Asset Management Company : SBI Funds Management Pvt. Ltd. (A Joint Venture between State Bank of India & AMUNDI)

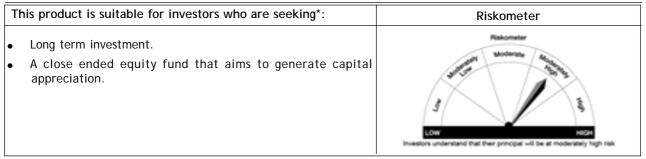


### **KEY INFORMATION MEMORANDUM**

# SBI EQUITY OPPORTUNITIES FUND - Series IV

## A close-ended equity scheme

Product Labeling



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

## OFFER OF UNITS OF RS. 10/- EACH DURING THE NEW FUND OFFER

| SCHEME                                    | TENURE  | NEW FUND OFFER OPENS | NEW FUND OFFER CLOSES |
|---|---------|----------------------|-----------------------|
| SBI Equity Opportunities Fund - Series IV | 3 years | 7th October, 2015    | 21st October, 2015    |

Sponsor : State Bank of India

Trustee Company : SBI Mutual Fund Trustee Company Pvt. Ltd. (CIN: U65991MH2003PTC138496)

Asset Management Company : SBI Funds Management Pvt. Ltd., (CIN: U65990MH1992PTC065289) Address : 9th Floor, Crescenzo, C-38 & 39, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051. Visit us at www.sbimf.com

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. For further details of the Scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. Investors should, before investment, refer to the Scheme Information Document and Statement of Additional Information available free of cost at any of the SBIFMPL branches or distributors or from the website www.sbimf.com.

The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM.

"It is to be distinctly understood that the permission given by NSE Ltd. should not in any way be deemed or construed that the SID has been cleared or approved by NSE Ltd. nor does it certify the correctness or completeness of any of the contents of the Scheme Information Document. The investors are advised to refer to the Scheme Information Document for the full text of Disclaimer Clause of NSE Ltd."



| Type of Scheme             | A close ended Equity Scheme  |                          |  |                          |  |  |  |  |  |  |  |  |
|----------------------------|--|--------------------------|--|--------------------------|--|--|--|--|--|--|--|--|
| Investment Objective       | The investment objective of the scheme is to generate capital appreciation from a diversified portfolio of equity & equity related instruments. However, there can be no assurance that the investment objective of the scheme will be achieved.   |                          |  |                          |  |  |  |  |  |  |  |  |
| Proposed Schedule of the   | SBI Equity Opportunities Fund - Series IV to VI  |                          |  |                          |  |  |  |  |  |  |  |  |
| Scheme                     | Each series of SBI Equity Opportunities fund will have duration between 1 to 5 years. The exact duration of each Series of the Scheme shall be decided at the time of launch of the respective Series and before the launch of each series, a notice regarding the launch will be issued in two newspapers.  |                          |  |                          |  |  |  |  |  |  |  |  |
| Name of the Scheme         | SBI Equity Opportunities Fund - S  | eries IV                 |  |                          |  |  |  |  |  |  |  |  |
| Tenure of the Scheme       | 3 years  |                          |  |                          |  |  |  |  |  |  |  |  |
| Asset Allocation Pattern   | The funds collected under the scheme shall be invested consistent with the objective of the scheme in the following manner:  |                          |  |                          |  |  |  |  |  |  |  |  |
|                            | Instruments  | Indicative<br>(% of tota | e allocations<br>I assets) <sup>\$</sup> | Risk Profile             |  |  |  |  |  |  |  |  |
|                            |  | Minimum                  | Maximum                                  | High/Medium/Low          |  |  |  |  |  |  |  |  |
|                            | Equity and Equity related<br>instruments   | 80                       | 100                                      | High                     |  |  |  |  |  |  |  |  |
|                            | Debt and Money Market<br>Instrument*#  | 0                        | 20                                       | Low to Medium            |  |  |  |  |  |  |  |  |
|                            | * Exposure to securitized debt may be to the extent of 20% of the net assets.  |                          |  |                          |  |  |  |  |  |  |  |  |
|                            | #The scheme shall invest in debt and money market instruments which mature only on or before the maturity of the scheme.   |                          |  |                          |  |  |  |  |  |  |  |  |
|                            | <sup>s</sup> The Scheme shall invest in derivatives within the limits, as prescribed by SEBI from time to time. Investment in derivatives will not exceed 50% of the net assets. The cumulative gross exposure through Equity & Equity related instruments, Debt & Money Market Securities including derivative positions will not exceed 100% of the net assets of the scheme.      |                          |  |                          |  |  |  |  |  |  |  |  |
|                            | The Scheme shall invest in repo /  | 'reverse repo i          | n corporate del                          | ot /bonds.               |  |  |  |  |  |  |  |  |
|                            | The Scheme shall not invest in AD  | R/ GDR/ forei            | gn securities /fo                        | preign securitized debt. |  |  |  |  |  |  |  |  |
|                            | The Scheme shall engage in stock   | lending & bor            | rowing as perm                           | itted under regulation.  |  |  |  |  |  |  |  |  |
|                            | The Scheme shall not engage in short selling.  |                          |  |                          |  |  |  |  |  |  |  |  |
| Investment Strategy        | The scheme aims to provide long term capital growth by investing in a well-diversified portfolio of equity and equity related securities across market capitalisation and sectors. The Scheme would endeavour to participate in the all-round growth of the Indian economy. For this, fund manager will identify the stocks that will benefit from the growth of the Indian economy. |                          |  |                          |  |  |  |  |  |  |  |  |
|                            | The Close-ended nature of the scheme would allow the fund manager the flexibility to execute the investment strategy effectively over the tenure of the scheme and it will help the Fund Manager in selecting companies which have good potential for long term growth prospects.  |                          |  |                          |  |  |  |  |  |  |  |  |
|                            | To reduce the risk of the portfolio, the Scheme may also use various derivative and hedging products from time to for hedging and rebalancing purposes, in the manner permitted by SEBI.   |                          |  |                          |  |  |  |  |  |  |  |  |
| Risk Profile of the Scheme | Mutual Fund Units involve investm<br>read the SID carefully for details<br>factors are summarized below:   |                          |  |                          |  |  |  |  |  |  |  |  |
|                            | a. SBI Equity Opportunities Fund will be investing in Equity and equity related instruments including derivatives, debt instruments, Government Securities and money market instruments (such as term/notice money market and reverse repos). Trading volumes and settlement periods inherently restrict the liquidity of the scheme's investments.                                  |                          |  |                          |  |  |  |  |  |  |  |  |

|              | In the event of a restructuring of the scheme's investment portfolio, these periods may become significant.  |
|--------------|--|
|              | b. Equity and equity related risk: Equity instruments carry both company specific and market risks and hence no assurance of returns can be made for these investments.  |
|              | c. Investment in Debt and money market instruments is subject to credit risk, liquidity risk, interest rate risk, reinvestment risk etc.   |
|              | d. Investment in securitised debt is subject to liquidity risk, limited recourse risk,<br>Delinquency & Credit Risk, Risks due to possible prepayments, risk due to bankruptcy<br>of the Originator or Seller etc.   |
|              | e. Risk associated with close ended equity scheme: A close ended Equity Scheme comes to the end at the scheduled maturity of the Scheme. On the scheduled maturity date, all units are redeemed at the NAV on the maturity date. This redemption is done by liquidating the investments irrespective of their levels. Therefore there is risk associated with close ended schemes where fund manager might have to liquidate the investments at unfavourable levels.   |
|              | f. Risk associated with stock lending: If the Scheme undertakes stock lending under<br>the regulations, it may be exposed to the risks inherent to securities lending, including<br>the risk of failure of the other party, in this case the approved intermediary, to<br>comply with the terms of the agreement entered into between the lender of securities<br>i.e. the Scheme and the approved intermediary.   |
|              | g. Risk associated with derivatives: Since investments would be made in derivatives such as options & futures, the risks associated with such derivatives would be applicable.   |
|              | h. Risk factors associated with repo transactions in corporate debt securities:Corporate<br>Bond Repo transactions are currently done on OTC basis and settled on non guaranteed<br>basis. Credit risks could arise if the counterparty does not return the security as<br>contracted on due date. The liquidation of underlying bonds in case of counterparty<br>default would depend on the liquidity of the bond and market conditions at that<br>time. This risk is largely mitigated, as the choice of counterparties is largely restricted<br>and also haircuts are applicable on the underlying bonds depending on credit ratings.<br>Also operational risks are lower as such trades are settled on a DVP basis. In the<br>event of the scheme being unable to pay back the money to the counterparty as<br>contracted in case of transactions as a borrower, the counter party may dispose of<br>the assets (as they have sufficient margin) and the net proceeds may be refunded to<br>the Mutual Fund. Thus, the scheme may in remote cases suffer losses. This risk is<br>normally mitigated by better cash flow planning to take care of such repayments. |
| Risk Control | Investments in Equity and Equity related securities, debt and Money Market Instruments carry various risks such as inability to sell securities, trading volumes and settlement periods, interest rate risk, liquidity risk, default risk, reinvestment risk etc. Whilst such risks cannot be eliminated, they may be mitigated by diversification.  |
|              | In order to mitigate the various risks, the portfolio of the Scheme will be constructed in accordance with the investment restriction specified under the Regulations which would help in mitigating certain risks relating to investments in securities market.   |
|              | Further, the AMC has necessary framework in place for risk mitigation at an enterprise<br>level. The Risk Management division is an independent division within the organization.<br>Internal limits are defined and judiciously monitored. Risk indicators on various parameters<br>are computed and are monitored on a regular basis. There is a Board level Committee,<br>the Risk Management Committee of the Board, which enables a dedicated focus on risk<br>factors and the relevant risk mitigates.   |
|              | For risk control, the following may be noted:  |
|              | Liquidity risks:   |
|              | The liquidity of the Scheme's investments may be inherently restricted by trading volumes, transfer procedures and settlement periods. Liquidity Risk can be partly mitigated by   |
|              |  |



