

- Long term capital appreciation
- Investment in securities covered by BSE PSU Bank Index



\*Investors should consult their financial advisers if in doubt about whether the product is suitable

**APPLICATION FORM FOR SBI BSE PSU BANK INDEX FUND (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)			
	1 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> Applicant / Authorised Signatory

EXISTING FOLIO NO.  NAME

**1. FIRST APPLICANT DETAILS**

Name   
(Mr. / Ms. / M/s.)  
(Name should be as per PAN)

Name of Guardian (As per PAN)   
(in case of Minor)

Relationship of Guardian  Father  Mother  Legal Guardian [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]

Guardian Date of Birth (As per PAN) (Mandatory)

PAN/PEKRN NO.   
(Enclose PAN Card Copy)

Date of Birth / Incorporation   
(As per PAN) (Mandatory)

Legal Entity Identifier (LEI) for Non-Individuals  Validity

KIN (CKYC Identification No.)  (Enclose KYC Acknowledgement)

Email ID

Email ID pertains to  Self(default)  Spouse  Dependent Children  Dependent Sibling  Dependent Parents  Guardian  PMS  Custodian  POA

Mobile No.  Country Code  Telephone (O)  Telephone (R)

Mobile No. pertains to  Self(default)  Spouse  Dependent Children  Dependent Sibling  Dependent Parents  Guardian  PMS  Custodian  POA

Correspondence Address of

1st Applicant

City

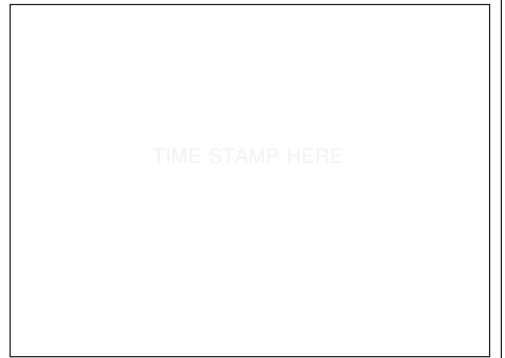
Pin  State

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

Foreign Address (Mandatory for NRI / FII)

City

Zip  Country



**2. MODE OF HOLDING (Please ✓)**

Single  Joint  Anyone or Survivor

**3. JOINT APPLICANT DETAILS**

	Second Applicant	Third Applicant
Name (Name should be as per PAN) <input type="text"/>	<input type="text"/>	<input type="text"/>
PAN/PEKRN (Enclose KYC Acknowledgement) <input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (As per PAN) (Mandatory) <input type="text"/>	<input type="text"/>	<input type="text"/>
KIN (CKYC Identification No.) <input type="text"/>	<input type="text"/>	<input type="text"/>

**4. BANK ACCOUNT (Pay Out) Details of First Applicant (Mandatory to attach bank account proof in case the payout bank account is different from the source/investment bank account)**

Name of Bank

Branch Name and Address

City  Pin

Account No.

IFSC Code  (Please provide a copy of CANCELLED cheque leaf)

9 digit MICR Code

Account Type (Please ✓)		
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

TEAR HERE

(To be filled in by the First applicant/Authorized Signatory) : Received from : <input type="text"/>							Signature, Date & Stamp
Scheme Name	Plan (✓)	Option (✓)	IDCW Facility(✓)	Cheque Amount (Rs.)	Bank and Branch	Cheque No. & Date	
<b>SBI BSE PSU BANK INDEX FUND</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments					All purchases are subject to realisation of cheque		

**5. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-1).**

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?

First Applicant (including Minor)	Second Applicant	Third Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If "YES", please provide the following information (mandatory):**

Details	First Applicant (including Minor)	Second Applicant	Third Applicant
Country of Birth			
Place/City of Birth			
Nationality			
Country of Tax Residency 1			
Tax Payer Ref. ID No <sup>^</sup>			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No.2			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or Other, Please specify]			

<sup>^</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. (Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

**6. INVESTMENT AND PAYMENT DETAILS**

One time Investment  Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form)  MITRA SIP (Please submit MITRA SIP Enrolment form & OTM form)

**Scheme Name** **SBI BSE PSU BANK INDEX FUND**

**Plan** (Please ✓)  Regular  Direct In case of IDCW Transfer facility, please mention target scheme along with plan/option.

**Option** (Please ✓)  Growth  IDCW Frequency **Scheme / Plan / Option**

**Income Distribution cum Capital Withdrawal (IDCW) Facility** (Please ✓)  Reinvestment  Payout  Transfer

Please refer to Note 28 for details of IDCW renaming

**Payment Mode**  Cheque  Fund Transfer  RTGS

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

**7. TAX STATUS (Please ✓)**

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Society*	<input type="checkbox"/> LLP
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Trust*	<input type="checkbox"/> PIO
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> NPO* <small>[Please specify]</small>
<input type="checkbox"/> NRI- Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> Others <small>[Please specify]</small>
<input type="checkbox"/> NRI- Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	
<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	
<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	

\*Non-Profit Organization [NPO] (Mandatory)  Yes  No **If yes, please quote Registration No. of Darpan portal** \_\_\_\_\_

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

If not, please register immediately and confirm with the above information to avoid non processing of applications. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to us or collect such fines/charges in any other manner as might be applicable.

**8. DEMAT ACCOUNT DETAILS (OPTIONAL)**

**If you wish to hold units in Demat mode, please provide below details and enclose  Latest Client Master /  Demat Account Statement**  
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)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. <b>I N</b> _____	Beneficiary Account No. _____
Beneficiary Account No. _____	_____

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned.

**TEAR HERE**

Any communication in connection with this application should be addressed to the Registrar or the Investment Manager

**Investment Manager :**  
SBI Funds Management 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

**TOLL FREE NO : 1800 425 5425/1800 2093333**  
**ALTERNATE NON TOLL FREE NO. :**  
**+91-22-62511600 / +91-80-25512131**  
**Website : www.sbimf.com**

**Registrar:**  
Computer Age Management Services Ltd.,  
SEBI Registration No. : INR000002813)  
Rayala Towers, 158, Anna Salai, Chennai - 600 002  
Email: enq\_sbimf@camsonline.com  
Website: www.camsonline.com

**9. OTHER PERSONAL INFORMATION – (Please ✓)**

	First Applicant	Second Applicant (NA in case of investments from minors)	Third Applicant (NA in case of investments from minors)
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Father's Name</b>			
<b>Spouse's Name</b>			
<b>Occupation (Please ✓)</b>	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____
<b>Gross Annual Income in Rs. (Please ✓):</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.
<b>OR Network in Rs.</b>			
<b>Networth as of date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Politically Exposed Person [PEP]</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
<b>Type of address given at KRA</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office

**10. NOMINATION : I/We wish to nominate the following person/s to receive the proceeds in the event of death. (For individual investors, Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11)**

NA in case of investment from minors	Nominee 1	Nominee 2	Nominee 3
<b>Name of the Nominee</b>			
<b>PAN of the Nominee</b>			
<b>Name of the Guardian (In case Nominee is Minor)</b>			
<b>Allocation % (Mandatory if more than one Nominee) (Should not be in decimal)</b>			
<b>Relationship with Nominee</b>			
<b>Date of Birth* (Mandatory if Nominee is Minor)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Signature of Nominee/Guardian</b> (*Mandatory in case of Minor Nominee)			
	<b>Signature of Nominee/Guardian</b>	<b>Signature of Nominee/Guardian</b>	<b>Signature of Nominee/Guardian</b>

**11. NO NOMINEE DECLARATION : I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my/ our mutual fund units held in my / our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.**

<b>Signature(s)</b> (ALL Applicants must sign)			
	<b>1<sup>st</sup> Applicant / Guardian / Authorised Signatory</b>	<b>2<sup>nd</sup> Applicant / Authorised Signatory</b>	<b>3<sup>rd</sup> Applicant / Authorised Signatory</b>

**12. INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION**

**Name of Contact Person**

Is the entity involved / providing any of the following services  Yes  No  
 Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates)  Yes  No  
 For Foreign Exchange / Money Changer Services  Yes  No  
 Money Lending / Pawning  Yes  No

**NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.**

**13. GO-GREEN INITIATIVE:**

As part of Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email id is not available and who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode

**14. 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 money 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) 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; (ix) 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; (x) 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; (xi) 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; (f) I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same. (xii) If the name given in the Application is not matching PAN, application may liable to get rejected or further transactions may be liable to get rejected. By using this application I/We agree to issue a cheque in favor of the facility 'SBI Multi Select' which will be invested as per the option selected/ mentioned under clause (5) of the form. We can move the Nomination & No Nominee Declaration point after Declaration. So, that investor can give signature for application details as well as No Nominee declaration at one single place. Please explore if it is feasible.

