

**TRANSACTION SLIP (Please fill in BLOCK Letters)**

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))  
 \* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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

**INVESTOR DETAILS (MANDATORY)**

EXISTING FOLIO NO.

Name (Mr/Ms/M/s)

Email ID

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

Mobile No.  Telephone (O)  Telephone (R)

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

**PAN DETAILS (Enclose PAN copy & KYC acknowledgement)**

First Applicant / Guardian	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN Exempt KYC Ref no (PEKRN for Micro investments) - <input type="text"/>	PAN Exempt KYC Ref no (PEKRN for Micro investments) - <input type="text"/>	PAN Exempt KYC Ref no (PEKRN for Micro investments) - <input type="text"/>
KIN (KYC Identification No.) <input type="text"/>	KIN (KYC Identification No.) <input type="text"/>	KIN (KYC Identification No.) <input type="text"/>

Legal Entity Identifier (LEI) for Non-Individuals  Validity

**ADDITIONAL PURCHASE REQUEST**

Scheme Name

Plan (Please ✓)  Regular  Direct  Growth  IDCW

Option (Please ✓)  Reinvestment  Payout  Transfer

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

Payment Mode (Please ✓ any one only)  Cheque  RTGS  NEFT  Fund Transfer  OTM (Registered in the Folio)

Cheque No. & Date / UTR No.  Bank Name  OTM - Bank Name & A/c No.

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

**DEMAT ACCOUNT DETAILS**

If you wish to hold units in Demat mode, please provide below details and enclose the latest Client Master / Demat Account Statement (Mandatory). 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 <input type="text"/>	Depository Participant Name <input type="text"/>
DP ID No. <input type="text"/>	Beneficiary Account No. <input type="text"/>
Beneficiary Account No. <input type="text"/>	

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned. Further allotment of units (through additional purchase / SIP) in the same scheme/plan will be allotted in Demat mode and investors can do further transactions through their Depository Participant only.

**SWITCH REQUEST**

Amount  OR Number of Units  OR  All units (Please ✓)

From Scheme  To Scheme

Plan (✓)	Option (✓)	IDCW Facility (✓)
<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

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

**REDEMPTION REQUEST**

Scheme

Plan (✓)  Regular  Direct  Growth  IDCW (Reinvestment / Payout / Transfer)

Amount  OR Number of Units  OR  All units (Please ✓)

TEAR HERE

**TRANSACTION SLIP - ACKNOWLEDGEMENT**

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

Folio No.

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

Received from <input type="text"/>	Stamp Signature & Date
<b>Additional Purchase / Redemption</b>	Scheme Name / Plan / Option / IDCW Facility <input type="text"/> Amount <input type="text"/> Units <input type="text"/>
<b>Systematic Investment Plan / Withdrawal Plan</b>	Scheme Name / Plan / Option / IDCW Facility <input type="text"/> Amount (Rs.) <input type="text"/> Frequency <input type="text"/> SIP/SWP Date <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)
<b>Systematic Transfer Plan / Switch Over</b>	Scheme Name / Plan / Option / IDCW Facility <input type="text"/> Amount <input type="text"/> Units <input type="text"/> STP Commencement Date <input type="text"/>

Change of Address (Please ✓)

**SWP / STP FACILITY REQUEST**

<b>Systematic Withdrawal Plan (SWP)</b>	Scheme / Plan	SWP installment amount (Rs.)	Amount (in words)	<b>Frequency (Please ✓ any one)</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annual <input type="checkbox"/> Weekly - Fixed Dates (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> & 22 <sup>nd</sup> ) OR <input type="checkbox"/> Weekly - Any Day (Monday to Friday)
	SWP From <input type="text" value="M M Y Y Y Y"/> SWP To <input type="text" value="M M Y Y Y Y"/>			
	SWP Date <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> _____ (Any other date from 1 to 30)			
<b>Systematic Transfer Plan (STP)</b>	<b>STP Facility Request (Please ✓ any one)</b> <input type="checkbox"/> Regular STP <input type="checkbox"/> CASTP <input type="checkbox"/> Flex STP			
	From (Scheme)		To (Scheme)	
	Scheme			
	Plan (✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct		Plan (✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	
	Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> IDCW		Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> IDCW	
	IDCW Facility(✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer			
<b>Scheme / Plan / Option</b>				
<b>STP Frequency &amp; Enrolment Period (Please ✓ any one)</b>	<input type="checkbox"/> Daily <input type="checkbox"/> Quarterly	<b>STP Installment Amount (Rs.)</b>	<b>STP From</b>	
	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly - Fixed Dates (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> & 22 <sup>nd</sup> ) OR <input type="checkbox"/> Weekly - Any Day (Monday to Friday)		<input type="text" value="D D M M Y Y Y Y"/>	
			<b>STP To</b>	
			<input type="text" value="D D M M Y Y Y Y"/>	

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

<b>Local Address of 1st Applicant</b>	<input type="text"/>
<b>Landmark</b>	<input type="text"/>
<b>City</b>	<input type="text"/> <b>Pin</b> <input type="text"/>
<b>State</b>	<input type="text"/>
<b>Address for Correspondence for NRI Applicants only ( Please (✓) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/> )</b>	
<b>Foreign Address (Mandatory for NRI / FII)</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>Country</b>	<input type="text"/> <b>Zip</b> <input type="text"/>

**DECLARATION** I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that (i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the Fund") is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time; (iii) the monies invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We am/are aware that a U.S. person (within the definition of the term 'US Person' under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/resident of Canada; (v) the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us; (vi) \* as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) \*\* I/We am/are Non Resident of Indian Nationality/Origin and that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account; (viii) \*\*\* I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand); (ix) all information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting; (x) that we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/ RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same; (xi) I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; (xii) Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency;  
\* Applicable to other than Individuals / HUF; \*\* Applicable to NRIs; \*\*\* Applicable to "Micro investments"

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

<b>Date</b> <input type="text"/>	<b>TEAR HERE</b>	<b>Place</b> <input type="text"/>
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All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

**Investment Manager :**  
SBI Funds Management 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

**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