

COMMON APPLICATION FORM FOR DEBT AND LIQUID SCHEMES (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.
ARN - 0186 / Bonanza					

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

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 16)

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 100/- (for investor other than 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.

1. PARTICULARS OF FIRST APPLICANT

(SEE NOTE 1)

I confirm that I am a **First time** investor across Mutual Funds

I confirm that I am an **existing** investor in Mutual Funds

EXISTING FOLIO NO.

(For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)

Name (Mr./Ms./M/s.)

Gender Male Female Other (Third Gender) Date of Birth

Father's Name

Spouse's Name

Name of Guardian / Name of Contact Person (in case of Minor) (in case of Institutional Investor)

Relationship of Guardian in case of Minor (Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h)) Father Mother Legal Guardian (In case of Minor, please fill the following details of Guardian)

Email ID

Mobile No. County Code

Please register your E-mail address & Mobile number to get alerts & communication via E-mail & SMS.

Telephone (O) County Code

Mandatory Enclosures PAN Proof KYC Acknowledgement

Telephone (R) County Code

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.

PAN

PAN Exempt KYC Ref no (PEKRN for Micro investments) - Type of Identification Document given at KRA

AADHAAR No

Identification Document No. Document Issuing Country

Occupation (Please ✓) Professional Business Government Service Private Sector Service Public Sector Service Agriculturist Retired Housewife Student Forex Dealer Doctor Others [Please specify]

Gross Annual Income in Rs. (Please tick (✓)): Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. > 1 Cr. **OR**

Networth in Rs. as of (date)

Politically Exposed Person [PEP]: Yes No Related to PEP

For Non-individuals: Is the entity involved / providing any of the following services Yes No

- For Foreign Exchange / Money Changer Services Yes No - Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) Yes No

- Money Lending / Pawning Yes No

NOTE: Non-individual applicants should mandatorily fill Annexure - I alongwith this form.

2. PARTICULARS OF SECOND APPLICANT

(SEE NOTE 1 & 2)

Name Mr./Ms./M/s.

Gender Male Female Other (Third Gender) Date of Birth

Father's Name

Spouse's Name

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.

Investors subscribing to the scheme through SIP must complete Registration cum Mandate form compulsorily alongwith application form

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

Stamp
Signature
& Date

Scheme Name	Plan (✓)	Option (✓)	Dividend Facility(✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer			

Attachments

All purchases are subject to realisation of cheque / demand draft

PAN

AADHAAR No

Occupation (Please ✓) Professional Business Government Service Private Sector Service Public Sector Service Agriculturist Retired Housewife Student Forex Dealer Doctor Others [Please specify] _____

Gross Annual Income in Rs. (Please tick (✓)): Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. > 1 Cr. **OR**

Networth in Rs. _____ as of (date)

Politically Exposed Person [PEP]: Yes No Related to PEP

Mandatory Enclosures PAN Proof KYC Acknowledgement

PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

Type of Identification Document given at KRA _____

Identification Document No. _____

Document Issuing Country _____

3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 1 & 2)

Name Mr./Ms./M/s.

Gender Male Female Other (Third Gender) Date of Birth

Father's Name

Spouse's Name

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.

PAN

AADHAAR No

Occupation (Please ✓) Professional Business Government Service Private Sector Service Public Sector Service Agriculturist Retired Housewife Student Forex Dealer Doctor Others [Please specify] _____

Gross Annual Income in Rs. (Please tick (✓)): Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. > 1 Cr. **OR**

Networth in Rs. _____ as of (date)

Politically Exposed Person [PEP]: Yes No Related to PEP

Mandatory Enclosures PAN Proof KYC Acknowledgement

PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

Type of Identification Document given at KRA _____

Identification Document No. _____

Document Issuing Country _____

4. FATCA & CRS RELATED INFORMATION (Only for Individuals/Proprietor)

DETAILS OF FIRST APPLICANT

Country of Birth _____ Place of Birth _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Identification Numbers below:

Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number *	Identification Type (TIN or Other, please specify)

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

DETAILS OF SECOND APPLICANT

Country of Birth _____ Place of Birth _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number	Identification Type (TIN or Other, please specify)

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

TEAR HERE

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

Investment Manager :
SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai – 400 051
Tel: 022- 61793511
Email: customer.delight@sbimf.com

Registrar:
Computer Age Management Services Pvt. Ltd.,
SEBI Registration No. : INR000002813
Rayala Towers, 158, Anna Salai, Chennai – 600 002
Tel: 044 – 28881101 / 36
Email: enq_L@camsonline.com
Website: www.camsonline.com

DETAILS OF THIRD APPLICANT

Country of Birth _____ Place of Birth _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number	Identification Type (TIN or Other, please specify)

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.

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

5. GENERAL INFORMATION – Please (✓) wherever applicable (SEE NOTE 1 m & n)

Tax Status (Please (✓))				Mode of Holding (✓)
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO	<input type="checkbox"/> Single
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	<input type="checkbox"/> Joint
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Trust	<input type="checkbox"/> PIO	<input type="checkbox"/> Any one or Survivor
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> NPO _____ [Please specify]	
<input type="checkbox"/> NRI – Minor (Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> Others _____ [Please specify]	
<input type="checkbox"/> NRI – Minor (Non-Repatriable)	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> Gratuity Fund		
<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP		
<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI		

6. CONTACT DETAILS (SEE NOTE 1)

Local 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 _____

Country _____ Zip _____

7. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details) (SEE NOTE 3)

Name of Bank _____

Branch Name and Address _____

City _____ Pin _____

Account No. _____

9 digit MICR Code _____ (This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)

IFS 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

8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE NOTE 5)

One time Investment Systematic Investment Plan (SIP) (if Yes, please tick any one)

PDC (Incase of SIP through Post Dated Cheques (PDC) it is mandatory to submit Transaction Slip mentioning PDC details)

Auto Debit / ECS (Incase of SIP through ECS/Auto Debit mode it is mandatory to submit SIP Enrolment Cum Auto Debit/ECS Mandate Form)

Scheme Name		
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Scheme / Plan / Option _____
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	
Dividend Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)	

For third party cheques please see Note 3 vii.