\* Applicable to other than Individuals / HUF; \*\* Applicable to NRIs;

<b>SIGNATURE(S)</b> (ALL Applicants must sign)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>1<sup>st</sup> Applicant / Guardian / Authorised Signatory</b>	<b>2<sup>nd</sup> Applicant / Authorised Signatory</b>	<b>3<sup>rd</sup> Applicant / Authorised Signatory</b>
<b>Date</b>		<b>Place</b>	

**This page has been left blank intentionally**



\*Investors should consult their financial advisers if in doubt about whether the product is suitable

**SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM**

New investors subscribing to the scheme through SIP must submit this Form alongwith Common Application Form

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) :- 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)			
	1 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> 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

**INVESTOR DETAILS**

Folio No./Application No.						
Name of 1 <sup>st</sup> Applicant						
SIP Cheque No/s :						
Scheme Name						
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>
Income Distribution cum Capital Withdrawal (IDCW) Facility	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout
Each SIP Instalment Amount (₹)						
SIP Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 25 <sup>th</sup> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 25 <sup>th</sup> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 25 <sup>th</sup> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 25 <sup>th</sup> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 25 <sup>th</sup> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 25 <sup>th</sup> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )
(for Weekly Fixed Date or Day)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)
SIP Period	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 40 yrs (Select any one)	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 40 yrs (Select any one)	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 40 yrs (Select any one)	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 40 yrs (Select any one)	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 40 yrs (Select any one)	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 40 yrs (Select any one)

Use Existing One Time Debit Mandate (if already registered in the Folio)

Bank Name  Bank A/c No

**TOP-UP SIP (Select anyone % or Amount)**

Top-Up Percentage (in multiples of 5% only) OR Top-Up Amount Rs. (in multiples of Rs. 500 only)	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other _____ OR Amount Rs. _____	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other _____ OR Amount Rs. _____	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other _____ OR Amount Rs. _____
Top-Up Frequency	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual

**TOP-UP SIP CAP (Investor has to choose only one option)**

Top-Up SIP CAP Amount ₹ (maximum SIP installment including Top-Up amount) OR Top-Up SIP CAP Month-Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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**DECLARATION :** I/We hereby declare that the particulars given in this mandate form are correct and express my/our willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addendum issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

**ONE TIME DEBIT MANDATE FORM (OTM)**

UMRN  Date

Sponsor Bank Code  Utility Code

CREATE  I/We, hereby authorize **SBI Mutual Fund** To debit (Please )

MODIFY

CANCEL

Bank A/c No.

with Bank  Bank Name  IFSC  OR MICR

an amount of Rupees  ₹

FREQUENCY:  Weekly  Monthly  Quarterly  As & when presented DEBIT TYPE:  Fixed Amount  Maximum Amount

Folio No.:  Mobile No.:

Appln No.:  Email ID:

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

To

Signature of 1<sup>st</sup> Bank Account Holder  Signature of 2<sup>nd</sup> Bank Account Holder  Signature of 3<sup>rd</sup> Bank Account Holder

Name as in Bank records  Name as in Bank records  Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I/We are authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me/us. I/We have understood that I/we are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity/Corporate or the bank where I/We have authorized the debit.

## INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE (OTM)

- Investors who have already submitted One Time Debit Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account in the Folio. However, if such investors wish to add a new bank account towards OTM facility may submit the new OTM form.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned (as per bank records).
- Along with OTM, investors should enclose an original CANCELLED cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted.
- First applicant / unitholder must be one of the account holder in the bank account. Investor's cheque / bank account details are subject to third party validation.
- Investors are deemed to have read and understood the terms and conditions of Systematic Investment Plan mentioned in SID, SAI & KIM of the respective Scheme(s) of SBI Mutual Fund.
- UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
- Please mention OTM date and OTM "From date" in DDMMYYYY format.
- For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented".
- From date & to date is mandatory. However, the maximum duration for enrollment is 40 years.
- Please provide all the information / details in the OTM.

### Mandatory information to be provided in One Time Debit Mandate (OTM):

- Date of Mandate
- Bank A/c Type
- Bank A/c No. (please enclose CANCELLED cheque leaf)
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Mandate From date
- Mandate To date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records

### Instructions for Top-Up SIP

- Investors can either opt for fixed amount SIP Top-up or percentage SIP Top-Up option. In case investors selects both the options, percentage SIP Top-Up would be made applicable. In case the investor selects multiple % SIP Top-up options under percentage-based SIP Top-Up option, the lower percentage would be considered.
- The minimum SIP Top-up amount under fixed amount SIP Top-up is Rs. 500 and in multiples of Rs. 500. The minimum Top-up percentage would be 5% of the SIP amount and in multiples of 5% thereof.
- If the Top-up % is not in multiples of 5, it will be rounded down to nearest multiple of 5. The Top-up amount would be rounded off to the nearest Rs. 10.
- Percentage SIP Top-up would be computed on the immediately preceding SIP instalment value as on the SIP Top-Up trigger date.
- The Top-up details cannot be modified once enrolled. In order to make any changes, the investor must cancel the existing SIP and enrol for a fresh SIP with Top-up option.
- In case of Monthly SIP, Half-yearly as well as Yearly frequency are available for Top-up. If the investor does not specify the frequency, the default frequency for Top-up will be considered as Half-yearly.
- In case of Quarterly SIP, only the Yearly frequency is available for Top-up.
- Top up facility will not be applicable for SIP frequencies other than Monthly & Quarterly. SIP Top-up facility will be allowed in all schemes in which SIP facility is being offered.
- All other terms & conditions applicable for regular SIP will also be applicable to Top-up SIP.
- The AMC/Trustee reserves the right to terminate or modify the conditions of the Facility at its discretion.

### Instructions for Top-up SIP Cap

Under this option, post selecting SIP Top-up option, the investor can define the maximum SIP Top-up Cap, beyond which the SIP instalment will not increase in future. The investor shall have the flexibility to choose either Top-up SIP Cap amount or Top-up SIP Cap Month-Year. In case of multiple selection, Top-up SIP Cap amount will be considered as default selection.

Terms and conditions of Top-up SIP Cap facility are as follows:

- Top-up SIP Cap Amount: Investor has an option to fix the Top-up SIP amount i.e. maximum SIP instalment including Top-up amount. The pre-defined amount should be equal to or lesser than the maximum amount mentioned by the investor in One Time Mandate Form (OTM). The instalment amount after Top-up shall not exceed the amount mentioned in OTM at any given time.
- In case of difference between the Top-up SIP Cap amount & OTM Debit Mandate, then amount which is lower of the two shall be considered as the Top-up SIP Cap amount.
- If SIP amount (including SIP Top-up amount) reaches the Top-up Cap before the end of SIP tenure, the SIP Top up will cease and SIP instalment amount will remain constant for remaining SIP Tenure.
- Top-up SIP Cap Month-Year: It is the month from which SIP Top-up amount will cease and last SIP instalment including Top-up amount will remain constant till the end of SIP tenure.

- If none of the above options is selected by the investor, the SIP Top-up will continue as per the SIP end date subject to the maximum amount mentioned in OTM form.
- The AMC/Trustee reserves the right to terminate or modify the conditions of the Facility at its discretion.

