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Bandra (East), Mumbai – 400 051
Tel: 022- 61793511
Email: customer.delight@sbimf.com

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

Gender	First Applic	cant	Second	d Applican	t	Third A	Applicant	
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10. NOMINATION : I wish to nomin single holding, Nomination is manda	atory. However, in case you do not	t wish to nominate	please sign in point 1	1)	ect from 01/0			oplying with
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Name of Contact Person s the entity involved / providing any for Foreign Exchange / Money Chan NOTE: Non-Individual investors sho 13. GO-GREEN INITIATIVE: s part of Go-Green initiative, issuar tho specifically opt to receive it in pi	of the following services Yes ger Services Yes ald mandatorily fill separate FATC rece of physical copy of scheme-withysical form. Please tick here only me that the information provided in this form d by any rebate or gifts, directly or indirectly designed for the purpose of contravention to time; (iii) the money invested by me in the erson' under the US Securities laws) / resic the form of trail commission or any other morandum and Articles of Association of the the Company/Firm/Trust; (vii) ** IWe am/ar al/Ordinary account/FCNR Account, (viii) ellipedic formation is found to be false or unanges, updates to such information as and to timited to SEBI, the Financial Intelligence know basis, without any obligation of advirequired by you from time to time; (xi) Tow in certifications and documentation from in self-certification from me) the Fund may be ding agents for the purpose of ensuring and to withhold and pay out any sums from e understood the information requirements o rect, and complete. I also confirm that I ha o get rejected or further transactions may d under clause (5) of the form.	No CA/CRS & UBO For See annual reports by if you wish to restruct & accurate. I/W, y, in making this investing of any act, rules, rese schemes of the Fundent of Canada are not node), payable to him/fired Company, Bye laws, re Non Resident of India information provided in information provided in information provided by melves unit-India, the tax/rising melves of the sam vards compliance with vestors. I/We ensure to obliged to share inform yorporpriate withholding in my/our account or clost this Form (read along we read and understore the same control of this form (read along we read and understore the same control of this form (read along we read and understore the same control of this form (read along we read and understore).	foney Lending / Pawni rm (Annexure-I) along or abridged summary ceive the same in phy e have read and understood ment; (ii) the amount investe gulations or any statute or do not attract the provision eligible for investments with er for the different competin francheship D for Nationality/Origin and that it his application form togeth misrepresenting; (x) that we us to the Fund, its Sponsor, evenue authorities in India e; (x) I/ We shall keep you for avair information sharing laws to advise you within 30 days station on my account with re from the account or any pro- see or suspend my account(s with the FATCA Terms and Cot the FATCA Terms and Cot	ris limited to risical mode the contents of a diffusion or an a soft foreign Con the first of the contents of a diffusion or an a soft foreign Con the soft foreign Con the soft for the suer with its annex e authorize you it funds for the suer with its annex e authorize you it or outside India orthwith informer or the should there be levant tax author ceeds in relation) and (e) I/We urtions) and hereb world in the soft foreign of the soft for	those investing the scheme by me/us in the scheme by me/us and scheme by me/u	related documents and I/We ne scheme(s) of SBI Mutual able laws or any notification lations Act ("FCRA"), (iv) I/W to a U.S. person/resident of unds from amongst which a the Company I-Firm / Trus we been remitted from abroze e and correct to the best of lare, remit in any form, mod sirkTAs or any Indian or forei legally required and other sout any changes/modification the Fund may be required in any information provided; am aware that the Fund may so may be required to cothe information provided to the information provided to cothe information provided to cothe information provided to cothe information provided to cothe information provided by cothe same. (xii) If the ni	hereby confir Fund ('the Fu s, directions le am/are aw Canada; (v) ti scheme of the di through app my/our knowle e or manner, i ng overnmen such regulator to the inform to seek additi (b) In certain also be requ stic or overse ntact my tax a me given in t	ble and m and declar nd") is derive issued by an are that a U.S ne ARN holde Fund is bein a authorised to roved bankin dge and belie all / any of the tal or statutor y/investigation acircumstance irred to provide irred to provide as regulators advisor for an Form includin, the Application



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		Branch Code (only for SBG)			Sub-Bio	(E	Employee Unique Identification Nu	mber) Hererette Ito.
ARN-93	The state of the s	DHANANT					E 097712	
Declaration for "execution-only" tra relationship manager/sales person of t	ensaction (only wher the above distributor or	e EUIN box is left blank): * I/We he notwithstanding the advice of in-ap	nereby confirm that to propriateness, if any	the EUIN box has been provided by the emplo	n intentionally left blar yee/relationship mana	nk by me/us as this is a ager/sales person of the	n "execution-only" transaction without any distributor and the distributor has not charg	interaction or advice by the employee/ ed any advisory fees on this transaction.
SIGNATURE(S)								
1st App Upfront commission shall be paid dire	licant / Guardi	an / Authorised Signat the AMFI registered Distributors ba		nd Applicant / A			3 rd Applicant / Authorie distributor	orised Signatory
TRANSACTION CHAR	GES FOR AP	PLICATIONS THROL	JGH DISTRIE	BUTORS/AGE	NTS ONLY		time mutual fund investor) or Rs	, 100/- (for investor other than
first time mutual fund investo	or) will be deducte	ed from the subscription an	nount and paid t	to the distributor.	Units will be issu	ed against the bala	ance amount invested.	80 192 + 30 - 90 -
Folio No./Application	No.	1. 1 1						
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Top-Up amount) OR			1 1	I to I		·1 × 1 × 1	L as L as L	
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I/We hereby confirm and o	eclare that the n	nonies invested by me in the	he schemes of	SBI Mutual Fund	do not attract tr	e provisions of Fo	oreign Contribution Regulations	ACT (FCRA). I/vve are aware
account. I/We confirm that not exceed Rs. 50,000/- (R)	the aggregate of upees Fifty Thou	the lump sum investment sand) (applicable for "Micr	(fresh purchase o investments"	e & additional pur only). The ARN I	chase) and SIP in nolder has disclo	nstallments in rolli sed to me/us all t	gn Direct Debit / NACH facility. In form SBI Mutual Fund/RTA about ing 12 months period or financia he commissions (in the form of mended to me/us. I/We have rea Mutual Fund. I/We hereby autho	I year i.e. April to March does trail commission or any other
mode), payable to him for the terms and conditions a	the different con nd contents of the	npeting Schemes of various ne SID, SAI, KIM and Adde	is Mutual Funds inda issued from	s from amongst v n time to time of	vhich the Scheme the respective S	ne is being recomm cheme(s) of SBI N	mended to me/us. I/We have rea flutual Fund. I/We hereby autho	id, understood and agreed to rize the bank to honour such
payments for which I/We I	nave signed and	— — — —	·					
SBI MUTUA	LFUND	ONE '	TIME DE	BIT MANI	DATE FO	RM (OTM)	1 1 1 1	1 1 1 1 1
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SIP ENBOUMENT CLIM ONE TIME DEBIT MANDATE FORM

