SBI MUTUAL FUND
A PARTNER FOR LIFE

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.

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 16)

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

Mobile No.

Telephone No.

PAN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
Mandatory Enclosures	**Mandatory Enclosures**	**Mandatory Enclosures**
☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement
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) -

ADDITIONAL PURCHASE REQUEST

Scheme Name				
Plan (Please ✓)	☐ Regular	☐ Direct		In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Option (Please ✓)	☐ Growth	☐ Dividend		Scheme / Plan / Option
Dividend Facility (Please ✓)	☐ Reinvestment	☐ Payout	☐ Transfer	

Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date

Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)

DEMAT ACCOUNT DETAILS

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

SWITCH REQUEST

Amount

OR Number of Units

OR ☐ All units (Please ✓)

From Scheme

Plan (✓)	Option (✓)
☐ Regular	☐ Growth
☐ Direct	☐ Dividend

To Scheme

Plan (✓)	Option (✓)	Dividend Facility(✓)
☐ Regular	☐ Growth	☐ Reinvestment ☐ Payout
☐ Direct	☐ Dividend	☐ Transfer

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

REDEMPTION REQUEST

Scheme

Plan (✓)	☐ Regular	☐ Direct	Option (✓)	☐ Growth	☐ Dividend

Amount

OR Number of Units

OR ☐ All units (Please ✓)

TEAR HERE

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TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

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

Folio No.

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

Received from

Stamp Signature & Date

Additional Purchase / Redemption	Scheme Name /Plan/Option/Dividend Facility	Amount	Units

Systematic Investment Plan / Withdrawal Plan	Scheme Name /Plan/Option/Dividend Facility	Amount (Rs.)	Frequency	SIP/SWP Date
				☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ 30th (For February, last business day)

Systematic Transfer Plan / Switch Over	Scheme Name /Plan/Option/Dividend Facility: From	To	Amount	Units	STP Commencement Date

☐ Change of Address (Please ✓)

SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through Direct Debit/ NACH must fill up the Registration cum Mandate Form)

☐ SIP with Cheque ☐ SIP without Cheque | In case this application is for Micro SIP (Please tick (✓)) ☐ MICRO SIP

Scheme Name/Plan/Option/ Dividend Frequency	
Payment Mechanism (Please ✓ any one)	☐ Post Dated Cheques (Please provide the details below) ☐ SIP Direct Debit/ NACH (Please complete SIP Direct Debit/NACH Registration cum Mandate Form)
Frequency (Please ✓ any one)	☐ Weekly SIP (1st, 8th, 15th and 22nd) ☐ Monthly SIP (Default) ☐ Quarterly SIP
SIP Date (for Monthly & Quarterly) (Please ✓)	☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ 30th (For February, last business day)
SIP Tenure	From D D M M Y Y Y Y To D D M M Y Y Y Y OR ☐ 3 years ☐ 5 years ☐ 10 years ☐ 15 years ☐ Perpetual (Select any one) OR No of SIP Installments

Cheque(s) Details

No. of Cheques	SIP Installment Amount (in figures)	Cheque Nos

Cheques drawn on — Name of Bank & Branch

SWP / STP FACILITY REQUEST

Systematic Withdrawal Plan (SWP)

Scheme / Plan	SWP installment amount (Rs.)	Amount (in words)	Frequency (Please ✓ any one)
			☐ Weekly (1st, 8th, 15th & 22nd) ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annual

SWP From M M Y Y Y Y SWP To M M Y Y Y Y

SWP Date ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ 30th (For February, last business day)

Systematic Transfer Plan (STP)

STP Facility Request (Please ✓ any one) ☐ Regular STP ☐ CASTP ☐ Flex STP

From (Scheme)			To (Scheme)			
Scheme						
Plan (✓)	☐ Regular	☐ Direct	Plan (✓)	☐ Regular	☐ Direct	
Option (✓)	☐ Growth	☐ Dividend	Option (✓)	☐ Growth	☐ Dividend	
			Dividend Facility(✓)	☐ Reinvestment	☐ Payout	☐ Transfer

In case of Dividend Transfer facility, please mention target scheme along with plan/option.

Scheme / Plan / Option ____________

STP Frequency & Enrolment Period (Please ✓ any one)	☐ Daily ☐ Monthly ☐ Weekly ☐ Quarterly	STP Installment Amount (Rs.)	STP From	STP To
			D D M M Y Y Y Y	D D M M Y Y Y Y

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

Local Address of 1st Applicant

Landmark

City Pin

State

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

Foreign Address (Mandatory for NRI / FII)

City

Country Zip

** KYC Compliant Unitholders: **In case there is any change in your KYC information, please update the same by using the prescribed "KYC Change Request Form" and submit the same at the Point of Service of any KYC Registration Agency (KRA).**

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"

SIGNATURE(S) Applicants must sign as per mode of holding	⊗	⊗	⊗
	1st Applicant/Guardian/ Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory

Date ____________ Place ____________

TEAR HERE

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