Illustration for Top us SIP

**Fixed amount Top-up SIP:**

SIP Tenure	01-Mar- 2017 to 1-Mar-2022
SIP Amount (Rs)	5000
SIP Frequency	Monthly
Top-up Amount	1000
Top-up Frequency	Yearly

SIP From Date	SIP To Date	SIP Amount (Rs)	SIP Top-up Amount (Rs)	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	1000	6000
01-Mar-19	01-Feb-20	6000	1000	7000
01-Mar-20	01-Feb-21	7000	1000	8000
01-Mar-21	01-Feb-22	8000	1000	9000

In the above scenario, if the investor specifies an SIP Top-up cap amount of Rs. 7000. The calculation would be as shown below:

SIP From Date:	SIP To Date	SIP Amount (Rs)	SIP Top-up Amount (Rs)*	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	1000	6000
01-Mar-19	01-Feb-20	6000	1000	7000
01-Mar-20	01-Feb-21	7000	N.A.	7000
01-Mar-21	01-Feb-22	7000	N.A.	7000

In the above scenario, if the investor specifies SIP Top-up Cap month and Year as Dec 2019. The calculation would be as show below:

SIP From Date	SIP To Date	SIP Amount (Rs)	SIP Top Amount (Rs)*	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	1000	6000
01-Mar-19	01-Feb-20	6000	1000	7000
01-Mar-20	01-Feb-21	7000	N.A.	7000
01-Mar-21	01-Feb-22	7000	N.A.	7000

Percentage Top-up SIP:

SIP Tenure	01-Mar- 2017 to 1-Mar-2022
SIP Amount (Rs)	5000
SIP Frequency	Monthly
Top-up Percentage	10%
Top-up Frequency	Yearly

SIP From Date	SIP To Date	SIP Amount (Rs)	SIP Top-up Amount (Rs)*	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	500	5500
01-Mar-19	01-Feb-20	5500	550	6050
01-Mar-20	01-Feb-21	6050	610	6660
01-Mar-21	01-Feb-22	6660	670	7330

\* SIP Top-up amount is rounded off to nearest Rs. 10

In the above scenario, if the investor specifies an SIP Top-up cap amount of Rs. 6500. The calculation would be as shown below:

SIP From Date:	SIP To Date	SIP Amount (Rs)	SIP Top-up Amount (Rs)*	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	500	5500
01-Mar-19	01-Feb-20	5500	550	6050
01-Mar-20	01-Feb-21	6050	610	6500
01-Mar-21	01-Feb-22	6500	N.A.	6500

\* SIP Top-up amount is rounded off to nearest Rs. 10

In the above scenario, if the investor specifies SIP Top-up Cap month and Year as Dec 2019. The calculation would be as show below:

SIP From Date	SIP To Date	SIP Amount (Rs)	SIP Top Amount (Rs)*	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	500	5500
01-Mar-19	01-Feb-20	5500	550	6050
01-Mar-20	01-Feb-21	6050	N.A.	6050
01-Mar-21	01-Feb-22	6050	N.A.	6050

\* SIP Top-up amount is rounded off to nearest Rs. 10



\*Investors should consult their financial advisers if in doubt about whether the product is suitable

**MITRA SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM**  
(New investors subscribing to this option must submit this Form alongwith Common Application Form)

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) : 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)			
	1 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> Applicant / Authorised Signatory

Upright 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

**INVESTOR DETAILS**

Folio No./Application No.							
Name of 1 <sup>st</sup> Applicant							
SIP Cheque No/s							
Scheme Name	SBI _____ Plan: _____ Option: Growth (Default)		(List of eligible schemes are given in terms and conditions, refer point no. 3)				
SIP Amount (Rs.)						SIP Frequency : Monthly (Default)	
SIP Start Date							
SIP Tenure	<input type="checkbox"/> 8 Years	<input type="checkbox"/> 10 Years	<input type="checkbox"/> 12 Years	<input type="checkbox"/> 15 Years	<input type="checkbox"/> 20 Years	<input type="checkbox"/> 25 Years	<input type="checkbox"/> 30 Years
Switch-In/SWP Scheme Name (Post completion of SIP Tenure)	SBI _____ Plan: _____ Option: Growth (Default)		(List of eligible schemes are given in terms and conditions, refer point no. 3 or mention the same scheme as SIP scheme)				
SWP Date: Same as SIP Date				SWP Frequency : Monthly (Default)			
SWP Amount (tick any one of the option below from A Or B)							
<input type="checkbox"/> A. As per below matrix basis SIP tenure							
	8 Years	10 Years	12 Years	15 Years	20 years	25 years	30 Years
SWP Amount	1 x SIP Instalment Amount	1.5 x SIP Instalment Amount	2 x SIP Instalment Amount	3 x SIP Instalment Amount	5 x SIP Instalment Amount	8 x SIP Instalment Amount	12 x SIP Instalment Amount
OR							
<input type="checkbox"/> B. Any other Amount (Rs.)	_____ (This amount should be less than or equal to SWP amount mentioned as per the matrix above)						
<input type="checkbox"/> Use Existing One Time Debit Mandate (if already registered in the Folio)							
Bank Name				Bank A/c No			

<b>TOP-UP SIP</b>	
Top-Up Percentage (in multiples of 5% only)	<input type="checkbox"/> 5% <input type="checkbox"/> 10%    OR <input type="checkbox"/> Other _____
OR	
Top-Up Amount Rs. (in multiples of Rs. 500 only)	Amount Rs. _____
Top-Up Frequency	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual

<b>TOP-UP SIP CAP (Investor has to choose only one option)</b>	
Top-Up SIP CAP Amount ₹ (maximum SIP installment including Top-Up amount)	
OR	
Top-Up SIP CAP Month-Year	

**DECLARATION :** I/We hereby declare that the particulars given in this mandate form are correct and express my/our willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addendum issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

**ONE TIME DEBIT MANDATE FORM (OTM)**

<b>SBI MUTUAL FUND</b> A PARTNER FOR LIFE	UMRN	Date
Sponsor Bank Code		Utility Code
CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize <b>SBI Mutual Fund</b>	To debit (Please <input checked="" type="checkbox"/> )
MODIFY		SB / CA / CC / SB-NRE / SB-NRO / Other
CANCEL	Bank A/c No.	
with Bank	Bank Name	IFSC
an amount of Rupees		₹
FREQUENCY: <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE : <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Folio No.:		Mobile No.:
Appln No. :		Email ID:
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.		
<b>PERIOD</b>		
From		
To		
Signature of 1 <sup>st</sup> Bank Account Holder	Signature of 2 <sup>nd</sup> Bank Account Holder	Signature of 3 <sup>rd</sup> Bank Account Holder
Name as in Bank records	Name as in Bank records	Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us. I/We are authorizing the User entity/Corporate to debit my account, based on the instruction as agreed me/us and signed by me. I/We have understood that I/We are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I/We have authorized the debit.

## TERMS AND CONDITIONS FOR MITRA SIP AND OTM

### What is MITRA SIP?

MITRA SIP is a facility that allows investor to make initial investment through SIP and after completion of specific tenure, Switch the units to another scheme or continue to remain in the same scheme as per the option selected by the investor and Systematic Withdrawal (SWP) from the target scheme post switch.

### TERMS AND CONDITIONS FOR MITRA SIP

- MITRA SIP facility is available under select schemes of SBI Mutual Fund (mentioned below) for a fixed SIP tenure of either 8 years, 10 years, 12 years, 15 years, 20 years, 25 years or 30 years.
- This facility is allowed under 'Monthly' frequency for Growth option of the eligible SIP / SWP schemes.
- Schemes eligible for SIP, Switch-in and SWP:** The target scheme can either be the source scheme (i.e. SIP scheme) or any one of the pre-defined schemes mentioned below.

