

APPLICATION NO.

March 2024

	PPLICATION FORM		ED SCHEMES (PIA)	ase fill in BLOCK Letters)	
ARN & Name of Distributor	Branch Code	Sub-Broker ARN Code		EUIN*	Reference
	(only for SBG)			(Employee Unique Identification Number)	
Declaration for "execution-only" transaction	on (only where EUIN box is	left blank) (Refer Instruction 1	(p)) action without any interaction or a	dvice by the employee/relationship manager/sale	es person of the :
				nd the distributor has not charged any advisory fe	
SIGNATURE(S)					
1 st Applicant / Guard	dian / Authorised Signate	ory 2 nd Applicant / Au	thorised Signatory	3rd Applicant / Authorised S	ignatory
~			NAME		
Existing folio no. 🕼					
1. FIRST APPLICANT DETAILS Name GP	5				
(Mr. / Ms. / M/s.)					
Name should be as per PAN) Name of Guardian (As per PAN)					
in case of Minor)	Mother Legal	Ourseliere (Please mandatorily on	aloso the decument ovidencing t	be relationship of Minor with Guardian	
PAN/PEKRN NO.		Guardian [Flease manuatorily em	Date of Birth / Incorr	the relationship of Minor with Guardian]	
Enclose PAN Card Copy)			(As per PAN) (Mandato	ry)	T T
egal Entity Identifier (LEI) for	Non-Individuals			Validity	
CKYC Identification No.)		(E	Enclose KYC Acknowledgement)		
mail ID 🕼					
	Ilt) 🗌 Spouse 🔲 Depe	ndent Children	nt Sibling 🗌 Dependent P	arents 🔲 Guardian 🗌 PMS 🗌 Cu	stodian 🗌
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lobile No. pertains to Self(default	It) Spouse Deper	ndent Children 🔲 Dependen	t Sibling 🔲 Dependent Pa	arents 🗌 Guardian 🗌 PMS 🗌 Cu	stodian 🗌
Correspondence					
ddress of G					
st Applicant					
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Pin Address for Correspond		Iy (Please (✔)) Indian by Default	Foreign		
oreign Address	dence for NRI Applicants on	y (Flease (#)) Indian by Delaut			
andatory for NRI / FII)					
Sity					
ip		Country			
2. MODE OF HOLDING (Please	✓)				
		Anyone or Survivor			
. JOINT APPLICANT DETAILS	S Second Ap	onlicant		Third Applicant	
ame (Name should be as		·phount			
r PAN) 🥵					1
AN/PEKRN C C					
Enclose KYC Acknowledgement)					
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IN KYC Identification No.)	Out) Details of Firs	t Applicant (Mandatory to atta	ch bank account proof in case the	payout bank account is different from the source/inv	vestment bank a
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IN KYCIdentification No.) P4. BANK ACCOUNT (Pay C ame of Bank ranch Name nd Address ity ccount No. S Code digit MICR Code SBIMUTUAL FUND Sponsor : State Investment Man (A Joint Venture H Received from : Scheme Name Plat R	e Bank of India nager : SBI Funds Managemen between SBI & AMUNDI) /Authorized Signatory) : in (/) Option (/) Regular Growth F	TEAR HERE	vide a copy of CANCELLED cheque	Pin Account Type (Plea Savings NRO FC Current NRE Ot APPLICATION NO.	ase ✓) CNR thers

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 o			ax Residency oth					Third Applicant				
First Applicant (ind		viinor)	(F)	Second Yes		No		(j)				
If "YES", please provide the	ne follow	ving informat	ion (mandatory):			I					
Details		-	cant (including	-		Second A	pplicant		Third Applicant			
Country of Birth				- /								
Place/City of Birth												
Nationality												
Country of Tax Residency 1												
Tax Payer Ref. ID No [^]												
Identification Type [TIN or Other, Please specify]												
Country of Tax Residency 2	2											
Tax Payer Ref. ID No.2												
Identification Type [TIN or Other, Please specify]												
Country of Tax Residency 3	3											
Tax Payer Ref. ID No. 3 Identification Type												
[TIN or Other, Please specify]	rionst				lf pr Th	Lie vet evel 1	r hoo =	boon !- !				