|                | diversification, staggering of maturities as well as internal risk controls that lean towards purchase of liquid securities.  |  |  |  |  |  |  |  |  |
|----------------|---|--|--|--|--|--|--|--|--|
|                | Credit Risks:   |  |  |  |  |  |  |  |  |
|                | Credit risk shall be mitigated by investing in rated papers of the companies having the sound back ground, strong fundamentals, and quality of management and financial strength of the Company.  |  |  |  |  |  |  |  |  |
|                | Interest Rate Risk:   |  |  |  |  |  |  |  |  |
|                | Changes in interest rates affect the prices of bonds. If interest rates rise the prices of bonds fall and vice versa. A well-diversified portfolio may help to mitigate this risk. Additionally, the Scheme will invest in securities maturing on or before the maturity of the Scheme. Hence, while the interim NAV will fluctuate in response to changes in interest rates, the final NAV will be more stable. To that extent the interest rate risk will be mitigated at the maturity of the scheme.   |  |  |  |  |  |  |  |  |
|                | Volatility risks:   |  |  |  |  |  |  |  |  |
|                | There is the risk of volatility in markets due to external factors like liquidity flows, changes in the business environment, economic policy etc. The scheme will manage volatility risk through diversification.  |  |  |  |  |  |  |  |  |
| Plans /Options | The scheme would have two plans viz Direct Plan & Regular Plan.   |  |  |  |  |  |  |  |  |
|                | Direct Plan:  |  |  |  |  |  |  |  |  |
|                | Direct Plan is only for investors who purchase /subscribe Units in a Scheme directly with<br>the Mutual Fund and is not available for investors who route their investments through a<br>Distributor. All the features of the Direct Plan under Scheme like the investment objective,<br>asset allocation pattern, investment strategy, risk factors, facilities offered, load structure<br>etc. will be the same except for a lower expense ratio as detailed in Section IV - Fees and<br>Expenses - B Annual Recurring Expenses of the SID. Brokerage/Commission paid to<br>distributors will not be paid / charged under the Direct Plan. Both the plans shall have a<br>common portfolio. |  |  |  |  |  |  |  |  |
|                | Eligible investors: All categories of investors as permitted under the Scheme Information<br>Document of the Scheme are eligible to subscribe under Direct Plan.  |  |  |  |  |  |  |  |  |
|                | <b>Modes for applying:</b> Investments under Direct Plan can be made through various modes offered by the Mutual Fund for investing directly with the Mutual Fund [except through Stock Exchange Platforms for Mutual Funds and all other Platform(s) where investors' applications for subscription of units are routed through Distributors].   |  |  |  |  |  |  |  |  |
|                | How to apply:   |  |  |  |  |  |  |  |  |
|                | <ul> <li>Investors desirous of subscribing under Direct Plan of a Scheme will have to ensure to<br/>indicate "Direct Plan" against the Scheme name in the application form.</li> </ul>  |  |  |  |  |  |  |  |  |
|                | • Investors should also indicate "Direct" in the ARN column of the application form.  |  |  |  |  |  |  |  |  |
|                | Regular Plan  |  |  |  |  |  |  |  |  |
|                | Regular Plan  |  |  |  |  |  |  |  |  |

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|  | Default plan/ option:  |   |                                |  |  |  |  |  |  |  |
|--|--|---|--------------------------------|--|--|--|--|--|--|--|
|  | Scenario   | Broker Code mentioned<br>by the investor  | Plan mentioned by the investor | Default Plan to<br>be captured                             |  |  |  |  |  |  |
|  | 1  | Not mentioned   | Not mentioned                  | Direct Plan  |  |  |  |  |  |  |
|  | 2  | Not mentioned   | Direct                         | Direct Plan  |  |  |  |  |  |  |
|  | 3  | Not mentioned   | Regular                        | Direct Plan  |  |  |  |  |  |  |
|  | 4  | Mentioned   | Direct                         | Direct Plan  |  |  |  |  |  |  |
|  | 5  | Direct  | Not Mentioned                  | Direct Plan  |  |  |  |  |  |  |
|  | 6  | Direct  | Regular                        | Direct Plan  |  |  |  |  |  |  |
|  | 7  | Mentioned   | Regular                        | Regular Plan   |  |  |  |  |  |  |
|  | 8  | Mentioned   | Not Mentioned                  | Regular Plan   |  |  |  |  |  |  |
|  | In cases of wrong/ invalid/ incomplete ARN codes mentioned on the application<br>the application shall be processed under Regular Plan. The AMC shall contact and<br>the correct ARN code within 30 calendar days of the receipt of the application<br>from the investor/ distributor. In case, the correct code is not received with<br>calendar days, the AMC shall reprocess the transaction under Direct Plan from the<br>of application without any exit load.<br>Between Growth Option & Dividend Option:  |   |                                |  |  |  |  |  |  |  |
| Switch In  | Investors  | Growth will be the default option & dividend payout will be default facility.<br>Investors can switch into the Scheme from the existing Schemes of SBI Mutual Fund<br>(subject to completion of Lock-in Period, if any) during the New Fund Offer Period. |                                |  |  |  |  |  |  |  |
| Switch Out                                       | Switch out is permitted only at the time of the maturity. However investors have the option of giving switch request at the time of investment for switching the entire corpus on maturity in any open ended scheme of the SBIMF. If investor has opted for switch out at the time of investment & wishes to change the switch out option, investor has to give the written request, 30 days in advance before the maturity date.  |   |                                |  |  |  |  |  |  |  |
| Applicable NAV                                   | No redemption/repurchase of units shall be allowed prior to the maturity of the scheme.<br>Redemption will be allowed on maturity of the scheme. Investors can trade on the<br>exchange and Investors wishing to exit may do so, through NSE or any other stock<br>exchange where the scheme will be listed.   |   |                                |  |  |  |  |  |  |  |
| Minimum Application Amount                       | Purchase   | : Rs. 5000/- and in multiple  | es of Re. 1 thereafter         |  |  |  |  |  |  |  |
| Listing  |  | of allotment. Further, the A  |                                | within 5 business days from<br>list the units on any other |  |  |  |  |  |  |
| Dematerialisation                                | Investors have the option to hold the units in demat form in addition to account statement.<br>Since the scheme is going to be listed and no direct repurchase facility is available with<br>the Mutual Fund, investors who intend to trade in units are required to have a Demat<br>Account and hold the units in the dematerialised form only. This being a Closed Endeor<br>Scheme, no premature redemption can be made through redemption instruction to the<br>Mutual Fund until maturity. However, the Scheme provides for liquidity through listing on<br>the NSE Limited (and/or any other recognized stock exchange where the units are<br>listed). Unit holders who intend to avail of the facility to trade in units are required to<br>have a Demat Account. |   |                                |  |  |  |  |  |  |  |
| Despatch of<br>Repurchase(Redemption)<br>request | Within 10  | days from the date of the   | maturity.                      |  |  |  |  |  |  |  |
| Benchmark Index                                  | S&P BSE 5  | 00  |                                |  |  |  |  |  |  |  |
| Liquidity Facility                               | No redem   | ption/repurchase of units s   |                                | he maturity of the scheme.<br>The Scheme is proposed to    |  |  |  |  |  |  |



|                           | be listed on the NSE within 5 business days from the date of allotment. Investors can trade on the exchange and Investors wishing to exit may do so, through NSE or any other stock exchange where the scheme will be listed.   |
|---------------------------|---|
| Dividend Policy           | Dividend declaration under the dividend option of the scheme is subject to the availability of distributable surplus and at the discretion of the Fund Manager, subject to approval of the trustees and no returns are assured under the scheme.  |
| Fund Manager              | Mr. Dharmendra Grover   |
| Trustee Company           | SBI Mutual Fund Trustee Company Private Limited (SBIMFTCPL)   |
| Performance of the scheme | This scheme does not have any performance track record.   |
| Custodian                 | SBI-SG Global Securities Services Pvt. Ltd.   |
| Expenses of the scheme    | During New Fund Offer Period  |
| (i) Load Structure        | Entry Load: N.A.  |
|                           | Exit Load: N.A.   |
|                           | During Continuous Offer   |
|                           | Entry Load: N.A.  |
|                           | Exit Load: N.A.   |
| (ii) Recurring expenses   |   |
| (ii) Recurring expenses   | Pursuant to the amendment to Regulation 52 of SEBI (Mutual Funds) Regulations, 1996 vide SEBI (Mutual Funds) (Second Amendment) Regulations, 2012 read with SEBI circular no. CIR/ IMD/DF/21/2012 dated September 13, 2012; the maximum Annual Scheme Recurring Expenses that can be charged to the Scheme are given below:   |
|                           | i) 2.50% on the first Rs.100 cr. of daily net assets.   |
|                           | ii) 2.25% on the next Rs.300 cr. of daily net assets.   |
|                           | iii) 2.00% on the next Rs.300 cr. of daily net assets.  |
|                           | iv) 1.75 % on the balance of the daily net assets.  |
|                           | The AMC has estimated that upto 2.50% of the daily net assets will be charged to the scheme as expenses. The maximum annual recurring expenses that can be charged to the Scheme, excluding issue or redemption expenses, whether initially borne by the mutual fund or by the asset management company, but including the investment management and advisory fee shall be within the limits stated in Regulations 52 read with SEBI circular no. CIR/IMD/DF/21/2012 dated September 13, 2012. The AMC may charge the investment and advisory fees within the limits of total expenses prescribed under Regulation 52 of the SEBI (Mutual Funds) Regulation.  |
|                           | In addition to expenses as permissible under Regulation 52 (6) (c), the AMC may charge the following to the concerned scheme of the Fund under Regulation 52 (6A):  |
|                           | 1. The service tax on investment management and advisory fees would be charged in addition to above limit.  |
|                           | 2. Investors are requested to note that brokerage and transaction costs which are incurred for the purpose of execution of trade and is included in the cost of investment, not exceeding 0.12 per cent in case of cash market transactions and 0.05 percent for derivative transaction. Further, in terms of SEBI circular CIR/IMD/ DF/24/2012 dated November 19, 2012, it is hereby clarified that the brokerage and transaction costs incurred for the purpose of execution of trades may be capitalized to the extent of 12bps and 5bps for cash market transactions and derivatives transactions respectively. Any payment towards brokerage and transactions and derivatives transactions respectively may be charged to the scheme within the maximum limit of |

