

A PARTNER		ANSACTION SLI	P (Please fi	ll in BLOCK Let	ters)									
ARN & Name of Dis		ode Sub-Broker		Sub-Broker Code	EUIN*	Reference No.								
	(only for SBC	2)			(Employee Unique Identification Number)									
Declaration for "execution-or	 	l box is left blank) (Refer	Instruction 1 (p))										
* I/We hereby confirm that the EU	IN box has been intentionally left blan	k by me/us as this is an "exec	ution-only" transact	ion without any interaction	or advice by the employee/relationship manage rand the distributor has not charged any advisor	r/sales person of the above ry fees on this transaction.								
SIGNATURE(S)														
1st Appl	icant / Guardian / Authorised			orised Signatory	3rd Applicant / Authorise of various factors including the service ren									
•	GES FOR APPLICATION					dered by the distributor								
In case the subscription aminvestor other than first time	ount is Rs. 10,000/- or more and mutual fund investor) will be o	nd if your Distributor has deducted from the subsci	opted to receive	Transaction Charges, nd paid to the distribut	Rs. 150 (for first time mutual fund invetor. Units will be issued against the bala	estor) or Rs. 100/- (for ance amount invested.								
INVESTOR DETAILS	(MANDATORY)													
EXISTING FOLIO NO). <u> </u>													
Name (Mr/Ms/M/s)														
Email ID														
Mobile No.		T T T T												
Telephone No.														
PAN DETAILS														
First Applic	eant / Guardian		Second Applica	nt	Third Applican	t								
Mandato	ory Enclosures	M:	andatory Enclos	sures	Mandatory Enclos	ures								
PAN Proof	KYC Acknowledgement	PAN Proof	KYC A	cknowledgement	PAN Proof KYC A	cknowledgement								
PAN Exempt KYC Ref no (PEKRN for Micro investment)	ents)	PAN Exempt KYC Ref (PEKRN for Micro inve			PAN Exempt KYC Ref no (PEKRN for Micro investments)									
ADDITIONAL PURCH	ASE REQUEST													
Scheme Name Plan (Please ✓)	Regular	Direct		In case of Dividend Tra	nsfer facility, please mention target scheme	along with plan/antion								
Option (Please ✓)	Growth	Dividend		Scheme / Plan / Opti	***	along with plantoption.								
Dividend Facility (Please	I	Payout	Transfer											
Cheque	/ DD Amount (Rs.)		Drawn on B	ank and Branch	Cheque / D.D.	. No. & Date								
Investment A	mount (Rs. in Figures)		Investment Amount (Rs. in Words)											
	TAILS –(Please ensure that the sequent Form (Please (🗸)) Yes	uence of names as mentioned in		matches with that of the acco	ount held with the Depository Participant).									
	urities Depository Limit		ii res, p	•	ory Services (India) Limited (C	DSL)								
Depository			Depository	•	, , ,	,								
Participant Name ———— DP ID No.	ı N		Participant N Target ID No.	ame —										
Beneficiary Account No.														
	HOULD MANDATORILY ACCOMP	ANY THE LATEST CLIEN	T INVESTOR MAS	STER/DEMAT ACCOUN	T STATEMENT.									
SWITCH REQUEST			0D N		OR .	All units (Please ✓)								
Amount			OR Number o		OII -									
From Scheme Plan (🗸)	Option (✔)			Scheme	Option (✔) Divid	lend Facility(✔)								
Regular	Growth		_	Regular	☐ Growth ☐ Reinves	stment Payout								
Direct	Dividend		In c		☐ Dividend ☐ Transfer facility, please mention target scheme along									
REDEMPTION REQU	EST		Scr	neme / Plan / Option_										
Scheme														
Plan (✓) ☐ Regular	Direct		Opt	ion (✔) ☐ Growth	Dividend									
Amount		OR Nu	mber of Units		OR ☐ All units (Please ✓)	ı								
7 anodik			EAR HERE —											
SBI MUTUAL	FUND TRANS	ACTION SLIP - A	ACKNOWL	EDGEMENT	Sponsor: State Bank of India, Investment Manager: SBI Funds Manager									
Folio No.	R L F E	To be filled i	in by the Investo	or	(A Joint Venture between SBI & AMUNDI))								
(To be filled in by the Firs	t applicant/Authorized Signato	ry) :				Stamp								
Received from						Signature & Date								
Nature of Transaction	Change of Bank Particulars	s Ch lan/Option/Dividend Fac	nange of Addres	s Amount	Nomination Units									
For Additional Purchase / Redemption	ocheme name/Pi	ian/Option/Dividend Fac	литу	Amount	UTIIIS									
Systematic Investment	Scheme Name /Plan/C	Option/Dividend Facility		mount (Rs.)	Frequency SIP Comm	nencement Date								
/ Withdrawal Plan						15 th 20 th								
Systematic Transfer	Scheme Name /F	Plan/Option/Dividend Fa	 acility	STP Commencem		or February, last business day) Units								
Plan / Switch Over	From	То		Date										