In case I ax Identification Number this to the form. (Please attach ac CP6. INVESTMENT AND F	lditional sh	eets if necessar	y and mention all c	quivalent. ountries in	which a	applicant is a tax r	r nas not yet l resident & pr	ovide rele	ed, please provide an explanation and attach vant details)			
One time Investment			vestment Plan (SII	P) (Plea	ise subi	mit SIP Enrolment	t & OTM Forr	m)				
Scheme Name			···· · · · ·	, (,				
Plan (Please ✓)			Direct			In case of IDCW 1	Transfer facility	u nlaasa m	ention target scheme along with plan/option.			
	Re	gular	Direct				Transier lacility	, piease m	ention target scheme along with plan/option.			
Option (Please ✓)	🗌 Gr	owth	IDCW _	Frequen	су	Scheme / Plan /	Option					
Income Distribution cum Capital Withdrawal (IDCW)	🗌 Re	investment	Payout	🗌 Trai	nsfer							
Facility (Please ✓) Please refer to Note 28 for details	s of IDCW	renaming										
Payment Mode	Ch	eque	🔲 Fund Tran	sfer		RTGS						
Cheque No. & Date		Cheo	que Amount (Rs.)				Drawn	on Bank	and Branch			
7. TAX STATUS (Please 🗸)												
Resident Individual		Pe	nsion and Retireme	ent Fund		Governm	ent Body		NGO			
Resident Minor (through Gua	rdian)	Fir	nancial Institutions			Society*						
NRI (Repatriable)			blic Limited Compa		/ Trust [*]				PIO			
NRI (Non-Repatriable)		ivate Limited Comp	any		NPS Trus							
NRI – Minor (Non-Repatriable			dy Corporate Irtnership Firm			Gratuity F			[Please specify]			
Sole-Proprietor		/ FPI			AOP	unu		Others				
HUF	Ba			BOI			[Pleas					
*Non-Profit Organization [NPO]	(Manda	torv) Ves	— <u> </u>	lf ves. r		uote Registration	n No. of Darr		- <u></u>			
*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 registe	red as a tr	ust or a society	under the Societies	Registrat	ion Act	, 1860 (21 of 1860	0) or any sim	ilar State	legislation or a Company registered under			
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												
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.												
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 Depository												
Participant Name					cipant N	ame						
DP ID No. I N 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.												
Any communication in connection with this application should be addressed to the Registrar or the Investment Manager												
Investment Manager : SBI Funds Management L	td.			1 1 200 40	5 5405	1800 2002222	Regist Compu		Management Services Ltd.,			
(A Joint Venture between	IUNDI)		1800 425 5425/1800 2093333 E NON TOLL FREE NO. :			SEBI Registration No. : INR000002813)						
9th Floor, Crescenzo, C-38 G Block, Bandra Kurla Corr		+91-22-62 Webs	511600 / + site : www			Rayala Towers, 158, Anna Salai, Chennai – 600 003						
Bandra (East), Mumbai – 4	00 051		Webs					Email: enq_sbimf@camsonline.com				

Bandra (East), Mumbai – 400 051
Tel: 022- 61793537
Email: customer.delight@sbimf.com

Website: www.camsonline.com

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Gender IMAE IPARDE Other IMAE IPARDE Father's Name Spourse's Name Image: Spourse's Name <		First Applicant			Second Applicant (NA in case of investments from minors)									
Spouse's Name Date of Birth	Gender	M	ale [Female		Other	_		_			_		
Date of Birth Probasized	Father's Name													
Occupation (Posser, 1) Professoral (Overning Berlow (Doublet (Doublet) Professoral (Doublet)	Spouse's Name													
(Please - f)	Date of Birth	D	DM	MY	ΥΥ	(Y		D D M	MY	Y	ΥΥ	DD	мму	Y Y Y
Orders virus 101-025 Lace 101-025 Lace 102-05 Lace <th></th> <th>Ga</th> <th>overnment S rivate Secto ublic Sector tudent octor</th> <th>r Service</th> <th>Agr</th> <th>riculturist tired usewife</th> <th></th> <th>Government Private Sect Public Secto Student Doctor</th> <th>t Service tor Service</th> <th></th> <th>Agriculturist Retired Iousewife</th> <th>Governn Governn Private S Public S Student Doctor</th> <th>nent Service Sector Service</th> <th>Agriculturist Retired Housewife</th>		Ga	overnment S rivate Secto ublic Sector tudent octor	r Service	Agr	riculturist tired usewife		Government Private Sect Public Secto Student Doctor	t Service tor Service		Agriculturist Retired Iousewife	Governn Governn Private S Public S Student Doctor	nent Service Sector Service	Agriculturist Retired Housewife