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|   | Total Expense Ratio (TER) as prescribed under Regulation 52 of the SEBI (Mutual Funds) Regulations, 1996. Service tax on brokerage and transaction cost paid for execution of trade, if any, shall be within the limit prescribed under regulation 52 of the Regulations. Any expenditure in excess of the said prescribed limit (including brokerage and transaction costs, if any) shall be borne by the AMC or by the Trustee or Sponsors. |
|---|---|
|   | 3. In terms of Regulation 52 (6A) (b), expenses not exceeding of 0.30 per cent of daily net assets will be charged, if the new inflows from such cities as specified from time to time are at least -   |
|   | (i) 30 percent of gross new inflows in the scheme, or;  |
|   | <ul> <li>(ii) 15 percent of the average assets under management (year to date) of the scheme,<br/>whichever is higher:</li> </ul>   |
|   | Provided that if inflows from such cities is less than the higher of sub-clause (i) or sub-<br>clause (ii), such expenses on daily net assets of the scheme shall be charged on<br>proportionate basis: Provided further that expenses charged under this clause shall be<br>utilised for distribution expenses incurred for bringing inflows from such cities:   |
|   | Provided further that amount incurred as expense on account of inflows from such cities shall be credited back to the scheme in case the said inflows are redeemed within a period of one year from the date of investment.   |
|   | Direct Plan shall have a lower expense ratio excluding distribution expenses, commission, etc., and no commission shall be paid from direct plans. Both the plans, i.e., Regular & Direct shall have common portfolio.  |
|   | At least 0.05% will be charged towards distribution and commission expenses, therefore the total expenses of the direct plan shall be lower by at least 0.05% (of Net asset) visavis the regular plan i.e. if the expenses of the regular plan are 2.50 bps, the expenses of direct plan shall not exceed 2.45 bps.   |
|   | Any recurring expenses incurred over and above the aforesaid limit shall be borne by AMC.   |
|   | (All the investors are requested to refer SID for detailed information on recurring expenses structure)   |
|   | Actual expenses for the previous financial year: N.A.   |
| Waiver of Load for Direct<br>Application                | Pursuant to SEBI Circular No. SEBI/IMD/CIR No.4/168230/09 dated June 30, 2009 no entry load shall be charged for all mutual fund schemes. Therefore the procedure for waiver of load for direct applications is no longer applicable.   |
| Tax treatment for theInvestors                          | Investors will be advised to refer to the details in the Statement of Additional Information & also independently refer to their tax advisor.   |
| Daily Net Asset Value (NAV)<br>Publication              | The AMC will calculate and disclose the first NAV of the respective Scheme not later than 5 days from the date of allotment of the respective Scheme. Subsequently, NAV of the Scheme shall be computed and published on daily basis. NAV will be published in 2 newspapers as prescribed under SEBI (Mutual Funds) Regulations, 1996. NAV can also be viewed on www.sbimf.com and www.amfiindia.com.   |
| Monthly Disclosure<br>ofSchemes' Portfolio<br>Statement | The fund shall disclose the scheme's portfolio in the prescribed format as on the last day of the month for all the Schemes of SBI Mutual Fund on or before the tenth day of the succeeding month.  |
| Annual Report   | Scheme wise Annual Report or an abridged summary thereof shall be mailed to all unit holders within four months from the date of closure of the relevant accounts year i.e. 31st March every year.  |



| For Investor Grievances please contact | Registrar  | SBI Mutual Fund  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Contact                                | Computer Age Management<br>Services Pvt. Ltd.,<br>(SEBI Registration No.: INR000002813)<br>Rayala Towers, 158, Anna Salai<br>Chennai - 600 002<br>Tel: 044-28881101/36<br>Email: enq_L@camsonline.com<br>Website: www.camsonline.com   | Mr. Rohidas Nakashe<br>(Head - Customer Service)<br>SBI Funds Management Pvt. Ltd.<br>9th Floor, Crescenzo,<br>C-38 & 39,G Block,<br>Bandra Kurla Complex, Bandra (East),<br>Mumbai - 400 051<br>Tel: 022- 61793537<br>Email: customer.delight@sbimf.com |  |  |  |  |  |  |  |
| Unit holders' Information              | Pursuant to Regulation 36 of the SEBI F respect to account statement:  | Regulation, the following shall be applicable with   |  |  |  |  |  |  |  |
|  | The asset management company shall ensure that consolidated account statement for<br>each calendar month is issued, on or before tenth day of succeeding month, detailing all<br>the transactions and holding at the end of the month including transaction charges paid<br>to the distributor, across all schemes of all mutual funds, to all the investors in whose<br>folios transaction has taken place during that month:   |  |  |  |  |  |  |  |  |
|  | Provided that the asset management company shall ensure that a consolidated account statement every half yearly (September/ March) is issued, on or before tenth day of succeeding month, detailing holding at the end of the six month, across all schemes of all mutual funds, to all such investors in whose folios no transaction has taken place during that period.  |  |  |  |  |  |  |  |  |
|  | Provided further that the asset management company shall identify common investor across fund houses by their permanent account number for the purposes of sending consolidated account statement.   |  |  |  |  |  |  |  |  |
|  | In terms of SEBI Circular No. IR/MRD/DP/31/2014 dated November 12, 2014 on Consolidated Account Statement, investors having Demat account has an option to receive consolidated account statement:   |  |  |  |  |  |  |  |  |
|  | Investors having MF investments and holding securities in Demat account shall receive     a single Consolidated Account Statement (CAS) from the Depository.   |  |  |  |  |  |  |  |  |
|  | • Consolidation of account statement shall be done on the basis of Permanent Account Number (PAN). In case of multiple holding, it shall be PAN of the first holder and pattern of holding. The CAS shall be generated on a monthly basis.   |  |  |  |  |  |  |  |  |
|  | <ul> <li>If there is any transaction in any of the Demat accounts of the investor or in a<br/>his mutual fund folios, depositories shall send the CAS within ten days from<br/>month end. In case, there is no transaction in any of the mutual fund folio<br/>demat accounts then CAS with holding details shall be sent to the investor or<br/>yearly basis.</li> </ul>  |  |  |  |  |  |  |  |  |
|  | <ul> <li>In case an investor has multiple accounts across two depositories, the depositivity with whom the account has been opened earlier will be the default depository</li> </ul>   |  |  |  |  |  |  |  |  |
|  | Before the expiry of one month from the close of each half-year i.e. on 31st March<br>on 30th Sept, the fund shall publish the scheme portfolio in the prescribed formats<br>one national English daily newspaper and in a newspaper in the language of the reg<br>where the head office of the fund is situated. These shall also be displayed on<br>website of the mutual fund and AMFI.   |  |  |  |  |  |  |  |  |
|  | Further, before expiry of one month from the close of each half year i.e. on March 31 or<br>September 30, the Fund shall host a soft copy of half - yearly unaudited financial results<br>on the website of the Fund i.e. www.sbimf.com and that of AMFI www.amfiindia.com. A<br>notice advertisement communicating the investors that the financial results shall be<br>hosted on the website shall be published in one national English daily newspaper and in<br>a newspaper in the language of the region where the Head Office of the fund is situated. |  |  |  |  |  |  |  |  |

Date : September 23, 2015

## **Key Information Memorandum**

#### GENERAL INFORMATION AND GUIDELINES

#### GENERAL INFORMATION

- a. Please read carefully the Statement of Additional Information (SAI) and Scheme Information Document (SID) of the scheme containing the terms of offer before investing. Prospective investors should not treat the contents of this document or the Statement of Additional Information (SAI) and Scheme Information Document (SID) of the scheme as advice relating to legal, taxation, investment or any other matter and are recommended to consult their own professional advisors concerning the acquisitions, holding or disposal of the Units. It must be understood clearly that all applicants are deemed to have accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the application form and tendering payment. The Statement of Additional Information (SAI)/Scheme Information Document (SID) /Key Information Memorandum of the Scheme is available with the ISCs/ISDs of SBIMF, brokers/distributors and also available for download on the SBIMF website i.e. www.sbimf.com.
- b. Please complete the Application Form legibly in black ink or any dark coloured ink, in the English language only, in BLOCK CAPITALS. Please strike out with a line across any section that is not applicable.
- c. Submission of Application Forms Application forms complete in all respects with the necessary remittances may be submitted before the closure of the New Fund offer at SBI MF Corporate Office, SBIMFPL branches, the designated office of the Registrar or such other collection centres as may be designated by the AMC. The list of collection centres is printed overleaf.
- d. Application by post: Applications can be sent by post to the office of the Registrar (refer address on page no.8) to the scheme and should be accompanied by demand draft payable at Chennai. Applications received by post will be deemed to have been submitted on date of receipt at the Registrar's end.
- e. Investors are advised to retain the acknowledgement slip signed/stamped by the collection centre where they submit the application.
- f. Allotment of units: Allotment is assured to all applicants provided the applications are complete in all respects and are in order. Applications not complete in any respect are liable for rejection.
- g. Prevention of Money Laundering : In terms of the Prevention of Money Laundering Act, 2002, the Rules issued there under and the guidelines/circulars issued by SEBI regarding the Anti Money Laundering (AML Laws), all SEBI registered intermediaries, including Mutual Funds, are required to formulate and implement a client identification programme, verify and maintain the record of identity and address(s) of the investors. In this regard, investors who wish to make an investment in the units of mutual fund will be required to produce prescribed documents to any such offices as may be notified by SBIMF or AMFI from time to time in order to comply with KYC norms of SBIMF.
- h. Brokerage [For Agents Only]: Brokerage will be paid only to SBIMF Agent/Collecting Branch/Stock Exchange Broker whose stamp appears in Relevant Boxes on the Application Form. Only AMFI Registered Agents empanelled with SBIMF and possessing valid AMFI Registration Number (ARN) would be eligible for brokerage payment under existing SEBI Guidelines.
- i. SEBI has banned rebating in any form. Investors should not be guided by considerations other than the Scheme's objective for investment.

#### GUIDELINES TO HELP YOU COMPLETE THE APPLICATION FORM

#### 1 - FIRST APPLICANT'S PERSONAL DETAILS:

- a) Applications for Individuals: Please write your name in the sequence of First Name, Middle Name and Last Name. Please do not abbreviate any name. Preferably write your name exactly as it appears in the Bank Account (as provided in the bank account details).
- b) Applications for Non-Individuals: Companies, Trusts, Partnership firms, Societies or any other association should write the name exactly as it appears in its Incorporation document and in the Bank Account (as provided in the bank account details).
- c) In case the Sole / first applicant has an existing Folio No., it should be stated along with name and PAN details in the space provided for them. The form thereafter should be filled from Section 7 (onwards)
- d) Please fill in your date of birth as this may be required to identify you when communicating with us.
- e) If you have an email ID please include it as this will help us resolve queries more promptly.
- f) Permanent Account Number : With effect from July 2, 2007, Permanent Account Number (PAN) is the sole identification



number for all investors transacting in the units of SBI Mutual Fund, irrespective of the amount of transaction. Submission of attested copy of PAN card is mandatory for all categories of investors (including NRIs, Guardian of a minor). Attestation can be done by distributors / AMC officials etc.

**Micro investments** - As per Securities and Exchange Board of India (SEBI) letter no. OW/16541/2012 dated July 24, 2012 regarding 'Exemption from the need for Permanent Account Number (PAN) for micro financial products' informed that investments in mutual fund schemes [including investments through Systematic Investment Plan (SIP)] of up to Rs. 50,000/- (Rupees Fifty Thousand) per investor per year per mutual fund shall be exempted from the requirement of PAN. Accordingly, PAN shall be exempted if the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments by an investor in a rolling 12 months period or in a financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (hereafter referred to as "Micro investments"). However, the requirements of Know Your Client (KYC) shall be mandatory for all investments, irrespective of the amount of investment.