SYSTEMATIC II	VVES	TME	NT PL	.AN (SIP)	REQ	JEST	(Invest	ors sub	cribin	to SIP	througl	n ECS/D	irect De	bit mus	t fill up 1	he Reg	istratior	n cum N	/landate	form)								
SIP with Chec	ue					SIP	witho	ut Che	que		In case this applicat									ion is for Micro SIP (Please tick (🗸)) MICRO SIP									
1. Payment Mecha (Please ✓ any one						heque Please p		the det	ails belo	ow)								rect Debit te SIP ECS/Direct Debit Facility Registration cum Mandate Form)											
					P Date ease ✓		5 th		10 th	15 th 20 th 25 th 30 th (For February, las								ıry, last b	business day) No of SIP Installments										
2. Frequency (Ple	ease 🗸 a	any one	only)	Ì	M	onthly	/ SIP (Defau	lt)								Quart	erly S											
4. SIP Period				Fro	m L	D D	M	М	YY	YY																			
4.00				То		DDD	M	M	YY	Υ	Y Y OR 3 years 5 year								/ears	Ш	15 ye	L		Perpetual (Select any one)					
4. Cheque(s) Det	alis					NO. C	of Che	eques			SIP Installment Amount (in figures)											Cheq	ue ivos	5					
Cheques drawn on Name of Bank & Branch TOP, UP SIP																													
TOP- UP SIP Top up Amount Rs (in multiples of Rs. 500 only) Top-up Frequency (Please ✓ any one))														
SWP / STP FA	CILIT	TY RE	QUE	ST															<i>.</i> .					F====					
Systematic Withdr	awal F	Plan (S	(AMS			Schen	ne / Pl	an		SW	P insta	allmer	nt amo	unt (R	s.)		An	nount ((in wo	rds)		_	(Pleas		uency any or		ly)		
(SWP transactions on first business da	will be	e proce	ssed																			[Mo	nthly		Quar	terly		
				SWF	From	ı M	M	Υ	Y	Y					SWP	Го	/I I/I	Υ	Υ	Υ	Υ								
				STP	Facilit	y Req	uest	(Pleas	e 🗸 an	y one	only)		Regula	rSTP		CAS	ГР			Flex	STP (S	See Not	e 8)						
Systematic Trans	fer Pla	ın (STF	P)	From (Sc Scheme							ne)										To (S	cheme	e)						
				Plan (✔)				☐ Regular ☐ Direct								Plar	ı (/)			☐ Re	gular			Direct					
				Optio	n (🗸)			☐ Growth ☐ Dividend							Optio	on (🗸)			Gro	owth			Divider	nd					
																	dend F			Re				ayou		Tra			
																		Dividend Transfer facility, please mention target scheme along with plan/option.											
STP Frequency &	Enrol	ment			aily		Mont	hlv	STPI	nstal	ment	Amoı	ınt (Rs	s.)		STP From							STP To						
Period (Please ✓ any one	only)	١			any /eekly			١ ١						Ť	D D								M M Y Y Y Y						
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1st Applicant																										L			
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	Addres	ss for C	orresp	onder	nce for	NRI A	pplica	nts onl	y (Plea	se (🗸)) Indiar	by De	fault			Fore	eign									ı			
Foreign Address (Mandatory for NRI / FII)						<u> </u>	<u> </u>	<u> </u>																	<u> </u>				
City																													
Country																		Zip											
DECLARATION																													
or indirectly, in making thi of any act, rules, regulatic of Foreign Contribution F from amongst which the '/Trust, I/We am/are auth been remitted from abroz Exempt KYC Reference I * Applicable to other than	ons or an Regulation scheme in orised to ad through No. (PER	y statute ons Act (F is being r o enter int gh appro (RN) issu	or legislected. CRA). recomment to the traved ban ued by K	ation or The AR ended t ansactic king cha YC Rec	any oth N holde o me/us ons for a annels o gistration	er applic r has dis s. * I/We o nd on be or from n n Agency	cable lave sclosed ocertify the certify the chalf of the ny/our Nord also	vs or any to me/us nat as pe the Comp lon Resi so confirr	notificati all the cor the Mer cany/Firr dent Extent that the	ons, dir ommiss norandi n/Trust. ernal/Or aggreg	ections i ions (in t um and i ** I/We dinary a ate of lu	ssued b he form Articles confirm .ccount/	y any go of trail c of Assoc that I/We FCNR A	vernment ommiss iation of e am/are ccount.	ntal or sta ion or an the Com Non Re	atutory a ny other n npany, B esident o hereby	authority mode), p ye laws, of Indian declare	from tim ayable t Trust De National that I/We	e to time to him/h eed or F lity/Orig e do not	e. I/We oner for the Partnershin and I/Ner hold a P	ertify that different hip Deed We here dermane	at the fun nt compe d and res by confir ent Accor	ds inves eting sch olutions rm that fu unt Num	ted do n emes o passed unds for ber and	ot attract f various by the 0 the sub hold on	t the prosect the process of the pro	ovisions al Funds ny / Firm ons have ale PAN		
SIGNATURE(S Applicants must sign as per mode	Applicants must (ign as per mode						8	⊗								⊗													
	1st Applicant/Guardian// Authorised Signatory										2nd Applicant/Authorised Signatory									3rd Applicant/ Authorised Signatory									
Date					1															16	Place	1							