Name of Schemes (for SIP)	Name of Schemes (for Switch and SWP)
SBI Magnum Equity ESG Fund	SBI Conservative Hybrid Fund
SBI Large & Midcap Fund	SBI Multi Asset Allocation Fund
SBI Magnum Global Fund	SBI BlueChip Fund
SBI Equity Hybrid Fund	SBI Arbitrage Opportunities Fund
SBI Consumption Opportunities Fund	SBI Short Term Debt Fund
SBI Technology Opportunities Fund	SBI Banking & PSU Fund
SBI Healthcare Opportunities Fund	SBI Equity Savings Fund
SBI Contra Fund	SBI Balanced Advantage Fund
SBI Nifty Index Fund	SBI Equity Hybrid Fund
SBI Focused Equity Fund	
SBI Conservative Hybrid Fund	
SBI Magnum MidCap Fund	
SBI Magnum COMMA Fund	
SBI Flexicap Fund	
SBI Multi Asset Allocation Fund	
SBI BlueChip Fund	
SBI Infrastructure Fund	
SBI PSU Fund	
SBI Small Cap Fund	
SBI Banking & Financial Services Fund	
SBI Equity Minimum Variance Fund	
SBI International Access-US Equity FoF	
SBI Nifty Next 50 Index Fund	
SBI Balanced Advantage Fund	
SBI Multicap Fund	
SBI Nifty Midcap 150 Index Fund	
SBI Nifty Smallcap 250 Index Fund	
SBI Dividend Yield Fund	
SBI S&P BSE Sensex Index Fund	
SBI Nifty50 Equal Weight Index Fund	
SBI Energy Opportunities Fund	
SBI Automotive Opportunities Fund	
SBI Innovative Opportunities Fund	
SBI Nifty 500 Index Fund	
SBI Nifty India Consumption Index Fund	
SBI Nifty Bank Index Fund	
SBI BSE PSU Bank Index Fund	

- Minimum installment amount under this facility for SIP / SWP would be the same as prescribed under Monthly frequencies in the respective schemes. All other terms and conditions pertaining to SIP and SWP shall be applicable for MITRA SIP / SWP.
- On completion of the SIP period, the entire accumulated clear unit balance shall be switched on T+15 calendar days to a pre-defined target scheme (T is the last SIP transaction date of the facility) or continue to remain in the same scheme as per option selected by the investor. In case the source and target scheme is different, then switch out from the source scheme would be subject to applicable exit load and taxes if any.
- SWP shall commence from the target scheme from the next month onwards on the same SIP instalment date. The SWP transaction shall be subject to applicable exit load and taxes if any.
- Investor can opt for SWP instalment amount as per the matrix below or specific amount to be mentioned, provided that the amount mentioned by the investor is less than or equal to amount mentioned as per the matrix and shall be subject to minimum SWP amount of the respective schemes.

SIP Tenure	Monthly SWP Instalment
8 years	1 x monthly SIP instalment
10 years	1.5 x monthly SIP instalment
12 years	2 x monthly SIP instalment
15 years	3 x monthly SIP instalment
20 years	5 x monthly SIP instalment
25 years	8 x monthly SIP instalment
30 Years	12 x monthly SIP instalment

For example, for a 10 years SIP with instalment amount of Rs 10,000, SWP amount must be less than or equal to Rs 15,000 (i.e 1.5 times of monthly SIP instalment). If SWP amount mentioned on application form is greater than the applicable slab, then it shall lead to rejection of the application. In case investor does not fill in any SWP amount, the default amount shall be as per the applicable slab given above.

- In case no SIP tenure is selected, the default tenure shall be 12 years. In case no SIP date is selected, the default date shall be 10.
- In case, no scheme is mentioned in the target scheme section in Switch-In/ SWP, the SWP shall be triggered from existing source SIP scheme itself.
- SWP Date will be same as the SIP date. The Start date of SWP will be the month following the last SIP instalment date and the SWP End Date will be perpetual i.e. the SWP under this facility shall be processed till units are available in the respective target scheme. In case, the SWP trigger date is a non-business day, the next business day shall be considered as trigger date.

- This facility shall get discontinued in the following events:
  - On cancellation of SIP before the end of tenure, the switch trigger and SWP will cease.
  - In case, redemption / switch-out processed in Source Scheme during the SIP tenure, the Switch trigger and SWP will cease, however SIP shall continue under the source scheme as normal SIP.
  - In case redemption / switch-out is processed in Source Scheme after the SIP tenure till the execution of switch trigger, the switch trigger and the SWP will cease.
- SIP Top-Up and SIP Pause is allowed under this facility. However, SWP would get registered based on the initial SIP instalment amount / slab mentioned in the application form.
- Under a single folio, an investor can have multiple registrations under this facility. However, if investor wishes to invest in multiple schemes, investor shall have to submit separate MITRA SIP registration forms.
- This facility will not be available under DEMAT mode and for Minor investors.

### INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE (OTM)

- Investors who have already submitted One Time Debit Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account in the Folio. However, if such investors wish to add a new bank account towards OTM facility may submit the new OTM form.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned (as per bank records).
- Along with OTM, investors should enclose an original CANCELLED cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted.
- First applicant / unitholder must be one of the account holder in the bank account. Investor's cheque / bank account details are subject to third party validation.
- Investors are deemed to have read and understood the terms and conditions of Systematic Investment Plan mentioned in SID, SAI & KIM of the respective Scheme(s) of SBI Mutual Fund.
- UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
- Please mention OTM date and OTM "From date" in DDMMYYYY format.
- For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented".
- From date & To date is mandatory. However, the maximum duration for enrollment is 30 years.
- Please provide all the information / details in the OTM.

### MANDATORY INFORMATION TO BE PROVIDED IN ONE TIME DEBIT MANDATE (OTM):

- Date of Mandate
- Bank A/c Type
- Bank A/c No. (please enclose CANCELLED cheque leaf)
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Mandate From date
- Mandate To date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records

### INSTRUCTIONS FOR TOP-UP SIP CAP

- Investor can choose either Top-Up SIP Cap amount (i.e. maximum SIP instalment including Top-Up amount) or Top-Up SIP Cap Month-Year. In case of multiple selection, Top-Up SIP Cap amount will be considered as default selection.
- If none of the above option is selected by the investor, then the Top-Up SIP will continue as per the SIP end date and Top-Up SIP amount specified by the investor and the maximum amount mentioned in OTM Form shall be considered as Top-Up SIP Cap Amount.
- Top-Up SIP CAP (Amount): Investor has an option to freeze the Top-Up SIP CAP amount (i.e. maximum SIP instalment including Top-Up amount) once SIP instalment amount reaches a fixed predefined amount. Maximum Top-Up SIP cap amount should not exceed the maximum amount mentioned in OTM Debit Mandate Form. In case of difference between the Top-Up SIP CAP Amount & the OTM Debit Mandate maximum amount, then amount which is lower of the two shall be considered as the default amount of Top-Up SIP Cap Amount.
- If SIP Top-Up amount reaches the SIP Top-Up Cap amount before the end of SIP tenure, the Top-Up SIP will cease and last SIP instalment amount will remain constant for remaining installments.
- Top-Up SIP Cap (Month-year) : This is the date from which Top-Up SIP Cap amount will cease and last SIP instalment amount will remain constant for remaining installments.



**ANNEXURE I - DETAILS OF ULTIMATE BENEFICIAL OWNER/ CONTROLLING PERSON INCLUDING ADDITIONAL FATCA & CRS INFORMATION**

 Name of the Entity 

 Customer ID / Folio Number 

 PAN  Date of incorporation    /   /    

 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"*

 Type of Identification Document given at KRA 

 Identification Document No. 

 Document Issuing Country 

 Place of incorporation 

 Country of incorporation 

 Entity Constitution Type  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Society  AOP/BOI  
*Please tick as appropriate*  Trust  Liquidator  Limited Liability Partnership  Artificial Juridical Person  Others specify \_\_\_\_\_

Please tick the applicable tax resident declaration -

 1. Is "Entity" a tax resident of any country other than India  Yes  No

*(If yes, please provide all countries in which the entity is a resident for tax purposes and the associated Tax ID number below.)*

Country	Tax Identification Number <sup>%</sup>	Identification Type (TIN or Other, please specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>%</sup> 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 case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code<sup>8</sup> here 
**FATCA & CRS Declaration**
*(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)*
**PART A (to be filled by Financial Institutions or Direct Reporting NFEs)**

 1. We are a: GIIN 
  
 Financial institution<sup>1</sup>  Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above
   
 or  and indicate your sponsor's name below
   
 Direct reporting NFE<sup>2</sup>  Name of sponsoring entity 
  
 (please tick as appropriate) 
  
 GIIN not available (please tick as applicable)  Applied for
   
 (Applicable only for Financial Institutions)  Not required to apply for - please specify 2 digits sub-category<sup>3</sup> 
  
 Not obtained – Non-participating FI

<sup>1</sup>Refer 1 of Part D | <sup>2</sup>Refer 3(vii) of Part D | <sup>3</sup>Refer 1A of Part D | <sup>8</sup>Refer 3(viii) of Part D

**PART B Ultimate Beneficial Ownership [UBO] / Controlling Persons Declaration**
**Category**
  
 Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company *[If this category is selected, no need to provide UBO details].*
  
 Name of the Stock Exchange where it is listed# \_\_\_\_\_
   
 Security ISIN# \_\_\_\_\_
   
 Name of the Listed Company (applicable if the investor is subsidiary/associate): \_\_\_\_\_
   
 #mandatory in case of Listed company or subsidiary of the Listed Company
   
 Unlisted Company  Partnership Firm / LLP  Unincorporated association / body of individuals  Public Charitable Trust
   
 Private Trust  Religious Trust  Trust created by a Will  Others [please specify] \_\_\_\_\_

**PART C UBO / Controlling Person(s) details**
**Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit?**
 Yes       No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
% of beneficial interest#.	>10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>
UBO / SMO Address [include City, Pincode, State, Country]	Address:  City: Pincode: State: Country:	Address:  City: Pincode: State: Country:	Address:  City: Pincode: State: Country:
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.