- g) If any applicant is a minor, the name of the Guardian who will sign on behalf of the minor should be filled in the space provided. In case the applicant is a Corporate or a Non-Individual investor, the Contact Person's name should be stated in the space provided.
- h) Your address should be written in full. P.O. Box address is not sufficient.
- i) Procedure for NRIs: Applications on a Repatriable basis will be made by remitting funds from abroad through normal banking channels or by submitting payments made by demand drafts purchased from FCNR accounts or by cheques drawn on NRE accounts or through Special Non-resident Rupee Accounts maintained with banks authorized to deal in foreign exchange in India. NRI applicants are requested to instruct the bank branch through which they have made the remittance or where they have the NRE / FCNR / Special Non-resident Rupee Account to send the necessary FIRCs in original on security paper to the registrars as soon as possible to enable early processing of their applications. NRIs can also apply on a nonrepartiable basis from their NRO account. NRIs should mandatorily state their overseas address in complete otherwise the application will be rejected. NRIs are requested to provide an Indian address (if available) for correspondence.
- j) Who can invest: The following is an indicative list of persons who are generally eligible and may apply for subscription to the Units of the Scheme: 

   Indian resident adult individuals, either singly or jointly (not exceeding three);
   Minor through parent / lawful guardian; (please see the note below)
   Companies, bodies corporate, public sector undertakings, association of persons or bodies of individuals and societies registered under the Societies Registration Act, 1860;
   Religious and Charitable Trusts, Wakfs or endowments of private trusts (subject to receipt of necessary approvals as required) and Private Trusts authorised to invest in Mutual Fund schemes under their trust deeds;
   Partnership Firms constituted under the Partnership Act, 1932;
   A Hindu Undivided Family (HUF) through its Karta;
   Banks (including Cooperative Banks and Regional Rural Banks) and Financial Institutions;
   Non-Resident Indians (NRIs) / Persons of Indian Origin (PIO) on full repatriation basis or on non-repatriation basis;
   Foreign Institutional Investors (FIIs) registered with SEBI on full repatriation basis;
   Qualified Foreign Investor (QFI);
   Foreign portfolio investor (FPI);
   Army, Air Force, Navy and other para-military funds and eligible institutions;
   Scientific and Industrial Research Organisations;
   Provident/ Pension / Gratuity and such other Funds as and when permitted to invest;
   International Multilateral Agencies approved by the Government of India / RBI; and
   The Trustee, AMC or Sponsor or their associates (if eligible and permitted under prevailing laws).
   A Mutual Fund through its schemes, including Fund of Funds schemes.

Note: Minor can invest in any scheme of SBI Mutual Fund through his/her guardian only. Minor Unit Holder on becoming major is required to provide prescribed document for changing the status in the Fund's records from 'Minor' to 'Major'. For details of the documentation pertaining to investment made on behalf of minor, please refer to Statement of Additional Information (SAI) pertaining to investment made on behalf of minor.

- k) Who can not invest: It should be noted that the following entities cannot invest in the scheme(s) :
  - 1. Any individual who is a Foreign National
  - 2. Overseas Corporate Bodies (OCBs) shall not be allowed to invest in the Scheme. These would be firms and societies which are held directly or indirectly but ultimately to the extent of at least 60% by NRIs and trusts in which at least 60% of the beneficial interest is similarly held irrevocably by such persons (OCBs).

SBIMFTCPL reserves the right to include / exclude new / existing categories of investors to invest in the Scheme from time to time, subject to SEBI Regulations and other prevailing statutory regulations, if any.

Subject to the Regulations, any application for Units may be accepted or rejected in the sole and absolute discretion of the Trustee. For example, the Trustee may reject any application for the Purchase of Units if the application is invalid or incomplete or if, in its opinion, increasing the size of any or all of the Scheme's Unit capital is not in the general interest of the Unit holders, or if the Trustee for any other reason does not believe that it

would be in the best interest of the Scheme or its Unit holders to accept such an application.

- 3. Residents of United States of America and Canada.
- To help us service you better, please provide your telephone number(s) / mobile number(s) including the relevant STD / ISD code.
- m) Please indicate the status of the sole / 1st Applicant at the time of investment. Any change in status during the period of holding units should be given to assist in accurate tax treatment of income arising from such holdings. The abbreviations used in these sections are: HUF Hindu Undivided Family; AOP Association of Persons; BOI Body of Individuals
- n) Mode of Holding: Tax concessions will be available only to the first named applicant. If the application is in the name of more than one individual, it will be treated as "Jointly" in case no choice under "Mode of holding(s)" is indicated. "Single" will entitle only the first holder to operate the account to the exclusion of the joint holders. "Anyone or Survivor" will entitle any one of the joint holders to operate the folio and "Jointly" will allow operation of the account only if all the holders sign the instruction.
- o) Know Your Customer (KYC): With effect from 1st January, 2011, KYC (Know Your Customer) norms are mandatory for ALL investors for making investments {fresh / additional purchase / switch-in / Systematic Investment Plan (SIP), Systematic Transfer Plan (STP)} in Mutual Funds, irrespective of the amount of investment.

Further, to bring uniformity in KYC process, SEBI has introduced a common KYC for all the SEBI registered intermediaries with effect from January 1, 2012. New investors are therefore requested to carry out the KYC process including In-Person Verification (IPV) with any SEBI registered intermediaries including mutual funds. The KYC application forms are also available on our website www.sbimf.com . SBI Funds Management Pvt. Ltd. (AMC) or NISM/AMFI certified distributors who are KYD compliant are authorized to undertake the IPV for Mutual Fund investors. Further, in case of any applications received directly (i.e. without being routed through the distributors) from the investors, the Mutual Fund may rely upon the IPV (on the KYC Application Form) performed by the scheduled commercial banks.

In this regard, all categories of investors who wish to make an investment in the units of mutual fund will be required to submit the KYC form along with the prescribed documents at any of the SBIFMPL branches or such other offices as may be notified by SBIMF from time to time to comply with KYC norms.

Once the investor has done KYC with a SEBI registered intermediary, the investor need not undergo the same process again with another intermediary including mutual funds. Investor should enclose the KYC acknowledgement letter with the investment application. Existing KYC compliant investors of the Mutual Fund can continue to invest as per the current practice. Please refer to www.sbimf.com for details.

#### 2 - SECOND AND THIRD APPLICANTS' DETAILS:

The names of Second and Third Applicants should be provided here. Please see guideline 1 above.

#### 3 - BANK PARTICULARS:

SEBI has made it mandatory for investors in mutual funds to state their bank account numbers in their applications and in redemption requests. Investors are requested to provide these details in the space provided in the application form to enable verification of the bank mandate details and to also ensure expeditious clearing of instruments. This measure is intended to avoid fraud/misuse or theft of warrants in transit. Kindly note that applications not containing these details may be rejected.

#### 4 - INVESTMENT AND PAYMENT DETAILS:

i) Mode of Payment: Payment may be made by cheque/bank draft payable locally, at any of the SBIFMPL branches/SBIMF Corporate Office/Registrar/Designated Collection Centres. Cheques/Demand Draft should be drawn in favour of "SBI Equity Opportunities Fund - Series IV". Outstation cheques will not be accepted and application forms accompanied by such cheques will be rejected. Please do not pay Cash for subscription to any Agent.

Cash investments in mutual funds - Pursuant to SEBI circular no. CIR/IMD/DF/21/2012 dated September 13, 2012 and CIR/ IMD/DF/10/2014 dated May 22, 2014, in order to help enhance the reach of mutual fund products amongst small investors, who may not be tax payers and may not have PAN/bank accounts, such as farmers, small traders/businessmen/ workers, SEBI has permitted receipt of cash for purchases / additional purchases extent of Rs. 50,000/- per investor, per mutual fund, per financial year shall be allowed subject to (i) compliance with Prevention of Money Laundering Act, 2002 and Rules framed there under; the SEBI Circular(s) on Anti Money Laundering (AML) and other applicable AML rules, regulations and guidelines and (ii) sufficient systems and procedures in place. However, payment redemptions, dividend, etc. with respect to aforementioned investments shall be paid only through banking channel.

ii) Unit holders must write the Folio number / Application number, if any, on the reverse of the cheques accompanying the

| 1 | 1 |  |
|---|---|--|
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#### Forms.

#### 5 - DIRECT CREDIT OF DIVIDEND/REDEMPTION:

SBIFM had entered into an agreement of a direct credit facility of dividends / redemptions with certain banks. For the investors who have an account with such banks, the default option for payment of dividend/redemption proceeds for all the prospective investment would be direct credit into their bank account (in case the investor has provided his bank mandate as one of the bank participating in direct credit arrangement and if he fails to specify other mode of payment i.e. cheque/ demand draft).

The AMC may alter the list of banks participating in direct credit arrangement from time to time/ withdraw direct credit facility from banks, based on its experience of dealing with any such banks or add/withdraw the name of bank with whom direct credit facility arrangement can be introduced/discontinued as the case may be. However, in the event of direct credit facility being discontinued, the unitholders will receive payments in respect of dividend/redemption through other mode such as cheque, demand draft, etc.

If you do not wish to receive dividend/redemption proceeds through direct credit , now or in future, please indicate the same in the application form. In such cases unitholders will receive payments in respect of dividend/redemption through other mode such as cheque, demand draft

#### 6 - NOMINATION FACILITY/ SUCCESSION:

Nomination facility is available only for individuals applying on their own behalf. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust. As per AMFI letter 35/MEM-COR/57/07-08 dated January 03, 2008, applicants can make multiple nominations to the maximum of three. This facility is also available to NRI investors. A non-resident Indian can be a Nominee subject to the exchange controls in force from time to time. Applicants may change their nomination at any time during the currency of the scheme. In case of multiple nominations, applicants must clearly specify the percentage of units in favour of each nominee. In case the applicants do not specify the percentage of units for each nominee, units will be distributed equally among all the nominees. Please note that such allocation/share should be in whole numbers without any decimals making a total of 100 percent.

As per AMFI circular of AMFI Working Group for Implementation of NISM Recommendations on "Operational Risk Issues in Mutual Fund Investor Service Processes" dated January 28, 2011, with effect from April 01, 2011, "Nomination shall be mandatory for new folios/accounts opened by individual especially with sole holding and no new folios/accounts for individuals in single holding should be opened without nomination. Even those investors who do not wish to nominate must sign separately confirming their non-intention to nominate." The nomination shall not be allowed in a folio held on behalf of a minor.

#### 7. DEMAT ACCOUNT:

Investors have the option to hold the units in demat form . Please tick the relevant option of Yes/No for opting/not opting units in demat form. If no option is excercised, "No" will be the default option. Applicants must ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant. If the details mentioned in the application are incomplete/incorrect, not matched with the Depository data, the application shall be treated as invalid and shall be liable to be rejected.

