

	A PARTNER FOR LIFE COMMON APPLICATION FORM FOR														AF	PLIC	CATIC	ו אכ	NO.							S-28	10/15
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ARN & Nan	ne of	Dist	ributo	or	E	Branc (only f	h Coo or SBG)	de	Sub	-Bro	ker A	ARN	Code	Su	b-Bro	ker	Code	e (E	Employe	ee Uniq	EUI ue Ide		on Num	ber)	Refere	ence	No.
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SIGNATURE(S)																											
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Upfront commissio TRANSACTIO																					ncludii	ng the	service	render	ed by th	ne distr	ributor
In case the subsoinvestor other that																											
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Father's Nan	ie																										
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Nationality																											
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DETAILS OF	SEC	טאט	APPL	.ICA	ıN I																						
Country of Birth														Plac	e of Bi	rth_											
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Are you a tax re	sident c	f any	countr	y oth	ner tha	ın Indi	a? 🗌	Yes	☐ No																		
If Yes, plea	ase indic	cate al	ll count	ries i	n whic	h you	are res	sident fo	or tax p	urp	oses ar	nd the as	sociat	ed Tax	Refer	ence	Numb	ers be	elow:	_							
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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	THIRI	D AP	PLIC	CANT																							
Country of Birth															Place	of Bir	th										—
Nationality Are you a tax resi	ident c	of any	coun	try oth	er thai	n India	2 -	Yes		No																	
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	Address for Correspondence for NRI Applicants only (Please ()) Indian by Default Foreign oreign Address																										
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(Mandatory for NRI / FII) City																							<u></u>				
Country																		Zip						<u></u>			
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Branch Name and Address																							\perp	\perp			
and Address																											
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IFS Code																											
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Scheme Name																											·
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Option (Please ✓)				Gro	wth				Dividen	ıd				Sc	heme	/ Plan	/ Opti	on									
Dividend Facility	(Pleas	se ✔)		Reir	nvestm	ent	_		Payout	i	[Tr	ansfer				-										
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Inve	stmen	t Amo	ount	(Rs. in	Figure	es)									Inv	estme	nt Am	ount	(Rs.	in Wor	ds)						
For third party cl	heque	s plea	ase se	ee Not	e 3 vii.																						

9. STP ENROLI	LMENT	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)
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	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 Nomi																						_
Name of the Guard	dian																					-
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 Nomi	nee																					
Name of the Guard	dian																					
Percentage																						
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Address of Nomine Guardian	ee/																					Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Nomi	nee																					
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Guardian	Address of Nominee/ Date of Birth* D D M M Y Y Y Y Signature of Nominee/Guardian																					
11B. NOMINATION	ON : I do	o not	wish	to no	omina	te an	y per	son a	at the	time	of m	akin	g the	inves	stmer	nt.						
Signature																						
12. DECLARATION	ON (SEE	NOT	E 11):	I/We o	confir	m tha	at the	infor	matio	on pro	vide	d 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,	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
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00 0								-						•								upees Fifty Thousand); (ix) all ge and belief and I/We shall be
1			•			-													-		_	ze you to disclose, share, remit
1 '				-						-			_		_							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
time to time; (xii)	Towards	com	pliand	ce wi	th tax	infor	matic	n sha	aring	laws,	, such	as F	ATCA	and	CRS:	(a) t	he Fu	nd ma	ay be	requ	ired t	o seek additional personal, tax
																				•		n 30 days should there be any me) the Fund may be obliged
		•														•						information to any institutions
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my account(s) an * Applicable to of								-				-						s abo	ut m	y/our	tax re	esidency;
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SIGNATURE(S)																						
(ALL Applicants must sign)																						
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	⊗ 1st Appl	licant	/Guar	rdian	/ Auth	orise	d Sia	nator			d Ann	licant	t / Autl	norise	ed Sin	nato	rv	+		3rd ∆	pplics	ant / Authorised Signatory
Date	.or.Appi	unt	, Juai	GIUII	, Auui		a oigi		'		~ ~~	Jui 11	.,		Pla		- 1			J. W. A.	,-p.100	



1	ANNEXURE I - DETAILS OF ULTIMATE BENEFICIAL OWNER/ CONTROLLING PE														RSON	INC	LUD	ING.	ADDI'	TION	AL F	ATC	4 &	CRS	INF	ORI	MATI	ION	
Nan	ne of the Entity																												
Cus	tomer ID / Folio Nur	nber																											
PAN															Da	ate o	fince	orpo	ratior	D	D	/	M	M	/	Υ	Υ	Υ	Υ
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you	In case Tax Identification Number is not available, kindly provide its functional equivalent. 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 yet available or has not yet been issued, please provide an explanation and attach this to the form In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.																												
In c	ase the Entity's Coun	try of l	nco	rporati	ion/	Тах	reside	ence	is U	.S. b	ut Ent	ity is	not	a Spe	cified	U.S.	Pers	on, n	nentio	n Ent	ity's	exen	nptio	on c	ode ⁸	here	9		
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¹Ref	er 1 of Part D ² Refer	3(vii) of	f Par	t D ³I	Refer	1A o	f Part	D 4	Refer	2a o) ⁶	Refer	2c of	Part [) 7R	efer 3	B(ii) o	f Pai	rt D	8Refe	er 3(\	viii) o	f Pa	rt D