# Mandatory column.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

\* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

**FATCA - CRS Terms and Conditions**

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank/Mutual Fund to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we 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.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with SBI Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

**Declaration**

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal

Authorized Signatory	Authorized Signatory	Authorized Signatory
Name:	Name:	Name:
Designation:	Designation:	Designation:

Place: \_\_\_\_\_

Date: \_\_/ \_\_/ \_\_\_\_

## PART D FATCA and CRS Instructions & Definitions

### 1 Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

- ∇ Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
  - ∇ Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of:
    - (i) The three financial years preceding the year in which determination is made; or
    - (ii) The period during which the entity has been in existence, whichever is less.
  - ∇ Investment entity is any entity:
    - ∇ That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
      - (I) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
      - (ii) Individual and collective portfolio management; or
      - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
- or
- ∇ The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :

- (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

- ∇ Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

A. FI not required to apply for GIIN:	
Reasons why FI not required to apply for GIIN:	
Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI (Please provide Owner Reporting Statement or Auditor's Letter with required details as mentioned in Form W8 BEN E)

### 2. Non-financial entity (NFE) - Any entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

- a. *Publicly traded company (listed company)*

A company is publicly traded if its stock are regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)
- b. *Related entity of a publicly traded company*

The NFE is a related entity of an entity of which is regularly traded on an established securities market;

C. Active NFE : (is any one of the following):

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	<p>Any NFE that fulfills all of the following requirements:</p> <ul style="list-style-type: none"> <li>ÿ It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>ÿ It is exempt from income tax in India;</li> <li>ÿ It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> </ul> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</p> <p>The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.</p> <p>Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:-</p> <ul style="list-style-type: none"> <li>(I) an Investor Protection Fund referred to in clause (23EA);</li> <li>(II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and</li> <li>(III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;</li> </ul>

**3. Other definitions**

(i) <b>Related entity</b>	An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.
(ii) <b>Passive NFE</b>	<p>The term passive NFE means</p> <ul style="list-style-type: none"> <li>(i) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or</li> <li>(ii) an investment entity defined in clause 1 of part D of these instructions</li> <li>(iii) a withholding foreign partnership or withholding foreign trust;</li> </ul> <p>(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)</p>
(iii) <b>Passive income</b>	<p>The term passive income includes income by way of :</p> <ul style="list-style-type: none"> <li>(1) Dividends,</li> <li>(2) Interest</li> <li>(3) Income equivalent to interest,</li> <li>(4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE</li> <li>(5) Annuities</li> <li>(6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income</li> <li>(7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,</li> <li>(8) The excess of foreign currency gains over foreign currency losses</li> <li>(9) Net income from swaps</li> <li>(10) Amounts received under cash value insurance contracts</li> </ul> <p>But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer</p>

(iv) *Controlling persons*

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005. In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide Prevention of Money-laundering (Maintenance of Records) Amendment Rules, 2023 dated March 7, 2023, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

- i. More than 10% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. More than 10% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

(A) Controlling Person Type:

Code	Sub-category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement--trust-trustee
06	CP of legal arrangement--trust-protector
07	CP of legal arrangement--trust-beneficiary
08	CP of legal arrangement--trust-other
09	CP of legal arrangement—Other-settlor equivalent
10	CP of legal arrangement—Other-trustee equivalent
11	CP of legal arrangement—Other-protector equivalent
12	CP of legal arrangement—Other-beneficiary equivalent
13	CP of legal arrangement—Other-other equivalent
14	Unknown

(v) *Specified U.S. person – A U.S. person other than the following:*

- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (iii) the United States or any wholly owned agency or instrumentality thereof;
- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
- (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(vi) *Owner documented FFI*

An FFI meets the following requirements:

- (a) The FFI is an FFI solely because it is an investment entity;
- (b) The FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
- (c) The FFI does not maintain a financial account for any non participating FFI;
- (d) The FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and
- (e) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

(vii) *Direct reporting NFE*

A direct reporting NFE means a NFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(viii) *Exemption code for U.S. persons*

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

## INSTRUCTIONS ON CONTROLLING PERSONS / ULTIMATE BENEFICIAL OWNER

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

### A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
  - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
  - more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership.
  - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

### B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

### C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

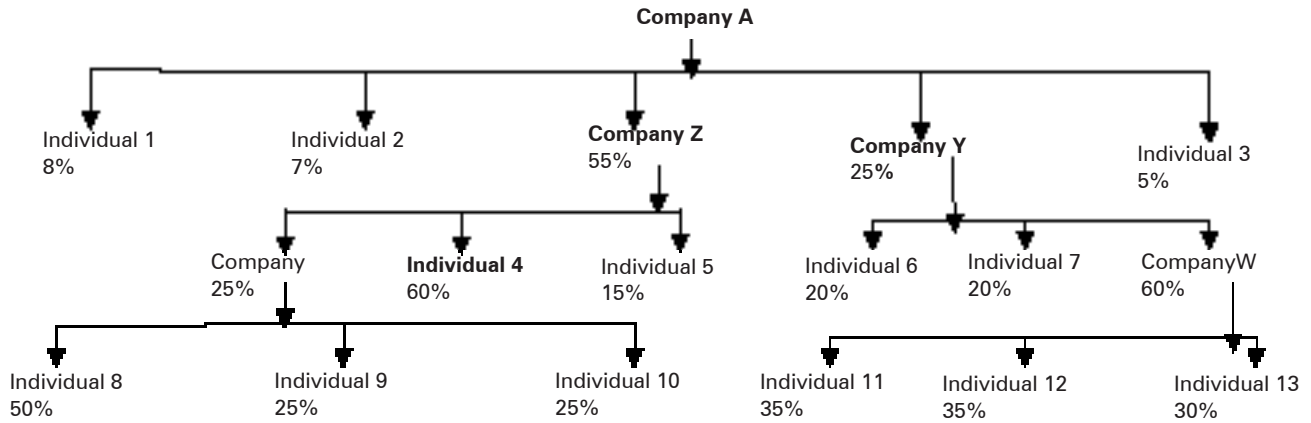
### D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).



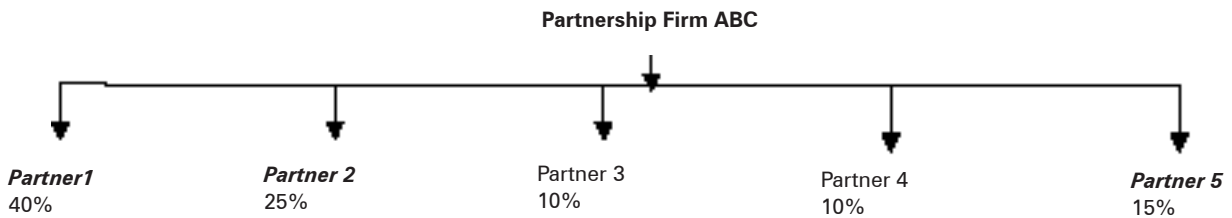
**Sample Illustrations for ascertaining beneficial ownership:**

**Illustration No. 1 – Company A**



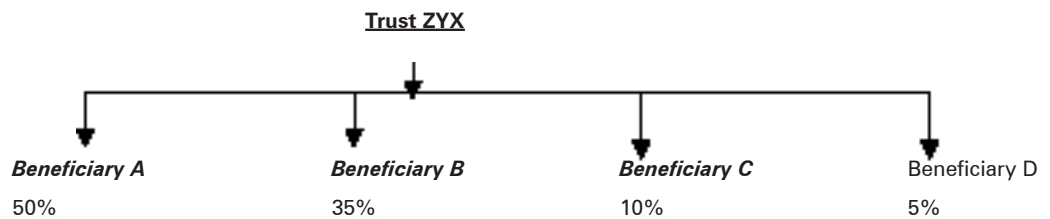
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 33% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

**Illustration No. 2 – Partner ABC**



For Partnership Firm ABC, Partners 1, 2 & 5 are considered as UBO as each of them holds >10% of capital. KYC proof of these partners needs to be submitted including shareholding.