#### 8. ASBA :

As per SEBI circular SEBI/IMD/CIR No 18 / 198647 /2010 dated March 15, 2010 and circular Cir / IMD / DF / 6 / 2010 dated July 28, 2010 Mutual Funds / AMCs shall provide ASBA facility to investors for all NFOs launched on or after October 1, 2010. Investors wishing to apply through ASBA facility can do it by filling the application form on page no. 39 & 40. Instructions for filing application form are given on the page no.40.

#### 9. ACCEPTANCE OF THIRD PARTY PAYMENT FOR SUBSCRIPTIONS OF UNITS OF THE SCHEME OF SBI MUTUAL FUND:

SBIMF will not accept subscriptions with Third-Party payments except in the following exceptional situations:

a) Payment by Parents/Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs.50,000/- (each regular purchase or per SIP installment) b) Payment by Employer on behalf of employee under Systematic Investment Plans through Payroll deductions. c) Custodian on behalf of an FII or a client

Note that for all the above instances, the investor and the person making the payment should be KYC compliant and also submit 'Third Party Payment Declaration Form' with complete details. The said form is available at the nearest SBIFMPL branches or can be downloaded from our website www.sbimf.com.

#### 10. TRANSACTION CHARGES:

In accordance with the terms of the SEBI Circular No. Cir/ IMD/ DF/13/ 2011 dated August 22, 2011, SEBI has allowed Asset Management Companies (AMCs) to deduct transaction charges per subscription of Rs. 10,000/- and above. Distributors shall be able to choose to opt out of charging the transaction charge. However, the 'opt-out' shall be at distributor level and not investor level i.e. a distributor shall not charge one investor and choose not to charge another investor. As per SEBI Circular CIR/IMD/DF/21/2012 dated September 13, 2012, distributors shall have also the option to either opt in or opt out of levying transaction charge based on type of the product. Accordingly, the Fund shall deduct Transaction Charges on purchase / subscription received from first time mutual fund investors and investors other than first time mutual fund investors through a distributor/agent (who have specifically "opted in" to receive the transaction charges) as under:

- (i) First Time Mutual Fund Investor (across Mutual Funds): Transaction charges of Rs. 150/- for subscription of Rs. 10,000/and above will be deducted from the subscription amount and paid to the distributor/agent of the first time investor and the balance amount shall be invested in the relevant scheme opted by the investor.
- (ii) Investor other than First Time Mutual Fund Investor: Transaction charges of Rs. 100/- per subscription of Rs. 10,000/- and above will be deducted from the subscription amount and paid to the distributor/agent of the investor and the balance amount shall be invested in the relevant scheme opted by the investor.
- (iii) Transaction charges shall not be deducted for: (a) purchases /subscriptions for an amount less than Rs. 10,000/-; (b) transaction other than purchases/ subscriptions relating to new inflows such as Switch/ Systematic Transfer Plan/ Systematic Withdrawal Plan / Dividend Transfer Plan, etc. (c) purchases /subscriptions made directly with the Fund without any ARN code (i.e. not routed through any distributor/ agent). (d) transactions carried out through the stock exchange mode.

#### 11. EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN):

SEBI has made it compulsory for every employee/ relationship manager/ sales person of the distributor of mutual fund products to quote the EUIN obtained by him/her from AMFI in the Application Form. EUIN, particularly in advisory transactions, would assist in addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Individual ARN holders including senior citizens distributing mutual fund products are also required to obtain and quote EUIN in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUIN is correctly filled up in the Application Form.

#### 12 - DECLARATION AND SIGNATURES:

- a) All signatures should be in English or any Indian language. Thumb impressions should be from the left hand for males and the right hand for females and in all cases be attested by an authorized official of State Bank Group (SBG), Magistrate, Notary Public under his/her official seal.
- b) In case of applications under a Power of Attorney, the relevant Power of Attorney or the certified and duly notarized copy thereof must be lodged along with the application.

# 13. COMPLIANCE REQUIREMENTS UNDER FOREIGN LAWS / REGULATIONS, INCLUDING FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA")

As a part of various ongoing tax and regulatory developments around the globe (e.g. FATCA, CRS), financial institutions like SBIFMPL are being cast with additional investor and counterparty account related due diligence requirements.

Foreign Account Tax Compliance Act ("FATCA") is a U.S. tax initiative that requires all financial institutions to report information to the relevant tax authorities about US accounts or accounts of certain entities in which U.S. persons hold a substantial ownership interest outside the US, as a safeguard against U.S. tax evasion... India has been placed on the list of jurisdictions that have reached agreement in substance on a FATCA Model 1 IGA with U.S. On similar lines, the Organization of Economic Development (OECD) along with G-20 countries, has released a "Standard for Automatic Exchange of Financial Account Information in Tax Matters", commonly known as Common Reporting Standard ("CRS"). India is a signatory to the Multilateral Competent Authority Agreement (MCAA) for the purposes of CRS. Under FATCA/ CRS, Financial Institutions (FI) are obligated to obtain information about the financial accounts maintained by them and report to the local govt./notified tax authorities. The jurisdiction will then exchange that information in an automatic manner with other jurisdictions on an annual basis..

Subject to applicable local regulations that may be notified from time to time, SBIFMPL is in the process of taking appropriate measures in order to become FATCA and CRS compliant, with effect from the applicable date (including retrospective date) to be notified by the govt. / tax under the rules / regulations. SBIFMPL may also have to comply with other similar laws when applicable. Towards compliance with FATCA and similar laws, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our investors and counterparties. Such information may be sought either at the time of account opening or any time subsequently.



The onus to provide accurate, adequate and timely inputs in this regard would be that of the investor or counterparty. In this regard, any change in the status or information or certification previously provided should also be intimated to SBIFMPL / Authorised Registrar, as applicable forthwith but not later than thirty days from the date of knowledge of such change in status / information. In the appropriate cases and also especially in case of any omission, delay or failure in providing such information, we shall be constrained to report relevant information pertaining to the account to domestic or foreign tax authorities.

For the purposes of such regulations, 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. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

Please note that we will be unable to provide advice to you about any tax status or FATCA classification relevant to your account. It is your responsibility to ensure that you record your correct tax status / FATCA classification. You may seek advice from your tax advisor in this regard.

Please note that you may receive more than one request for information if you have multiple relationships with different members of the SBI Group. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

#### 14. CASH INVESTMENTS IN MUTUAL FUNDS

Pursuant to SEBI circular no. CIR/IMD/DF/21/2012 dated September 13, 2012 and CIR/IMD/DF/10/2014 dated May 22, 2014, in order to help enhance the reach of mutual fund products amongst small investors, who may not be tax payers and may not have PAN/bank accounts, such as farmers, small traders/businessmen/workers, SEBI has permitted receipt of cash for purchases / additional purchases extent of Rs. 50,000/- per investor, per mutual fund, per financial year shall be allowed subject to (i) compliance with Prevention of Money Laundering Act, 2002 and Rules framed there under; the SEBI Circular(s) on Anti Money Laundering (AML) and other applicable AML rules, regulations and guidelines and (ii) sufficient systems and procedures in place. However, payment redemptions, dividend, etc. with respect to aforementioned investments shall be paid only through banking channel.

In view of the above the fund shall accept subscription applications with payment mode as 'Cash' ("Cash Investments") to the extent of Rs. 50,000/- per investor, per financial year subject to the following:

- 1) Eligible Investors: Only resident individuals, sole proprietorships and minors (through guardians), who are KYC Compliant and have a Bank Account can make Cash Investments.
- 2) Mode of application: Applications for subscription with 'Cash' as mode of payment can be submitted in physical form only at select OPAT of SBI Mutual Fund.
- 3) Cash collection facility with State Bank of India (SBI) : Currently, the Fund has made arrangement with SBI to collect cash at its designated branches from investors (accompanied by a deposit slip issued and verified by the Fund). The Bank only acts as an aggregator for cash received towards subscriptions under various schemes received on a day at the various SBI branches.

AMC reserves the right to reject acceptance of cash investments if it is not in compliance with applicable SEBI circular or other regulatory requirements.

#### 15. APPOINTMENT OF MF UTILITIES INDIA PRIVATE LIMITED

MF Utility ("MFU") - a shared services initiative of various Asset Management Companies, which acts as a transaction aggregation portal for transacting in multiple Schemes of various Mutual Funds with a single form and a single payment instrument.

Accordingly, during the new fund offer, investor can submit request for purchase of units of the Scheme through MFU online (as and when this facility is available) or through authorized Points of Service published on MFUI website.

Investors should note that transactions on the MFUI portal shall be subject to the eligibility of the investors, any terms & conditions as stipulated by MFUI / Mutual Fund / the AMC from time to time and any law for the time being in force.

Investors are requested to note that, MFUI will allot a Common Account Number ("CAN"), a single reference number for all investments in the Mutual Fund industry, for transacting in multiple Schemes of various Mutual Funds through MFU and to map existing folios, if any. Investors can create a CAN by submitting the CAN Registration Form (CRF) and necessary documents at the MFUI POS. Investors can visit the website of MFUI (www.mfuindia.com) to download the relevant forms.

The AMC reserves the right to change/modify/withdraw the features mentioned in the above facility from time to time.