Networth as of date Politically Exposed Person (PEP) Yes No Related to PEP Yes No Related to PEP Yes Indexes given at KRA Beakeness Reg. Oftice Residential Beakeness Reg. Oftice Residential Residential Residential Beakeness Reg. Oftice Residential Residen		5-	-10 Lacs	Cr.	10-	-25 Lacs		5-10 Lacs		1	0-25 Lacs	🛄 5-10 La	ics	10-25 Lacs
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Type of address given at KAA Readential Business Reg. Office Residential Business Reg. Office 10. NOMINATION We wish to nominate the following person's to receive the proceeds in the event of death. (For Individual Investors, Mominato Investor, Mominato I	Networth as of date	D	DM	MY	YY	(Y		D M	MY	Y	Y Y	DD	M M Y	YYYY
Construction C	Politically Exposed Person [PEP]	Υe	e se	No 🗌	Relate	d to PEP		Yes	No	Rela	ted to PEP	Yes	No	Related to PEP
Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11) Nominee 1 Nominee 2 Nominee 3 Name of the Nominee	Type of address given at KRA	Re	sidential	Business	R	eg. Office		Residential	Busines	s 🗌	Reg. Office	Residenti	al Business	Reg. Office
NA In case of lanvastment from minors NAmine 1 Nomine 2 Nomine 2 Nomine 3 Nomine 1 Nomine 2 Nomine 2 Nomine 3 Nomine 3 Nomine 3 Nomine 4 N	10. NOMINATION : I/We wish to	nomin	ate the f	ollowing	pers	on/s to	rece	eive the p	roceeds	in th	e event o	f death.	(For individ	ual investors,
Name of the Nominee Part of the Nominee Part of the Nominee Name of the Quardian Part of the Standbarg if more than use Nominee Part of the Nominee Allocation 7% Instablery if more than use Nominee Part of the Nominee Part of the Nominee Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian		er, in				to nom	nate	e please s			1)		Nominee	3
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Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian Signature of Nominee/Guardian 11. NO NOMINEE DECLARATION : 1// We hereby confirm that I/ We do not wish to appoint any nominee/G) or vor unutual fund timuts held in my cour roline and understand the ssaued by Court or other such competent authority, based on the value of assets held in the mutual fund toilo. Signature of Nominee/Guardian 2** Applicant / Authorised Signatory 1** Applicant/ Guardian / Authorised Signatory 2** Applicant / Authorised Signatory 1** Applicant / Guardian / Authorised Signatory 2** Applicant / Authorised Signatory 1** Applicant / Guardian / Authorised Signatory 2** Applicant / Authorised Signatory 1** Applicant / Authorised Signatory 3** Applicant / Authorised Signatory 1** Applicant / Authorised Signatory 2** Applicant / Authorised Signatory 1** Applicant / Authorised Signatory 1** applicant / Authorised Signatory 1** Applicant / Guardian / Signature of Nomey Changer Services Yes No 18 do - Gardian / Signature of Nomey Changer Services Yes No Money Lending / Pawning Yes No 13 do - Gardian / Signature of Nominee/Guardian Yes No Money Lending / Pawning Yes No </th <th>Relationship with Nominee</th> <th><u> </u></th> <th></th>	Relationship with Nominee	<u> </u>												
CM-andatory in case of Minor Nomineo Signature of Nominee-Guardian Signature of Nominee-Guardian 11. NO NOMINEE DECLARATION 11/We hereby continue that 1/We do not wish to appoint any nominee(s) curry our mutual fund units held in my: our folio and understand the sequelate documents is sueed by Court or other such competent authority, based on the value of assets held in the mutual fund folio. Signature(s) (ALL Applicant) 1** Applicant / Guardian / Authorised Signatory 2** Applicant / Authorised Signatory 12* Applicant / Guardian / Authorised Signatory 2** Applicant / Authorised Signatory 3** Applicant / Authorised Signatory 13* Applicant / Guardian / Authorised Signatory 2** Applicant / Authorised Signatory 3** Applicant / Authorised Signatory 14* Applicant / Guardian / Authorised Signatory 2** Applicant / Authorised Signatory 3** Applicant / Authorised Signatory 15. The origin Exchange / Money Changer Services > > Money Lending / Pawning ><	Date of Birth* (Mandatory if Nominee is Minor)	D	D M	MY	Y	Y Y		d d M	MY	Y	YY	DD	M M Y	YYY