Name as in Bank records



Control of Section ARN-93643 Deliberation for "seculate-only" transaction (set) where EURN box its list Babay; I'We have recitin that the EURN box has been intentionally left black by make at an "seculation-only" transaction without any intention-industrial paragentshate present of the above distributor or result state for glass and state of in-appropriate results. If any provided by the amplyave evaluation in an appropriate results and state of the appropriate results and state of the appropriate results. If any provided by the employee evaluation in an appropriate results and state of the distributor and the distributor and the distributor has not charged any each state of the appropriate results and state in appropriate results. If any provided by the environment of the distributor and the distributor and the distributor has not charged any each state of the appropriate results. If any provided by the environment of the distributor and the distribu	Signatory (for investor other than Frequency Daily Quarterly Annual 30" (for februar, last business day) y other date from 1st to 30sh
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SIGNATURE(S) 1* Applicant / Quardian / Authorised Signatory 2* Applicant / Authorised Signatory 2* Applicant / Authorised Signatory 3* Applicant / Authorised Signatory 4* Applicant / Authorised Signatory 4* Applicant / Authorised Signatory 5* Ap	Signatory (for investor other than Frequency Daily Quarterly Annual 30° (for Februar, last business day) y other date from 1° to 30°)
T-Applicant / Guardian / Authorised Signatory 2" Applicant / Autho	Frequency Daily Quarterly Annual 30" (For februar, last business day) y other date from 1st to 30st)
TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY In case the subscription amount is is a 1,0000 or more and it your pictibitudor has optical to receive Transaction Charges, Bs. 150/- (for first time mutual fund investor) or Rs. 1000- (first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. Name of 1" Applicant	Daily Quarterly Annual 30" (For Februar, lest business day) y other date from 1st to 30sh
Folio No./Application No. Name of 1st Applicant SIP Cheque No/s: 1 2 3 Scheme Name Plan Regular Direct Regular Direct Option Growth Dividend Growth Dividend Reinvest Payout Reinvest Payout Reinvest Payout Daily Monthly (Default) SIP Frequency Weekly (1st, 8st, 15st and 22st) Daily Monthly (Default) Half - Yearly Annual SIP Date (for Monthly, Quarterly, 5st and 22st) Annual From To Option Sip Period Top-Up Amount Rs. (in multiples of Rs. 500 only) Top-Up Pareuncy Half - Yearly Annual Ha	Daily Quarterly Annual 30" (For Februar, lest business day) y other date from 1st to 30sh
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Scheme Name	Daily Quarterly Annual 30th (For February, last business day) y other date from 1st to 30th
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OR 3 yrs 5 yrs 10 yrs 6 OR 3 yrs 5 yrs 10 yrs 6 OR 3 yrs 5 yrs 15 yrs 7 OR 3 yrs 5 yrs 15 yrs 7 OR 3 yrs 5 yrs 7 OR 3 yrs 7	- Jage 1
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1 2 3	
(in multiples of Rs. 500 only) Top-Up Frequency	
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Top-Up SIP CAP Month-Year M M Y Y Y Y M M Y Y Y Y M M M Y Y Y Y	y y
DECLARATION: I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the scheme 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 ("FC")	es of SBI Mutual Fund.
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 trainot 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 characteristic providers are the aggregate of the lump sum investment (fresh purchase) and SIP installments in rolling 12 months period or financial year it.	nsaction is delayed or anges in my/our bank
account. I/We confirm that the aggregate of the lump sum investment (fresh purchase a additional purchase) and SIP installments in rolling 12 months period or financial year i. 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 commode), 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, unde the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the	 April to March does nmission or any other erstood and agreed to
the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the payments for which I/We have signed and endorsed the Mandate Form.	bank to honour such
ONE TIME DEBIT MANDATE FORM (OTM)	
SBI MUTUAL FUND A PARTNER FOR LIFE ONE TIME DEBIT MANDATE FORM (OTM) UMRN Date D	
Sponsor Bank Code Utility Code Utility Code To debit (Please ✓) SB / CA / CC / SB-NRE / SB / CA / CC / S	SR-NRO / Other
MODIFY We, hereby additional or and the second of the seco	DD-INICO / Other
CANCEL Bank A/c No.	
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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	
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	ne bank.

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 am authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me.

I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I have authorized the debit.