| SBIMUTUAL FUND  |   |   | APPLIC   | ATION NO.   |  |                    |
|---|---|---|--|---|--|--------------------|
| A FARINER FOR LIFE  | APPLIC  | ATION FORM (Please  | fill in BLOCK  | Letters)  |  |                    |
| ARN & Name of Distributor   | Branch Code<br>(only for SBG)   | Sub-Broker ARN Cod  |  | Code  | EUIN*<br>igue Identification Number)   | Reference N        |
|   |   |   |  | (Linployee on   | ique identification rumber)  |                    |
|   |   |   |  |   |  |                    |
| eclaration for "execution-only" transaction   |   |   |  |   |  |                    |
| /We hereby confirm that the EUIN box has been in<br>stributor or notwithstanding the advice of in-appro   |   |   |  |   |  |                    |
|   |   |   |  |   |  |                    |
|   |   |   |  |   |  |                    |
| SIGNATURE(S)  | in the sine of Circuit  | Ond Annlinest ( A   |  |   | • • • • • • • • • • • • • • • • •  | 0                  |
| pfront commission shall be paid directly by   | ian / Authorised Signato<br>the investor to the AMFI re   | - · · · · · · · · · · · · · · · · · · ·   | uthorised Signatory<br>the investors' assession  |   | Applicant / Authorised<br>including the service rend                         |                    |
| <b>TRANSACTION CHARGES FOR</b><br>n case the subscription amount is Rs. 10  |   |   |  |   | t time mutual fund inves   | tor) or Bo 100/    |
| nvestor other than first time mutual fund   |   |   |  |   |  |                    |
| . PARTICULARS OF FIRST API  |   |   |  |   |  |                    |
| I confirm that I am a First time inv  | estor across Mutual Fur   |   |  | •   | investor in Mutual Fund  |                    |
| EXISTING FOLIO NO.  |   |   |  |   | n your Folio number, Na<br>and Payment details- 8)                           |                    |
| Name<br>(Mr./Ms./M/s.)  |   |   |  |   |  |                    |
| Gender 🗌 Male 🗌 Female 🗌  | Other (Third Gender)  | Date of Birth*  | M M Y  |   | ndatory in case of Minor   |                    |
|   |   |   |  |   | cocopy of supporting doc   |                    |
| lame of Guardian / Name of Contact I<br>in case of Minor) (in case of Instit  | Person<br>tutional Investor)  |   |  |   |  |                    |
| elationship of Guardian in case of Minor [I<br>In case of Minor, please fill the followin   |   | e document evidencing the relation  | ship of Minor with Guard   | lian ]  | Father Mother  | Legal Gua          |
|   |   |   |  |   |  |                    |
| Email ID  |   |   |  |   |  |                    |
| Mobile No.  |   |   |  |   |  |                    |
| County Code<br>Please register your E-mail address & Mobile number  | to get alerts & communication via   | a E-mail & SMS.   |  |   |  |                    |
| Telephone (O)   |   |   |  |   |  |                    |
| County Code   |   |   |  |   |  |                    |
| Telephone (R)   |   |   |  |   |  |                    |
| County Code   |   | Mandator  | y Enclosures 🗌 P   | AN Proof  | Acknowledgement  |                    |
| PAN   |   |   | _  | KRN for Micro investr   | 0  |                    |
| Occupation Professional Bus   | siness Governm  | ent Service Private Secto   | · · ·  | ublic Sector Service  | Agriculturist  |                    |
|   | usewife Student   | Forex Dealer  | <u> </u>   | octor   | Others [Please s   | becify]            |
| Gross Annual Income in Rs. (Please  | tick (🗸 )): 🗌 Below 1 L   | _ac 1-5 Lacs 5  | -10 Lacs 10-   | 25 Lacs 🗌 25 La   | cs - 1 Cr. 🛛 > 1 Cr  | OR                 |
| Networth in Rs.   |   | a   | of (date)  |   |  |                    |
|   |   | _   |  |   |  |                    |
| Politically Exposed Person [PEP] :  For Non-individuals : Is the entity invol   |   | Related to PEP  |  |   |  |                    |
| · For Foreign Exchange / Money Chang  |   |   |  | ruisso (o.g. Casiona  | Potting Syndianton)  | Yes 1              |
| Money Lending / Pawning   | Yes   | No - Gaming / Ga  | mbling / Lottery Sel   | rvices (e.g. Casions,   | Belling Synuicales)  | Yes I              |
| IOTE: Non-individual applicants should n  | nandatorily fill Annexure   | - I alongwith this form.  |  |   |  |                    |
| . PARTICULARS OF SECOND   | APPLICANT   |   |  |   |  |                    |
| lame<br>1r./Ms./M/s.  |   |   |  |   |  |                    |
|   |   |   |  |   |  |                    |
|   |   | Mandator  | y Enclosures 📃 F   | PAN Proof KYC   | Acknowledgement  |                    |
| 'AN   |   |   |  |   |  |                    |
| AN  |   | PAN Exer  | npt KYC Ref no (PE   | KRN for Micro investr   | ments)   |                    |
| Ccupation Professional Bus  |   | nent Service Private Sect   | or Service   | ublic Sector Service  | Agriculturist  |                    |
| Decupation     Professional       Please (~))     Retired   | usewife Student   | nent Service Private Sect   | or Service P   | ublic Sector Service<br>octor   | Agriculturist  | pecify]            |
| Decupation     Professional     Bus       Please (     Retired     Hou  | usewife Student   | nent Service Private Sect   | or Service P   | ublic Sector Service  | Agriculturist  | pecify]            |
| Cccupation ☐ Professional ☐ Bus<br>Please (✓)) ☐ Retired ☐ Hou<br>iross Annual Income in Rs. (Please f  | usewife   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-   | or Service Properties  | ublic Sector Service<br>octor   | Agriculturist  | pecify]            |
| Cccupation ☐ Professional ☐ Bus<br>Please (✓)) ☐ Retired ☐ Hou<br>cross Annual Income in Rs. (Please f  | usewife   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-   | or Service Pri<br>D D<br>10 Lacs 10-2  | ublic Sector Service<br>octor<br>25 Lacs 25 Lac                                       | Agriculturist  | pecify]            |
| Decupation Professional Bus<br>Please (✓)) Retired Hou<br>pross Annual Income in Rs. (Please f  | usewife ☐ Student<br>tick (✔)): ☐ Below 1 L   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-   | or Service Properties  | ublic Sector Service<br>octor<br>25 Lacs 25 Lac                                       | Agriculturist  | pecify]            |
| Decupation Professional Bus<br>Please (✓)) Retired Hou<br>pross Annual Income in Rs. (Please f  | usewife ☐ Student<br>tick (✔)): ☐ Below 1 L   | nent Service Private Sect<br>Forex Dealer<br>.ac 1-5 Lacs 5-<br>a<br>Related to PEP   | or Service Properties  | ublic Sector Service<br>octor<br>25 Lacs 25 Lac                                       | Agriculturist  | pecify]            |
| Decupation       Professional       Bus         Please (       Retired       Hou         Storss Annual Income in Rs. (Please f         Networth in Rs.         Politically Exposed Person [PEP] :         Comment       Storss in State Bas   | usewife Student<br>tick ( ): Below 1 L<br Yes No ank of India   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>TEAR HERE -  | or Service Pro<br>D<br>10 Lacs 10-2<br>s of (date)   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y                            | Agriculturist  | pecify]            |
| Occupation       Professional       Bus         Please (~))       Retired       Hou         Gross Annual Income in Rs. (Please for the second  | usewife Student<br>tick (  Yes No     ank of India   gr: SBI Funds Management   tween SBI & AMUNDI)                                       | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>TEAR HERE -  | or Service Pri<br>D<br>10 Lacs 10-2<br>s of (date) 10 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y                            | Agriculturist Others [Please s Cs - 1 Cr. Y                                  | pecify]            |
| Occupation       Professional       Bus         (Please (~))       Retired       Hot         Gross Annual Income in Rs. (Please f         Networth in Rs.         Politically Exposed Person [PEP] :         SBIMUTUAL FUND<br>A PARTNER FOR LIFE         Sponsor :         State Bandard         A PARTNER FOR LIFE         Cobe filled in by the First applicant/Au   | usewife Student<br>tick (  Yes No     ank of India   gr: SBI Funds Management   tween SBI & AMUNDI)                                       | nent Service Private Sect<br>Forex Dealer<br>.ac 1-5 Lacs 5-<br>  | or Service Pri<br>D<br>10 Lacs 10-2<br>s of (date) 10 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y                            | Agriculturist Others [Please s Cs - 1 Cr. Y                                  | opecify]<br>OR     |
| (Please (<)) Retired Hou<br>Gross Annual Income in Rs. (Please f<br>Networth in Rs.<br>Politically Exposed Person [PEP] :<br>SBI MUTUAL FUND<br>A PARTNER FOR LIFE<br>SDINUTUAL FUND<br>A PARTNER FOR LIFE<br>(A Joint Venture bet<br>(To be filled in by the First applicant/Au<br>Received from :   | usewife Student<br>tick (  Yes No   Yes No   ank of India   yer : SBI Funds Management   tween SBI & AMUNDI)   uthorized Signatory) :     | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>— — — TEAR HERE — ·<br>Pvt. Ltd. ACKNOWLE<br>To be filled in t | br Service Print P | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y<br>M M Y Y<br>P APPLICATIO | Agriculturist<br>☐ Others [Please s<br>cs - 1 Cr. ☐ > 1 Cr.<br>Y Y<br>ON NO. | OR<br>OR<br>Signat |
| Occupation       Professional       Bus         Please (       Networth       Hou         aross Annual Income in Rs. (Please for the second se | usewife Student<br>tick (  Yes No   Yes No   ank of India   yer : SBI Funds Management   tween SBI & AMUNDI)   uthorized Signatory) :   ( | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>— — TEAR HERE — Pvt. Ltd. ACKNOWLE<br>To be filled in t        | or Service Pri<br>D<br>10 Lacs 10-2<br>s of (date) 10 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y<br>M M Y Y<br>P APPLICATIO | Agriculturist Others [Please s Cs - 1 Cr. Y                                  | OR<br>OR           |