11. NO NOMINEE DECLARATION 11 We hereby confirm that 11 We do not wish to experint any normalized () only 'our legal heirs would need to submit all the requisited documents subsub holds of the nonspopoline mutit of homines(3) and the further are available to assets held in the mutual fund folio. Signature(s) (ALL Applicant / Guardian / Authorised Signatory 2" Applicant / Authorised Signatory 3" Applicant / Authorised Signatory 12 NOTITUTIONAL INVESTORS ADDITIONAL INFORMATION 0														
Status involved in non-appointment of nomineqe) and further are aver that in case of death of all the account holds(s), w/ our legal heirs would need to submit all the requisite documents is seved by Court or other such compacted and the requisite documents is seved by Court or other such compact and the requisite documents is seved by Court or other such compact and the requisite documents is seved by Court or other such compact and the requisite documents is seved by Court or other such compact and the requisite documents is seved by Court or other such compact and the requisite documents is seved by Court or other such compact and the requisite documents is seved by Court or other such compact and the requisite documents is seved by Court or other such compact and the requisite documents is seved by Court or other such compact and the requisite documents is seved by Court or other such compact and the requisite documents is seved by Court or other such compact and the requisite documents is seved by Court or other such compact and the requisite documents and the requisite document and the requisite documents and the requisite documents and the requisite document and the requisite document and the requisite document and the requisite documents and the requisite document and the requi		/Wo.bd	-					-				-		
Signature(s) (ALL Applicant) "*Applicant / Guardian / Authorised Signatory 2**Applicant / Authorised Signatory 3**Applicant / Authorised Signatory 12.INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION 3**Applicant / Authorised Signatory 3**Applicant / Authorised Signatory 12.INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION 3**Applicant / Authorised Signatory 3**Applicant / Authorised Signatory 15. the entity involved / providing any of the following services Yes No Gaming / Gambing / Cambon No Soft of Foroign Exchange / Money Changer Services Yes No Money Lending / Pawning No Soft of Foroign Exchange / Money Changer Services Yes No Money Lending / Pawning No 14. DECLARATION We content that the information provide in this times to the Sarvate. We have read and understood the contents of all the scheme related documents and IWe hereby confirm and declare herein infatication, schemes of the Fund on attract the provisions of Provide Combine Sarvate. We have read and understood the contents of all the scheme related documents and IWe hereby confirm and declare the provide of the surges of contractent on a relation the director scheme data understood the contents of all the scheme related documents and IWe hereby confirm and declare the provide the surges of the contents of all the scheme related documents and IWe hereby confirm and declare the provide the surges of the through scheme data scheme data undeclare the scheme data scheme data scheme data sche	issues involved in non-appointment of nomin	ee(s) an	nd further are	e aware tha	t in case	e of death o	f all t	he account h	older(s), m					
Imput sign) 1"Applicant/ Guardian / Authorised Signatory 2"Applicant / Authorised Signatory 12.INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION Name of Contact Person		nority,	based on th	le value of	assets	neid in the	muti	ual fund folio).					