**Illustration No. 3 – Trustee ZYX**



For Trust ZYX, Beneficiaries A, B and C are considered as UBO as they are entitled to get benefitted for  $\geq 10\%$  of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust / Protector of Trust, relevant information to be provided along with the proof indicated.

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**ANNEXURE II - Additional KYC-FATCA & CRS Form for Individuals**

 (To be enclosed with purchase application which do not have provision for additional KYC/FATCA/CRS information)  
 (Please fill in BLOCK Letters)

**1. APPLICANT DETAILS**

		First Applicant / Guardian				Second Applicant				Third Applicant			
Applicant's Name													
Applicant's PAN													
Gender													
Date of Birth													
Father's Name													
Spouse's Name													
Nationality													
Place of Birth													
Country of Birth													
Type of address given at KRA		<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Registered Office			<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Registered Office			<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Registered Office		
Type of Identification Document given at KRA													
Identification Document No.													
Document Issuing Country													

Address of tax residences would be taken as available in KRA database. In case of any change please approach KRA &amp; notify the changes.

**2. ADDITIONAL KYC INFORMATION**

Category	First Applicant / Guardian				Second Applicant				Third Applicant															
Gross Annual Income in Rs.  <b>OR</b>	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 10-25 Lacs			<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 10-25 Lacs			<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 10-25 Lacs														
	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 25 Lacs - 1 Cr			<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 25 Lacs - 1 Cr			<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 25 Lacs - 1 Cr														
	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> > 1 Crore			<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> > 1 Crore			<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> > 1 Crore														
Net Worth in Rs.																								
Net Worth as of	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
Occupation [Please tick any one (✓)]	<input type="checkbox"/> Professional		<input type="checkbox"/> Retired		<input type="checkbox"/> Professional		<input type="checkbox"/> Retired		<input type="checkbox"/> Professional		<input type="checkbox"/> Retired													
	<input type="checkbox"/> Business		<input type="checkbox"/> Housewife		<input type="checkbox"/> Business		<input type="checkbox"/> Housewife		<input type="checkbox"/> Business		<input type="checkbox"/> Housewife													
	<input type="checkbox"/> Government Service		<input type="checkbox"/> Student		<input type="checkbox"/> Government Service		<input type="checkbox"/> Student		<input type="checkbox"/> Government Service		<input type="checkbox"/> Student													
	<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Forex Dealer													
	<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Doctor		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Doctor		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Doctor													
	<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Others [Please specify]		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Others [Please specify]		<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Others [Please specify]													
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Related to PEP		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Related to PEP		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Related to PEP													
Any other information relating to KYC if applicable	[Please specify]				[Please specify]				[Please specify]															

**3. FATCA INFORMATION**

 Is your Country of Birth / Citizenship / Nationality / Tax Residency other than India? –  Yes  No

If Yes, please provide the following information [mandatory]

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			
Country of Tax Residency 2*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			
Country of Tax Residency 3*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			

(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident &amp; provide relevant details)

# 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

\* To also included USA, where the individual is a citizen/green card holder of the USA

**4. DECLARATION**

I/We confirm that the information provided in this form is true &amp; accurate. In the event any of the above information is / are found to be false / incorrect and /or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and / or reverse the allotment of units and the AMC / Trustee / Mutual Fund shall not be liable for the same / I/We will be liable for the consequences arising therefrom. 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; Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax 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/are 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.

<b>SIGNATURE(S)</b> (ALL Applicants must sign)	⊗	⊗	⊗
	1st Applicant/Guardian	2nd Applicant	3rd Applicant

Date		Place	
------	--	-------	--

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**Annexure - III Declaration Form of Non-Profit Organization (NPO) (Mandatory for Trusts/Society)**

Investor Name											
PAN											

- I/We hereby confirm that above stated entity / organization is falling under **“Non-profit organization”** [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).
- Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal	<Unique ID provided by DARPAN portal should be provided>
--------------------------------------	--

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

- I/We hereby confirm that the above stated entity / organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission / update & for regulatory purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
----------------------	----------------------	----------------------

Place: \_\_\_\_\_

Date: \_\_/ \_\_/ \_\_\_\_

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**ANNEXURE IV - Additional KYC Form for Power of Attorney [POA] Holder(s)**

(Mandatory for POA Holder(s))

(Please fill in BLOCK Letters)

**1. APPLICANT & POA HOLDER DETAILS**

	First Applicant / Guardian	Second Applicant	Third Applicant
Applicant Name			
Applicant PAN			
POA Holder Name			
POA Holder PAN			
POA Holder Address			

**2. ADDITIONAL KYC INFORMATION**

Category	PoA Holder 1	PoA Holder 2	PoA Holder 3
Gross Annual Income in Rs.  <b>OR</b>	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore
Net Worth in Rs.			
Net Worth as of	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Occupation [Please tick any one (√)]	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others [Please specify]	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others [Please specify]	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others [Please specify]
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
Any other information relating to KYC if applicable	[Please specify]	[Please specify]	[Please specify]

**3. DECLARATION**

I/We confirm that the information provided in this form is true & accurate. In the event any of the above information is / are found to be false / incorrect and /or the declaration in not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and / or reverse the allotment of units and the AMC / Trustee / Mutual Fund shall not be liable for the same / I/We will be liable for the consequences arising therefrom. 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; Towards compliance 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 I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency.

SIGNATURE(S) Applicants must sign as per mode of holding	⊗	⊗	⊗
	POA Holder 1	POA Holder 2	POA Holder 3
Date	Place		

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ASBA Application No. \_\_\_\_\_

 Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

INVESTORS MUST READ THE SCHEME INFORMATION DOCUMENT/KEY INFORMATION MEMORANDUM AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

BROKER/AGENT INFORMATION				FOR OFFICE USE ONLY			
Name and AMFI Regn. No.	Sub Broker Name & Code	Sub-Broker ARN Code	EUIIN* (Employee Unique Identification Number)	SCSB	SCSB IFSC Code	Syndicate Member Code	SL No.
ARN				[Name & Code]	[11 digit code]	[Name & Code]	

**Declaration for "execution-only" transaction (only where EUIIN box is left blank)**  
 \* I/We hereby confirm that the EUIIN 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.

<b>SIGNATURE(S)</b>		
1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

#### 1. PARTICULARS OF FIRST APPLICANT (Name should be as available in Demat Account)

**Name**  
Mr./Ms./M/s. \_\_\_\_\_

**PAN** \_\_\_\_\_

#### 2. PARTICULARS OF SECOND APPLICANT

**Name**  
Mr./Ms./M/s. \_\_\_\_\_

**PAN** \_\_\_\_\_

#### 3. PARTICULARS OF THIRD APPLICANT

**Name**  
Mr./Ms./M/s. \_\_\_\_\_

**PAN** \_\_\_\_\_

#### 4. EXISTING FOLIO No. (If you have an existing folio number, please mention here)

**Folio No.** \_\_\_\_\_

#### 5. DEMAT ACCOUNT DETAILS

**Depository (Please ✓)**  National Securities Depository Limited  Central Depository Services [India] Limited

**Depository Participant Name** \_\_\_\_\_

**DP - ID** \_\_\_\_\_

**Beneficiary Account Number** \_\_\_\_\_

#### 6. INVESTMENT DETAILS

**Scheme Name** \_\_\_\_\_

**Plan (Please ✓)**  Regular  Direct **Option (Please ✓)**  IDCW \_\_\_\_\_  Growth

#### 7. DETAILS OF BANK ACCOUNT FOR BLOCKING OF FUNDS

**Bank Account Number** \_\_\_\_\_

**Bank Name** \_\_\_\_\_

**Branch Name** \_\_\_\_\_

**IFS Code** \_\_\_\_\_

**Total Amount to be blocked (Rs. In figures)** \_\_\_\_\_

**Rs. in words** \_\_\_\_\_

Note : AMC, reserves the right to use any mode of payment as deemed appropriate. AMC shall not be responsible if transaction through ECS / Direct Credit could not be carried out because of incomplete or incorrect information provided by investor.