X 

| 3. PARTICULARS OF THIRD APPLICANT   |  |                      |   |   |                       |  |  |  |  |  |  |
|---|--|----------------------|---|---|-----------------------|--|--|--|--|--|--|
| Name         Mr./Ms./M/s.         Image: Control of the second sec |  |                      |   |   |                       |  |  |  |  |  |  |
| PAN   | PAN       Mandatory Enclosures       PAN Proof       KYC Acknowledgement         PAN Exempt KYC Ref no (PEKRN for Micro investments)       PAN Exempt KYC Ref no (PEKRN for Micro investments) |                      |   |   |                       |  |  |  |  |  |  |
| Occupation<br>(Please (✓))         Professional<br>Retired         Business         Government Service           Image: Comparison of the state                              |  | e Sector S<br>Dealer | Service Public  | c Sector Service Agriculturis                             | st<br>ease specify]   |  |  |  |  |  |  |
| Gross Annual Income in Rs. (Please tick (<)): Below 1 Lac 1-5 La  | acs  | 5-10                 | Lacs 🗌 10-25 L  | .acs 🗌 25 Lacs - 1 Cr. 🔲                                  | > 1 Cr. <b>OR</b>     |  |  |  |  |  |  |
| Networth in Rs  |  | as of                | (date) D D  | MYYYY   |                       |  |  |  |  |  |  |
| Politically Exposed Person [PEP] : Yes No Related to PEP  |  |                      |   |   |                       |  |  |  |  |  |  |
| 4. FATCA RELATED INFORMATION  |  |                      |   |   |                       |  |  |  |  |  |  |
| DETAILS OF FIRST APPLICANT  |  |                      |   |   |                       |  |  |  |  |  |  |
| Country of Birth  |  |                      | City of Birth   |   |                       |  |  |  |  |  |  |
| Country of Citizenship / 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 purpose   | es and   | the assoc            | ciated Tax Reference  | Numbers below:  |                       |  |  |  |  |  |  |
| Country (also include USA, where the individual is a citizen/ green card holder of  | f USA)   |                      | Tax Payer Identi  | ification Number (Please enclose s                        | supporting documents) |  |  |  |  |  |  |
|   |  |                      |   |   |                       |  |  |  |  |  |  |
|   |  |                      |   |   |                       |  |  |  |  |  |  |
|   |  |                      |   |   |                       |  |  |  |  |  |  |
| (Please attach additional sheets if necessary)  |  |                      |   |   |                       |  |  |  |  |  |  |
| DETAILS OF SECOND APPLICANT   |  |                      |   |   |                       |  |  |  |  |  |  |
| Country of Birth  |  |                      | City of Birth   |   |                       |  |  |  |  |  |  |
| Country of Citizenship / Nationality  |  |                      |   |   |                       |  |  |  |  |  |  |
|   |  |                      |   |   |                       |  |  |  |  |  |  |
| Are you a tax resident of any country other than India? Yes No  |  | the acco             | piatod Tax Poforonoo  | Numbers below:  |                       |  |  |  |  |  |  |
| If Yes, please indicate all countries in which you are resident for tax purpose   |  |                      |   |   |                       |  |  |  |  |  |  |
| Country (also include USA, where the individual is a citizen/ green card holder of  | of USA)  |                      | Tax Payer Identification Number (Please enclose supporting documents) |   |                       |  |  |  |  |  |  |
|   |  |                      |   |   |                       |  |  |  |  |  |  |
|   |  |                      |   |   |                       |  |  |  |  |  |  |
| (Please attach additional sheets if necessary)  |  |                      |   |   |                       |  |  |  |  |  |  |
| DETAILS OF THIRD APPLICANT  |  |                      |   |   |                       |  |  |  |  |  |  |
| Country of Birth  |  |                      | City of Birth   |   |                       |  |  |  |  |  |  |
| Country of Citizenship / Nationality  |  |                      |   |   |                       |  |  |  |  |  |  |
| Are you a tax resident of any country other than India?   |  |                      |   |   |                       |  |  |  |  |  |  |
| If Yes, please indicate all countries in which you are resident for tax purpose   | s and  | the asso             | ated Tax Beference  | Numbers below:  |                       |  |  |  |  |  |  |
|   |  |                      |   | ification Number (Please enclose s                        | upporting documents)  |  |  |  |  |  |  |
| Country (also include USA, where the individual is a citizen/ green card holder of  | tUSA)  |                      | Tax Fayer Identi  | incation Number (Flease encloses                          | apporting documents)  |  |  |  |  |  |  |
|   |  |                      |   |   |                       |  |  |  |  |  |  |
|   |  |                      |   |   |                       |  |  |  |  |  |  |
| (Please attach additional sheets if necessary)  |  |                      |   |   |                       |  |  |  |  |  |  |
| 5. GENERAL INFORMATION – Please ( ✓ ) wherever applicable   |  |                      |   |   |                       |  |  |  |  |  |  |
| Tax Status (Please (✔))   |  | Caucaran             | a ant Dadu  | _   | Mode of Holding (🗸)   |  |  |  |  |  |  |
| Resident Individual       Sole-Proprietor         Resident Minor (through Guardian)       Public Limited Company  | IH   | Society              | nent Body   | NGO   | Single                |  |  |  |  |  |  |
| NRI (Repatriable)     Private Limited Company   |  | Trust                |   |   | Joint                 |  |  |  |  |  |  |
| NRI (Non-Repatriable)   |  | NPS Tru              |   |   | Any one or            |  |  |  |  |  |  |
| NRI- Minor (Repatriable)     Partnership Firm       NRI - Minor (Non-Repatriable)     FII / FPI   |  | Fund of Gratuity     |   | [Please specify]  | _ Survivor            |  |  |  |  |  |  |
| NRI – Minor (Non-Repatriable)     FII / FPI       Pension and Retirement Fund     HUF   | IH   | AOP                  | i ullu  | Others  |                       |  |  |  |  |  |  |
| Financial Institutions Bank   |  | BOI                  |   | [Please specify]  |                       |  |  |  |  |  |  |
|   | AR HI  | ERE — -              |   |   |                       |  |  |  |  |  |  |
| Any communication in connection with this application should be add   |  |                      | Registrar or the In   | vesment Manager   |                       |  |  |  |  |  |  |
| Investment Manager :  |  |                      | Registrar:  | -   |                       |  |  |  |  |  |  |
| SBI Funds Management Pvt. Ltd.<br>(A Joint Venture between SBI & AMUNDI)  |  |                      |   | Management Services Pvt. Lto                              | J.,                   |  |  |  |  |  |  |
| 9th Floor, Crescenzo, C-38 & 39,  |  |                      |   | tion No. : INR000002813)<br>rs, 158, Anna Salai,Chennai – | 600 002               |  |  |  |  |  |  |
| G Block, Bandra Kurla Complex,<br>Bandra (East), Mumbai – 400 051   |  |                      | Tel: 044 – 288  | 881101 / 36   |                       |  |  |  |  |  |  |
| Tel: 022- 61793537<br>Email: customer.delight@sbimf.com   |  |                      |   | @camsonline.com<br>w.camsonline.com                       |                       |  |  |  |  |  |  |

| 6. CONTACT                                    | DET/   | AILS     |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |
|---|--------|----------|----------|----------|---------|---------|---------|----------|---------|---------|----------|---|-------------------|---------|----------|----------|----------|---------|----------|-------------------|---------|---------|--------|------|--------------|---|-----|
| Local   |        |          |          | 1        | 1       |         |         |          |         |         | 1        |   |                   |         |          |          |          |         | I        |                   |         |         | 1      | 1    | 1            | I | I I |
| Address of<br>1st Applicant                   |        |          |          |          |         |         |         |          |         |         | I        |   |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |
|   |        |          |          | <u> </u> |         |         |         |          |         |         |          |   |                   |         |          |          |          |         | <u> </u> |                   |         |         |        |      |              |   |     |
| City  |        |          |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          |         |          |                   | Pin     |         |        |      |              |   |     |
| State   |        |          |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |
|   | Addre  | ss for ( | Corres   | ponde    | nce for | NRI Ap  | oplican | ts only  | (Plea   | se (🖌 ) | ) Indiar | n by Dei  | ault              |         |          | Fore     | eign     | ]       |          |                   |         |         |        |      |              |   |     |
| Foreign Address<br>(Mandatory for NRI / FII ) |        |          |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |
| City  |        |          |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |
| Country                                       |        |          |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          | Zip     |          |                   |         |         |        |      |              |   |     |
| 7. BANK PAR                                   | TICU   | LAR      | S (As    | s per S  | EBI Re  | egulati | ons it  | is mar   | ndator  | y for l | nvesto   | ors to p  | orovid            | e their | bank     | accou    | nt det   | ails)   |          |                   |         |         |        |      |              |   |     |
| Name of Bank                                  |        |          |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |
| Branch Name<br>and Address                    |        |          |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |
|   |        |          |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |
| City  |        |          |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          |         |          |                   | Pin     |         |        |      |              |   |     |
| Account No.                                   |        |          |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          | J       | _        |                   |         | 00110   | t Type |      |              |   |     |
| 9 digit MICR Code                             |        |          |          |          |         |         |         |          |         |         |          | it numbe<br>CELLED  |                   |         | ieque ni | umber. I | Please   | provide | ea       | ] Savi            | ngs     | NR      | 0      | F    | NR<br>:hers_ |   |     |
| IFS Code                                      |        |          |          |          |         |         |         |          |         |         |          | J   |                   |         |          |          |          |         |          |                   |         |         |        |      | ners_        |   |     |
| 8. INVESTMEN                                  |        | ID P/    | AYM      | ENT I    | DETA    | ILS :   | l/We \  | would    | like to | o inve  | st in th | ne follo  | wing              | Scher   | ne of    | SBI M    | utual    | Fund    |          |                   |         |         |        |      |              |   |     |
| Scheme Name                                   |        |          |          |          | SE      | BI Eq   | luity   | Орј      | oort    | unit    | ies F    | und   | l - Se            | eries   | s IV     |          |          |         |          |                   |         |         |        |      |              |   |     |
| Plan (Please 🗸 )                              |        |          | E        | Reg      | jular   |         |         |          | )irect  |         |          | In case of Dividend Transfer facility, please mention target scheme along with plan/option. |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |
| Option (Please ✓ )                            |        |          | C        | Gro      | wth     |         |         |          | ivider  | nd      |          | Scheme / Plan / Option  |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |
| Dividend Facility                             | (Pleas | se 🗸 )   |          | Pay      | out     |         | יד 🗌    | ransfe   | r       |         |          |   |                   |         | lenie    | / Fian   | / Opt    |         |          |                   |         |         |        |      |              |   |     |
|   | Cheq   | ue/D     | D Am     | nount    | (Rs.)   |         |         |          |         |         |          | Drawn on Bank and Branch Cheque / D.D. No. & Date   |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |
| Inve  | stmer  | it Amo   | ount (   | (Rs. ir  | ı Figui | res)    |         |          |         |         |          |   |                   |         | Inv      | estme    | nt An    | nount   | (Rs. i   | n Wor             | ds)     |         |        |      |              |   |     |
| 9. SWITCH OU                                  | T (on  | matu     | ity) : I | I wish   | to trar | isfer e | ntire c | orpus    | at the  | time    | of the   | maturi  | ty of t           | he scł  | nemet    | to the   | below    | ment    | ioned    | scherr            | ne/plar | n/optic | on.    |      |              |   |     |
| Scheme / Plan / C                             | -      |          |          |          |         |         |         |          |         |         |          |   |                   |         |          |          |          |         |          |                   |         | _       |        |      |              |   |     |
| 10. DEMAT A                                   |        |          |          |          | vide th | ne belo | w deta  | ails and | d enclo | se the  | e latest | Client  | Invest            | or Ma   | ster / [ | Demat    | Αссоι    | ınt Sta | temer    | nt (Mar           | ndator  | v).     |        |      |              |   |     |
| Please ensure that<br>Natio                   | the se | quenc    | e of na  | ames a   | ns men  | tioned  | in the  | applic   | ation f | orm n   | natche   | s with t  | hat of            | the ac  | count    | held w   | rith the | e Depo  | sitory   | Partici<br>ces (I | pant.   |         | nited  | (CDS | SL)          |   |     |
| Depository<br>Participant Name                |        |          |          | _        |         |         |         |          | ,       |         |          |   | ository<br>cipant | ,       |          | P        |          | , -     |          | (                 |         |         |        |      | <u>,</u>     |   |     |
| . anopani name                                |        |          |          | 1        | 1       |         |         |          |         | 1       |          |   | J.pun             |         | -        |          |          |         |          |                   |         |         |        |      |              |   |     |
| DP ID No.<br>Beneficiary Acco                 | unt N  | 0        | 1        | <u>N</u> |         |         |         |          |         |         | ]        | Targe   | et ID N           | o.      | I        | I        | l        | I       | I        | I                 | I       | I       | I      | I    | I            | I | 1 1 |
|   |        | 0.       |          |          |         |         |         |          |         |         | J        |   |                   |         |          |          |          |         |          |                   |         |         |        |      |              |   |     |