9. STP ENROLLMENT DETAILS Opted for STP: Yes No (If Yes, it is mandatory to submit STP Enrollment Form/Transaction slip)

10. 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				Depository Participant Name			
DP ID No. I N				Target ID No.			
Beneficiary Account No.							

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.

11. ONLY FOR SBI MAGNUM CHILDREN'S BENEFIT PLAN (SEE NOTE 1 I)

Name of Mother (Mrs/Ms)											
Name of Applicant <small>(If different from Parent/Legal Guardian)</small>											
LOCK IN (Please ✓) :		<input type="checkbox"/> Required <input type="checkbox"/> Not Required		REDEMPTION OPTION (Please ✓)		<input type="checkbox"/> Lump-sum <input type="checkbox"/> Staggered		Nomination of an alternate child* (Please ✓)		<input type="checkbox"/> Required <input type="checkbox"/> Not Required	
Name of Alternate Child											
Date of Birth of alternate child				D D M M Y Y Y Y				Relationship to the Magnum Holder			

12. ONLY FOR SBI REGULAR SAVINGS FUND (SEE NOTE 1 I)

<p>GOOD HEALTH DECLARATION : I declare that I am in sound health, do not have any physical defect/deformity, perform my routine activities independently and, that I have never suffered or have been suffering, or have been hospitalized for any critical illness® or a condition requiring medical treatment for a critical illness, as on date. I hereby declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information that may influence my admission into the Group Insurance Scheme of SBI Life Insurance Co. Ltd. I hereby agree that this declaration shall form the basis of my admission into the Group Insurance Scheme and if any untrue averment be contained therein, I, my heirs, executors, administrators and assignees shall not be entitled to receive any benefits under the Group Insurance Scheme. I hereby agree to your conveying the above particulars regarding my admission into the Group Insurance Scheme to SBI Life. I also permit SBI Life to approach me directly for any clarification and / or other purposes. ® Critical Illness is defined as follows: The life to be insured should not: i. have suffered or be suffering from cancer, ii. be taking treatment for heart disease, iii. have undergone or have been advised medically to undergo chest and/or heart surgery within the following six months, iv. have irreversible kidney and/or irreversible liver failure, v. have suffered or be suffering from paralysis, vi. have undergone or been advised to undergo, a major organ transplantation such as heart, lung, liver or kidney, vii. have suffered or be suffering from AIDS or venereal diseases.</p>										Signature of Applicant	
---	--	--	--	--	--	--	--	--	--	------------------------	--

13A. NOMINATION : I wish to nominate the following person/s to receive the proceeds in the event of my death. (With effect from 01/04/2011, for individual investors applying with single holding, Nomination is mandatory. However, in case you do not wish to nominate please sign point 13 B.) (SEE NOTE 10)

Name of the Nominee										⊗ Signature of Nominee/Guardian <small>(*Mandatory in case of Minor nominee)</small>	
Name of the Guardian											
Percentage											
Relationship				Date of Birth* D D M M Y Y Y Y							
Address of Nominee/ Guardian											

13B. NOMINATION : I do not wish to nominate any person at the time of making the investment.

Signature	
-----------	--

14. DECLARATION (SEE NOTE 11) : 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/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"

SIGNATURE(S) <small>(ALL Applicants must sign)</small>	⊗	⊗	⊗
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date	Place		

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 DD / MM / YYYY

 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
 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*	Identification Type (TIN or Other, please specify)

* 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 code⁸ 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 institution¹ or
 Direct reporting NFE²
 Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
 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-category³
 Not obtained – Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company ⁴ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity ⁵ of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active ⁶ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code – refer 2c of Part D)
4. Is the Entity a passive ⁷ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

PART C UBO / Controlling Person Declaration (UBO details are not required for Listed Company / Subsidiary or Controlled by a Listed Company)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify _____)

Please list below details of each controlling person(s)¹⁰, confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary).

S.No.	1	2	3
Name of Beneficial Owner / Controlling Person			
Percentage of Beneficial Interest			
Gender			
Date of Birth			
Father's Name			
Country of Birth			
Place of Birth			
Nationality			
PAN			
Country of Tax Residency *			
Tax ID No Or Equivalent for each country %			
Tax ID Type (TIN or Other)			
Type Code (CP/UBO Code) ⁹			
Occupation Type			
Address Type			
Address			
ZIP			
State			
Country			

* Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

* 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

⁹Refer 3(iv) (A) of Part D | ¹⁰Refer 3(iv) of part D

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.

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions and Definitions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name																				
Designation																				
	1st Authorised Signatory																			
Name																				
Designation																				
	2nd Authorised Signatory																			
Name																				
Designation																				
	3rd Authorised Signatory																			
Place _____																	Date / / _____			