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 NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO For Manager / Man		/ Author	riced Cirmete			2nd Applic	ant /	Authorisod S	ianatory			2rd Applicant	/ Authorized Sig	notory
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 mandatrily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form. Yes No Start of Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to flose investors whose email id is not available and whos specifically opt to receive in the size of the form of the article of the form. Please tick here only if you wish to receive the same in physical model Sill the report of the purpose of ontravention of any act, rules, regulators or any statue or ligitation or any statue or l	· · · · · · · · · · · · · · · · · · ·				TION		ant/	Authorised 5	ignatory			3 ^{re} Applicant	Authorised Sig	natory
For Foreign Exchange / Money Changer Services														
For Foreign Exchange / Money Changer Services yes No Money Lending / Pawning yes No NOTE: Non-Individual investors should mandatority fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form. Image: Comparison of the second of t	Is the entity involved / providing any of the	e follow	ving service	s Yes	No	o G	amir	ng / Gamblir	ng / Lottery	Servi	ces (e.g. Ca	sinos, Bettin	g Syndicates)	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 We confirm that the information provided in this in the 4 accurate. Whe have read understood the contents of all the scheme related documents and IWe herely confirm and declare that in the some provide in this in the 4 accurate. We have read understood the contents of all the scheme related documents and IWe herely confirm and declare the transmit of the provide the provide the provide the provide the provide the provide the sing scheme in the scheme related documents and IWe herely confirm and declare the transmit of the provide the set of the scheme related to the			•	_	No	5 N	lone	y Lending / F	Pawning				, , , , , , , , , , , , , , , , , , ,	
As part of Go-Green initialitye, 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. DECLARTION IWe confirm that the information provided in this from is true & accurate. IWe have read and understood the contents of all the scheme related documents and IWe hereby confirm and declare through legitimate sources and is not held or designed for the purpose of ontravention of any act, (ules, regulations or any statue) or legislation or any other mode, any other and other stood the contents of all the scheme (ii) the money invested by main the schemes of the Fund on tattract the provisions or any statue or legislation or any other mode), payable to humber of the fund on ot attract the provisions or any statue or legislation or any other mode), payable to humber of the fund on the transctores and the orbit to the company (Fim / Trust; (iii) "We maine a untarget scheme of a scheme of a scheme of the Company (Fim / Trust; (iii) "We maine a untarget scheme of the Company (Fim / Trust; (iii) "We maine a untarget scheme of a descontant on the company, specifical and are not to the dend through approved banking channels or torm myour Non Resident Letternal of the Company (Fim / Trust; (iii) "We maine a untarget scheme of the fund is being recommended to melus; (ii) the specifical and the scheme scheme (iii) and information provided the melus (Find A vaccument and articles and a scheme of a specifical and through approved banking channels or torm myour Non Resident Letternal of the company (Fim / Trust; (iii) "We maine anthrough approved banking channels or torm myour Non Resident Letternal of the company (Fim / Trust; (iii) "We maine anthrough approved banking the application of myode and residual oprivation is and when provided the melus (Sossons). Althor constate scheme (Sostons) and the company (NOTE: Non-Individual investors should ma	andator	rily fill sepa	rate FATC	A/CRS	& UBO Fo	rm (/	Annexure-I) a	alongwith t	this fo	rm.			
who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode 14. DELCARTION We confirm that the information provided in this form is rue & accurate. IWe have read and understood the contents of all the scheme related documents and IWe hereby confirm and declare that (I) We have not received to be not induced by any rebate or gifts, directly or induced ly, in making this investment; (ii) the amount invested to be invested by means the schemes (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 statue or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory or there only cancel the money invested by mean the schemes (s) the Fund do not attract the provisions of Foreign Contribution be level at 0.5, person/resident of Canada; (y) the ARN holder has disclosed to meus all the definition from fund the form of ratio commission and any there indo payable to him/her for the different competing schemes of the Fund is space to the scheme (s) the Company (Firm / Trust, (W) and any to the information provided to rules are the authorize our top accurate the form of any accurate (will) all information provided in this application form together with its anexverse size rue and corect to the best of myour knowledge and belief and IWe shall be liable in case any of the space the top final and when provided by me/ us to the Fund, its Sponson, AWC, trustees, their employees/THA sor any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEB. The scheme (limited to SEB, without any form, mode scheme (limited to SEB, without any form, mode scheme (limited to SEB) without any form, mode scheme (limited to SEB) without any form, mode scheme (limited to SEB) without any form, mode or many cancel with a curve scheme (limited to SEB) w														
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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; SIGNATURE(S) (ALL Applicants must sign)	Internat (1) r/we nave not received or been induced by any rebate or gitts, 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 statutor authority from time to time; (iii) the money invested by me in the schemes of the Fund on tattract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We an/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 bim/her for the different commentions chames of various mutual funde from amongst which a scheme of the Fund is being recommended to me/us all the													
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