TEAR HERE

SBI MUTUAL FUND
ACKNOWLEDGEMENT SLIP  
Sponsor : State Bank of India  
 Investment Manager : SBI Funds Management Ltd.  
 (A Joint Venture between SBI & AMUNDI)  
 To be filled in by the Investor

**ASBA Application Number** \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Received from : _____ Address _____ <b>SCSB Account details:</b> A/c No. _____ Bank Name _____ Branch Name _____ <b>Total Amount to be Blocked:</b> Rs. In figures _____ Rs. In words _____ Date & time of receipt _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;"> <b>Plan (Please ✓)</b> <input type="checkbox"/> Regular <input type="checkbox"/> Direct <b>Option (Please ✓)</b> <input type="checkbox"/> IDCW _____ <input type="checkbox"/> Growth         </td> </tr> <tr> <td style="text-align: center; font-weight: bold; font-size: small;">SCSB Stamp, Signature</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	<b>Plan (Please ✓)</b> <input type="checkbox"/> Regular <input type="checkbox"/> Direct <b>Option (Please ✓)</b> <input type="checkbox"/> IDCW _____ <input type="checkbox"/> Growth	SCSB Stamp, Signature	
<b>Plan (Please ✓)</b> <input type="checkbox"/> Regular <input type="checkbox"/> Direct <b>Option (Please ✓)</b> <input type="checkbox"/> IDCW _____ <input type="checkbox"/> Growth				
SCSB Stamp, Signature				

## 8. DECLARATION & SIGNATURE

1) I/We hereby undertake that I/We am/are an ASBA Investor as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements), Regulations 2009 ('SEBI Regulations') as amended from time to time. 2) In accordance with ASBA process provided in the SEBI Regulations and as disclosed in this application, I/We authorize (a) the SCSB to do all necessary acts including blocking of application money towards the Subscription of Units of the Scheme, to the extent mentioned above in the "SCSB / ASBA Account details" or unblocking of funds in the bank account maintained with the SCSB specified in this application form, transfer of funds to the Bank account of the Scheme/SBI Mutual Fund on receipt of instructions from the Registrar and Transfer Agent after the allotment of the Units entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar and Transfer Agent to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the application, upon allotment of Units and to transfer the requisite money to the Scheme's account / Bank account of SBI Mutual Fund. 3) In case the amount available in the bank account specified in the application is insufficient for blocking the amount equivalent to the application money towards the Subscription of Units, the SCSB shall reject the application 4) If the DP ID, Beneficiary Account No. or PAN furnished by me/us in the application is incorrect or incomplete or not matching with the depository records, the application shall be rejected and the SBI Mutual Fund or SCSBs shall not be liable for losses, if any. All future communication in connection with NFO should be addressed to the SCSB/RTA/AMC quoting the full name of the Sole/First Applicant, NFO Application Number, ASBA Application Number, Depository Account details [if it has been provided], Amount applied for and the account number from where NFO amount was blocked.

"I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment." "I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual 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." \* I/We certify that 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 are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust. \*\* I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account . \* Applicable to other than Individuals / HUF; \*\* Applicable to NRI; The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. **I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/or any indicative yield by SBI Mutual Fund/SBI Funds Management Limited/its distributor for this investment.**

SIGNATURE(S) All applicants must sign here	⊗	⊗	⊗
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date			Place

## INSTRUCTIONS FOR FILLING ASBA APPLICATION FORM

- An Application Supported by Blocked Amount (ASBA) investor shall submit a duly filled up **ASBA Application form, physically or electronically**, to the Self Certified Syndicate Bank (SCSB) with whom the bank account to be blocked, is maintained.
  - In case of ASBA application form in physical mode**, the investor shall submit the ASBA Application Form at the Bank branch of SCSB, which is designated for the purpose and the investor must be holding a bank account with such SCSB.
  - In case of ASBA application form in electronic form**, the investor shall submit the ASBA Application Form either through the internet banking facility available with the SCSB, or such other electronically enabled mechanism for subscribing to units of Mutual Fund scheme authorising SCSB to block the subscription money in a bank account.
- Investors shall correctly mention the Bank Account number in the ASBA Application Form and ensure that funds equal to the subscription amount are available in the bank account maintained with the SCSB before submitting the same to the designated branch.
- Upon submission of an ASBA Application Form with the SCSB, whether in physical or electronic mode, investor shall be deemed to have agreed to block the entire subscription amount specified and authorized the Designated Branch to block such amount in the Bank Account.
- On the basis of an authorisation given by the account holder in the ASBA Application Form, the SCSB shall block the subscription money in the Bank Account specified in the ASBA Application Form. The subscription money shall remain blocked in the Bank Account till allotment of units under the scheme or till rejection of the application, as the case may be.
- If the Bank Account specified in the ASBA Application Form does not have sufficient credit balance to meet the subscription money, the ASBA application shall be rejected by the SCSB.
- The ASBA Application Form should not be accompanied by cheque any mode of payment other than authorisation to block subscription amount in the Bank Account.
- All grievances relating to the ASBA facility may be addressed to the BANK/AMC / RTA to the Issue, with a copy to the SCSB, giving full details such as name, address of the applicant, subscription amount blocked on application, bank account number and the Designated Branch or the collection centre of the SCSB where the ASBA Application Form was submitted by the Investor.
- ASBA facility extended to investors shall operate in accordance with the SEBI guidelines in force from time to time.

## Know Your Customer (KYC) Application Form | Individual

**Important Instructions:**

- |   |   |
|---|---|
| <p>A. Fields marked with "*" are mandatory fields.</p> <p>B. Tick " wherever applicable.</p> <p>C. Please fill the form in English and BLOCK letters.</p> <p>D. Please fill the date in DD-MM-YY format.</p> <p>E. For particular section update, please tick ( ) in the box section number and strike off the sections not required to be updated.</p> | <p>F. Please read section wise detailed guide</p> <p>G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.</p> <p>H. List of two character ISO 3166 country codes is available at the end.</p> <p>I. CKYC number of applicant is mandatory for update application.</p> <p>J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode</p> |
|---|---|

<b>For office use only</b>	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update
(To be filled by financial institution)	CKYC Number (KIN) Number <input type="text"/> (Mandatory for KYC update request)
	Account Type* <input type="checkbox"/> Normal <input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

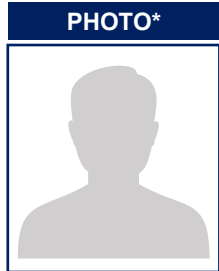
### 1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>			
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country _____	Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

### 2. PROOF OF IDENTITY AND PERMANENT ADDRESS\* (Please refer instruction B at the end)

I Certified copy of Officially valid document (OVD) or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- |   |   |
|---|---|
| <input type="checkbox"/> A-Passport Number <input type="text"/>                     | Passport Expiry Date <input type="text"/>   |
| <input type="checkbox"/> B-Voter ID Card <input type="text"/>                       |   |
| <input type="checkbox"/> C-Driving Licence <input type="text"/>                     | Driving Licence Expiry Date <input type="text"/>  |
| <input type="checkbox"/> D-NREGA Job Card <input type="text"/>                      |   |
| <input type="checkbox"/> E-National Population Register Letter <input type="text"/> |   |
| <input type="checkbox"/> F-Proof of Possession of Aadhaar                           | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |
| II <input type="checkbox"/> E-KYC Authentication                                    | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |
| III <input type="checkbox"/> Offline verification of Aadhaar                        | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |