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

_TEAR HERE _

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- 61793537
Email: customer.delight@sbimf.com

Website: www.sbimf.com

Registrar:
Computer Age Management Services Pvt. Ltd.,

SEBI Registration No. : INR000002813)
Rayala Towers, 158, Anna Salai,Chennai – 600 002

Tel: 044 - 30407236, Fax: 044 - 30407101

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



TRANSACTION SLIP (Please fill in BLOCK Letters)																											
ADN 9 Name of	Burnels Onda																EUIN*						Reference No.				
ARN & Name of	DIST	butor			nly for			Sub-Broker ARN Code S						-вгоке	Employe	imployee Unique Identification Number)						ence	NO.				
Declaration for "execution																											
* I/We hereby confirm that the distributor or notwithstanding																											
distributor of flotwithstarian	g ino dav	100 01 111 0	рргорпа	1011000	o, ii aii	ıy, pıo	viaca	1 10 1 10 1	ompioy	700/101	ationom	pinanage	iii oaloo pe	210011011	no diotribui	lor and t	no dioti	ibator ri	140 1101	onargo	any auv	1001 y 10	00 011 111	io tiain	Juotion.		
SIGNATURE(S)					•.		•																				
Upfront commission shal		nt / Gua							ered D			cant / A				t of var	ious fa				Authori service				tributor		
TRANSACTION CH	IARGI	ES FO	R API	PLIC	CAT	ONS	S TI	HROL	JGH	DIS	TRIB	UTOR	S/AGE	NTS (ONLY (SEE	NOTE	16)									
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(PEKRN for Micro inve			211-0	_			_(PE	KRN fo	or Mic	ro in	vestm	ents)				_ (PE	KRN f	or Mic	ro in	vestme	nts)						
ADDITIONAL PUR	CHAS	E KE	JUES	l																							
Scheme Name							_						Ι.							_							
Plan (Please ✓) Option (Please ✓)			Regula	r			+	Direc				Bonus	_		ividend Tr		facility,	please	ment	tion targ	et schen	ne alor	ng with	plan/o	ption.		
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Investme	ent Amo	ount (R	s. in Fig	gures	s)				Investment Amount (Rs. in Words)																		
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														Dividend Facility(✓) ☐ Reinvestmen								Payou			ansfer	
														In case of Dividend Transfer facility, please mention Scheme / Plan / Option						mentior	n target	scheme	e along	with pla	an/option.	
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NRI/FII)																										
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indirectly, in making this inv	estment. I/We	hereby de	eclare th	nat the a	mount in	vested	I/to be inves	sted by m	e/us in the	scheme	(s) of SBII	Mutual Fun	ıd is de	rived thr	ough leg	gitimate s	ources	and is no	t held o	r designe	ed for the	e purpos	e of con	traventi	on of any	
act, rules, regulations or an Contribution Regulations A	ct (FCRA). The	ARN hold	derhas	disclose	ed to me/	us all th	e commiss	ions (in th	e form of t	rail comr	nission or a	ny other mo	ode), p	oayable t	o him/he	er for the o	different	competi	ng sche	mes of v	arious M	lutual Fu	ınds fron	n amon	gst which	
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All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

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- 61793537
Email: customer.delight@sbimf.com
Website: www.sbimf.com

Registrar:
Computer Age Management Services Pvt. Ltd.,

SEBI Registration No. : INR000002813)
Rayala Towers, 158, Anna Salai,Chennai – 600 002

Tel: 044 - 30407236, Fax: 044 - 30407101

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