PART C UBO / Controlling Person Declaration			red for			-	Subsidia	-						
Category (Please tick applicable category):	Unlisted Compa	•			nershi _l	p Firm	_ [ed Liability Partnership Company					
Unincorporated association / body of individua	als P	ublic Ch	aritable 、	Trus	t		Rel	igious Tru	st Private Trust					
Others (please specify								manent ı	residency / citizenship and ALLTax					
S.No.	1	1					2		3					
Name of Beneficial Owner / Controlling Person														
Percentage of Beneficial Interest														
Gender														
Date of Birth														
Father's Name														
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PAN														
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Tax ID Type (TIN or Other)														
Type Code (CP/UBO Code) ⁹														
Address Type														
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State														
Country														
*Additional details to be filled by controlling persons with ta: *To include US, where controlling person is a US citizen or of the state of the sta	green card holder		-				-	-						
⁹ Refer 3(iv) (A) of Part D ¹⁰ Refer 3(iv) of part D														
The Control Deput of Direct Toyon has notified Dules	FATCA - (iah Dula	. vo eu ivo l	edian financial institutions and as the					
The Central Board of Direct Taxes has notified Rules Bank/Mutual Fund to seek additional personal, tax and cases, information will have to be reported to tax auth such as withholding agents for the purpose of ensuring	beneficial owner in orities/ appointed a	formatior gencies.	n and ce Toward:	rtain c s com	certifica pliance	itions an e, we ma	d docum y also be	entation fr required to	om all our account holders. In relevant					
Should there be any change in any information provide	3 3 7 1	,			. ,	•	,							
Please note that you may receive more than one reques that you respond to our request, even if you believe you								und orits g	group entities. Therefore, it is important					
If you have any questions about your tax residency, pl please include United States in the foreign country info							the entit	y is a US c	itizen or resident or green card holder,					
Certification														
I / We have understood the information requirements of provided by me/us on this Form is true, correct, and compaccept the same.														
Name														
Designation									1st Authorised Signatory					
Name														
Designation									2nd Authorised Signatory					
Name														
Designation									3rd Authorised Signatory					
Place									Date / /					



A PARTNER	FOR LIF	E									S-2810/15			
				CTION SLIP (P				ers)						
ARN & Name of Di	stributor	Branch Cod (only for SBG)	e ;	Sub-Broker ARN	Code	Sub-Broker	Code	(Employee	EUIN* Unique Identi	ification Number)	Reference No.			
ARN-1092									E15025	7				
Declaration for "execution-or * I/We hereby confirm that the EU distributor or notwithstanding the	JIÑ box has been	intentionally left blank b	y me/us	as this is an "execution-or	nly" transac	tion without any in	iteraction or distributor a	r advice by the	e employee/rela	ationship manager narged any advisory	/sales person of the above r fees on this transaction.			
		ian / Authorised Si				orised Signat				ant/Authorised				
Upfront commission shall be TRANSACTION CHAF										the service reno	lered by the distributor			
In case the subscription aminvestor other than first tim	ount is Rs. 10	0,000/- or more and	if your	Distributor has opted	to receiv	e Transaction (Charges, F	Rs. 150 (for	r first time m					
INVESTOR DETAILS		•			amount c	and paid to the	diotilibato		50 100000	agamet me bara				
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(PEKRN for Micro investment ADDITIONAL PURCH		IFST	(PEKR	RN for Micro investme	nts)			(PEKRN fo	r Micro inve	stments)				
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Dividend Facility (Please ✓) Reinvestment Payout Transfer Cheque / DD Amount (Rs.) Drawn on Bank and Branch Cheque / D.D. No. & Date														
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DP ID No. Beneficiary Account No. Please note wherever u additional purchase / SII SWITCH REQUEST				tatement of Accour		e issued by the								
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(To be filled in by the First Received from Additional Purchase / Redemption		uthorized Signatory		n/Dividend Facility			Amount		Units		Stamp ignature & Date			
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SYSTEMATIC II	NVESTI	IENT F	PLAN	(SIP)	REQ	UEST	(Invest	ors sub	scribin	g to SIF	throug	h ECS/I	Direct D	ebit/ NA	ACH mus	t fill up	the Re	gistratio	n cum l	Mandate	Form)				
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Investment Manager:

SBI Funds 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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