Signature /Thumb Impression across photo without covering the face

**Address** [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
	City/Town/Village* <input type="text"/>
	Pin/Post Code* <input type="text"/> State/U.T Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

### 3. CURRENT/CORRESPONDENCE ADDRESS DETAILS (Please refer instruction B at the end)

- Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- |   |   |
|---|---|
| <input type="checkbox"/> A-Passport Number <input type="text"/>                               |   |
| <input type="checkbox"/> B-Voter ID Card <input type="text"/>                                 |   |
| <input type="checkbox"/> C-Driving Licence <input type="text"/>                               |   |
| <input type="checkbox"/> D-NREGA Job Card <input type="text"/>                                |   |
| <input type="checkbox"/> E-National Population Register Letter <input type="text"/>           |   |
| <input type="checkbox"/> F-Proof of Possession of Aadhaar                                     | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |
| II <input type="checkbox"/> E-KYC Authentication  | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |
| III <input type="checkbox"/> Offline verification of Aadhaar                                  | <i>No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer</i> |
| IV <input type="checkbox"/> Deemed Proof of Address – Document Type code <input type="text"/> |   |

**Address**

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
	City/Town/Village* <input type="text"/>
	Pin/Post Code* <input type="text"/> State/U.T Code* <input type="text"/> ISO 3166 Country Code* <input type="text"/>

**4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided) (Please refer instruction C at the end)

Tel. (Off)  -  Tel. (Res)  -  Mobile  -    
 Email ID

**5. Remarks** (If any)

**6. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address and to download the information from CKYCR.
- I am providing the consent to MF/RTA/SEBI registered intermediary to share this KYC data/ applicable Aadhaar XML data with KRA and share the data to other Participating intermediaries as mandated by PMLA Act/ Rules/ SEBI guidelines.

[Signature/Thumb Impression]  
 Signature/Thumb Impression of Applicant

Date:    -    -      
 Place:

**7. Attestation / For Office Use only**

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification  Digital KYC Process  
 Equivalent e-document  Video Based KYC

**KYC documents verification carried out by (Refer instruction E)**

Date:    -    -      
 Emp. Name   
 Emp. Code   
 Emp. Designation   
 Emp. Branch   
 [Employee Signature]

**Institution details**

Name   
 Code   
 [Institution Stamp]

**In-Person Verification (IPV) carried out by (Refer instruction F)**

Date:    -    -      
 Emp. Name   
 Emp. Code   
 Emp. Designation   
 Emp. Branch   
 [Employee Signature]

**Institution details**

[Institution Stamp]

## Instruction / Check list / Guidelines for filling individual KYC Application Form

### General instructions:

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [E].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
7. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
8. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

### A. Clarification / Guidelines on filling 'Personal Details' section

1. Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

### B. Clarification / Guidelines on filling 'Current Address details' section

1. In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
2. PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
3. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
4. In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
5. In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
6. List of documents for 'Deemed Proof of Address'

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.

7. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
8. "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
9. "Digital KYC process" has to be carried out as stipulated in the PML Rules, 2005.

### C. Clarification / Guidelines on filling 'Contact details' section

1. Email/ Mobile is mandatory for upload into KRA system and please provide.
2. Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999)
3. Do not add '0' in the beginning of Mobile number.

### D. Clarification on Minor

1. Guardian details are optional for minors above 10 years of age for opening of bank account only
2. However, in case guardian details are available for minor 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

### E. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

### F. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

### G. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India

## List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State/U.T	Code	State/U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarkhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

## List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire   Code d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion   Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao   Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy   Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

**Important Instructions:**

- A. Fields marked with '\*\*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YYYY format.
- D. Please fill the form in English and in BLOCK letters.
- E. CKYC number(KIN) of applicant is mandatory for update application.
- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G. List of two-character ISO 3166 country codes is available at the end.
- H. Please read section wise detailed guidelines/instructions at the end.
- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

<b>For office use only</b> (To be filled by financial institution)	Application Type* CKYC number(KIN)	<input type="checkbox"/> New <input type="checkbox"/> Update	(Mandatory for KYC update request)
---	---------------------------------------	--	------------------------------------

**1. Entity Details\*** (Please refer instruction A at the end)

Name\*

Entity Constitution Type\*  Others (Specify)  (Please refer instruction A at the end)

Date of Incorporation/Formation\* DD - MM - YYYY      Date of Commencement of Business DD - MM - YYYY

Place of Incorporation/Formation\*       Country of Incorporation/Formation\*       TIN or Equivalent Issuing Country

PAN\*

TIN/GST Registration Number

**2. PROOF OF IDENTITY (POI)\*** (Please refer instruction B at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation/Formation        Registration Certificate  Regn Certificate No.

Memorandum and Articles of Association       Partnership Deed       Trust Deed

Resolution of Board/Managing Committee       Power of Attorney granted to its manager, officers or employees to transact on its behalf

Activity proof – 1 (For Sole Proprietorship Only)       Activity proof – 2 (For Sole Proprietorship Only)

**3. ADDRESS** (Please see instruction C at the end)

**3.1 Registered Office Address/Place of Business\***

**Proof of Address\***     Certificate of Incorporation/Formation     Registration Certificate     Other Document

Line 1\*

Line 2

Line 3       City/Town/Village\*

District\*       Pin/Post Code\*       State/U.T Code\*       ISO 3166 Country Code\*

**3.2 Local Address in India (If different from above)\*** (Proof to be enclosed) (Latest telephone bill/electricity bill/ bank statement/lease/sale agreement/any other proof)

Line 1\*

Line 2

Line 3       City/Town/Village\*

District\*       Pin/Post Code\*       State/U.T Code\*       ISO 3166 Country Code\*

**4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off) -       Fax -

Mobile -       Email ID

Mobile -       Email ID

**5. Number of Related Persons**  (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)





**Important Instructions:**

- A. Fields marked with '\*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the date in DD-MM-YY format.
- D. Please fill the form in English and in BLOCK letters.
- E. CKYC number(KIN) of applicant is mandatory for update application.
- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- G. List of two-character ISO 3166 country codes is available at the end.
- H. Please read section wise detailed guidelines/instructions at the end.
- I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**For office use only** Application Type\*  New  Update  Delete  
 (To be filled by financial institution) CKYC number(KIN)  (Mandatory for KYC update and delete request)

**1. Details of Related Person\* (Please refer instruction E at the end)**

Addition of Related Person  Deletion of Related Person  Update Related Person Details  
 KIN of Related Person (if available\*)  (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)  
**Related Person Type\***  Director  Promoter  Karta  Trustee  Partner  Court Appointment Official  Proprietor  
 Beneficiary  Authorised Signatory  Beneficial Owner  Power of Attorney Holder  Other (Please specify) \_\_\_\_\_  
 DIN (Director Identification Number)  (Mandatory if Related Person Type is Director)

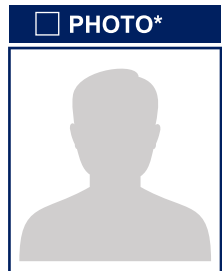
**1.1 Personal Details (Please refer instruction E at the end)**

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
Nationality*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
PAN*	<input type="text"/>			

**1.2 Proof of Identity and Address\* (Please refer instruction E at the end)**

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence  Driving Licence Expiry Date  -  -
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar
- II  E-KYC Authentication
- III  Offline verification of Aadhaar



**Address**

Line 1\*   
 Line 2   
 Line 3  City/Town/Village\*   
 District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

**1.3 Current Address Details (Please refer instruction E at the end)**

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar
- II  E-KYC Authentication
- III  Offline verification of Aadhaar
- IV  Deemed PoA
- V  Self-Declaration

**Address**

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

**1.4 Contact Details** (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction **D** at the end)

Tel. (Off)  -  Tel. (Res)  -  Mobile  -

Email ID

**2. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines

**Signature/Thumb Impression of Applicant**

Date:   -   -     Place:

**6. Attestation / For Office Use only**

Documents Received  Certified Copies  E-KYC data received from UIDAI  Data received from Offline verification

Digital KYC Process  Equivalent e-document

**KYC documents verification carried out by**

Date:   -   -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

**[Employee Signature]**

**Institution details**

Name

Code

**[Institution Stamp]**