11	):	I/We o	confir	m tha	at the	infor	matic	on pro	ovide	d in t	his fo	rm is	true	& aco	curate	e. I/W	e hav	e rea	d and understood the contents
																						any rebate or gifts, directly or
																						'the Fund") is derived through islation or any other applicable
																						d by me in the schemes of the in the definition of the term 'US
Person' under the U	S Secu	urities	s laws	s) / re	siden	t of C	Canad	a are	not e	ligibl	e for	inves	stmer	ts wit	th the	e Fun	d and	I I/We	e am/	are no	ot a U	J.S. person/resident of Canada;
																						her for the different competing Memorandum and Articles of
																						am/are authorised to enter into hat funds for the subscriptions
have been remitted f	rom al	broac	thro	ugh a	۱ppro۱	ved b	ankin	ig cha	nnels	or fr	om m	iy/ou	r Non	Resid	dent E	Exter	nal/O	rdina	ry acc	count/	FCNF	R Account; (viii) *** I/We do not
						'	0							•								jency and also confirm that the upees Fifty Thousand); (ix) all
						•																ge and belief and I/We shall be ze you to disclose, share, remit
in any form, mode c	r man	ner, a	all / ar	ny of	the in	nform	ation	prov	ided	by m	e/ us,	inclu	uding	all ch	ange	es, up	dates	s to s	uch i	nform	ation	as and when provided by me/
													-	-						-		horities/agencies including but 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 n me) the Fund may be obliged
to share information	on my	y acc	ount	with r	releva	nt tax	x auth	noritie	es; (c)	l/We	am a	ware	e that	the Fu	und n	nay a	ilso b	e req	uired	to pr	ovide	information to any institutions
																						reto; (d) as may be required by ur account or close or suspend
my account(s) and ( * Applicable to othe								•								· ·		s abo	out m	y/our	tax r	esidency;
	i uidil	mulv	uudl	з / ПU	", יר	чрр	medD				-'hhiid	anie			nives	unel	113					
SIGNATURE(S)																						
(ALL Applicants must sign)	/																					
	2									$\otimes$									$\otimes$			
19	9 it Appli	icant	/ Guer	rdian	/ Auth	oriee	d Sia	nator			d App	lican	t/ Δ11+	horie	ad Sic	inato	rv	+	0	3rd A	pplic	ant / Authorised Signatory
Date	v Abbi	carit	, audi	aiall	, Auth	01150	a aigi	nator	y	211	a uhh	near	., Aul		Pla	-	· y			5.U A	-Philo	