| 11A. NOMINATION : I wish to<br>individual investors applying with | nomina<br>i single h | ite the<br>holdin | e follo<br>ıg, No | wing<br>minat | perso<br>ion is i | n/s to<br>mand | recei<br>atory. | ve th<br>How | e proc<br>ever, i | eeds:<br>n case | in the<br>you | e ever<br>do no | nt of n<br>t wish | ny dea<br>to noi | ith. (N<br>ninate | Vith e<br>pleas | ffect fi<br>se sigr | rom 0<br>n poin | 1/04/2<br>t 11 B. | 011, for<br>)  |
|---|----------------------|-------------------|-------------------|---------------|-------------------|----------------|-----------------|--------------|-------------------|-----------------|---------------|-----------------|-------------------|------------------|-------------------|-----------------|---------------------|-----------------|-------------------|--|
| Name of the Nominee   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Name of the Guardian  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Relationship  |                      |                   |                   |               |                   |                |                 |              | Date              | of Biı          | ťh*           | D               | D                 | M                | M                 | Y               | Y                   | Y               | Y                 |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | $\otimes$  |
| Country of Birth  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | Signature of Nominee/Guardian<br>(*Mandatory in case of Minor nominee) |
| Name of the Nominee   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Name of the Guardian  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Relationship  |                      |                   |                   |               |                   |                |                 |              | Date              | of Bi           | rth*          | D               | D                 | M                | М                 | Y               | Y                   | Y               | Y                 |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | 8  |
| Country of Birth  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | Signature of Nominee/Guardian<br>(*Mandatory in case of Minor nominee) |
| Name of the Nominee   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Name of the Guardian  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Relationship  |                      |                   |                   |               |                   |                |                 |              | Date              | of Bi           | rth*          | D               | D                 | M                | M                 | Y               | Y                   | Y               | Y                 |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | $\otimes$  |
| Country of Birth  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | Signature of Nominee/Guardian<br>(*Mandatory in case of Minor nominee) |

Signature

12. 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: (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"

| Applicants must<br>sign as per mode<br>of holding | 8   | 8                                    | 8                                    |
|---|---|--------------------------------------|--------------------------------------|
|   | 1st Applicant / Guardian / Authorised Signatory | 2nd Applicant / Authorised Signatory | 3rd Applicant / Authorised Signatory |
| Date  |   | Place                                |                                      |

| SBIMUTUAL FUND  |   |   | APPLIC   | ATION NO.   |  |                    |
|---|---|---|--|---|--|--------------------|
| A FARINER FOR LIFE  | APPLIC  | ATION FORM (Please  | fill in BLOCK  | Letters)  |  |                    |
| ARN & Name of Distributor   | Branch Code<br>(only for SBG)   | Sub-Broker ARN Cod  |  | Code  | EUIN*<br>igue Identification Number)   | Reference N        |
|   |   |   |  | (Linployee on   | ique identification rumber)  |                    |
|   |   |   |  |   |  |                    |
| eclaration for "execution-only" transaction   |   |   |  |   |  |                    |
| /We hereby confirm that the EUIN box has been in<br>stributor or notwithstanding the advice of in-appro   |   |   |  |   |  |                    |
|   |   |   |  |   |  |                    |
|   |   |   |  |   |  |                    |
| SIGNATURE(S)  | in the sine of Circuit  | Ond Annlinest ( A   |  |   | • • • • • • • • • • • • • • • •  | 0                  |
| pfront commission shall be paid directly by   | ian / Authorised Signato<br>the investor to the AMFI re   | - · · · · · · · · · · · · · · · · · · ·   | uthorised Signatory<br>the investors' assessi  |   | Applicant / Authorised<br>including the service rend                         |                    |
| <b>TRANSACTION CHARGES FOR</b><br>n case the subscription amount is Rs. 10  |   |   |  |   | t time mutual fund inves   | tor) or Bo 100/    |
| nvestor other than first time mutual fund   |   |   |  |   |  |                    |
| . PARTICULARS OF FIRST API  |   |   |  |   |  |                    |
| I confirm that I am a First time inv  | estor across Mutual Fur   |   |  | •   | investor in Mutual Fund  |                    |
| EXISTING FOLIO NO.  |   |   |  |   | n your Folio number, Na<br>and Payment details- 8)                           |                    |
| Name<br>(Mr./Ms./M/s.)  |   |   |  |   |  |                    |
| Gender 🗌 Male 🗌 Female 🗌  | Other (Third Gender)  | Date of Birth*  | M M Y  |   | ndatory in case of Minor   |                    |
|   |   |   |  |   | cocopy of supporting doc   |                    |
| lame of Guardian / Name of Contact I<br>in case of Minor) (in case of Instit  | Person<br>tutional Investor)  |   |  |   |  |                    |
| elationship of Guardian in case of Minor [I<br>In case of Minor, please fill the followin   |   | e document evidencing the relation  | ship of Minor with Guard   | lian ]  | Father Mother  | Legal Gua          |
|   |   |   |  |   |  |                    |
| Email ID  |   |   |  |   |  |                    |
| Mobile No.  |   |   |  |   |  |                    |
| County Code<br>Please register your E-mail address & Mobile number  | to get alerts & communication via   | a E-mail & SMS.   |  |   |  |                    |
| Telephone (O)   |   |   |  |   |  |                    |
| County Code   |   |   |  |   |  |                    |
| Telephone (R)   |   |   |  |   |  |                    |
| County Code   |   | Mandator  | y Enclosures 🗌 P   | AN Proof  | Acknowledgement  |                    |
| PAN   |   |   | _  | KRN for Micro investr   | 0  |                    |
| Occupation Professional Bus   | siness Governm  | ent Service Private Secto   | · · ·  | ublic Sector Service  | Agriculturist  |                    |
|   | usewife Student   | Forex Dealer  | <u> </u>   | octor   | Others [Please s   | becify]            |
| Gross Annual Income in Rs. (Please  | tick (🗸 )): 🗌 Below 1 L   | _ac 1-5 Lacs 5  | -10 Lacs 10-   | 25 Lacs 🗌 25 La   | cs - 1 Cr. 🛛 > 1 Cr  | OR                 |
| Networth in Rs.   |   | a   | of (date)  |   |  |                    |
|   |   | _   |  |   |  |                    |
| Politically Exposed Person [PEP] :  For Non-individuals : Is the entity invol   |   | Related to PEP  |  |   |  |                    |
| · For Foreign Exchange / Money Chang  |   |   |  | ruisso (o.g. Casiona  | Potting Syndianton)  | Yes 1              |
| Money Lending / Pawning   | Yes   | No - Gaming / Ga  | mbling / Lottery Sel   | rvices (e.g. Casions,   | Belling Synuicales)  | Yes I              |
| IOTE: Non-individual applicants should n  | nandatorily fill Annexure   | - I alongwith this form.  |  |   |  |                    |
| . PARTICULARS OF SECOND   | APPLICANT   |   |  |   |  |                    |
| lame<br>1r./Ms./M/s.  |   |   |  |   |  |                    |
|   |   |   |  |   |  |                    |
|   |   | Mandator  | y Enclosures 📃 F   | PAN Proof KYC   | Acknowledgement  |                    |
| 'AN   |   |   |  |   |  |                    |
| AN  |   | PAN Exer  | npt KYC Ref no (PE   | KRN for Micro investr   | ments)   |                    |
| Ccupation Professional Bus  |   | nent Service Private Sect   | or Service   | ublic Sector Service  | Agriculturist  |                    |
| Decupation     Professional       Please (~))     Retired   | usewife Student   | nent Service Private Sect   | or Service P   | ublic Sector Service<br>octor   | Agriculturist  | pecify]            |
| Decupation     Professional     Bus       Please (     Retired     Hou  | usewife Student   | nent Service Private Sect   | or Service P   | ublic Sector Service  | Agriculturist  | pecify]            |
| Cccupation ☐ Professional ☐ Bus<br>Please (✓)) ☐ Retired ☐ Hou<br>iross Annual Income in Rs. (Please f  | usewife   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-   | or Service Properties  | ublic Sector Service<br>octor   | Agriculturist  | pecify]            |
| Cccupation ☐ Professional ☐ Bus<br>Please (✓)) ☐ Retired ☐ Hou<br>cross Annual Income in Rs. (Please f  | usewife   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-   | or Service Pro   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac                                       | Agriculturist  | pecify]            |
| Decupation Professional Bus<br>Please (✓)) Retired Hou<br>pross Annual Income in Rs. (Please f  | usewife ☐ Student<br>tick (✔)): ☐ Below 1 L   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-   | or Service Properties  | ublic Sector Service<br>octor<br>25 Lacs 25 Lac                                       | Agriculturist  | pecify]            |
| Decupation Professional Bus<br>Please (✓)) Retired Hou<br>pross Annual Income in Rs. (Please f  | usewife ☐ Student<br>tick (✔)): ☐ Below 1 L   | nent Service Private Sect<br>Forex Dealer<br>.ac 1-5 Lacs 5-<br>a<br>Related to PEP   | or Service Properties  | ublic Sector Service<br>octor<br>25 Lacs 25 Lac                                       | Agriculturist  | pecify]            |
| Decupation       Professional       Bus         Please (       Retired       Hou         Storss Annual Income in Rs. (Please f         Networth in Rs.         Politically Exposed Person [PEP] :         Comment       Storss in State Bas   | usewife Student<br>tick ( ): Below 1 L<br Yes No ank of India   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>TEAR HERE -  | or Service Pro<br>D<br>10 Lacs 10-2<br>s of (date)   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y                            | Agriculturist  | pecify]            |
| Occupation       Professional       Bus         Please (~))       Retired       Hou         Gross Annual Income in Rs. (Please for the second  | usewife Student<br>tick (  Yes No     ank of India   gr: SBI Funds Management   tween SBI & AMUNDI)                                       | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>TEAR HERE -  | or Service Pri<br>D<br>10 Lacs 10-2<br>s of (date) 10 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y                            | Agriculturist Others [Please s Cs - 1 Cr. Y                                  | pecify]            |
| Occupation       Professional       Bus         (Please (~))       Retired       Hot         Gross Annual Income in Rs. (Please f         Networth in Rs.         Politically Exposed Person [PEP] :         SBIMUTUAL FUND<br>A PARTNER FOR LIFE       Sponsor : State Ba<br>Investment Manag<br>(A Joint Venture bet<br>(To be filled in by the First applicant/Au  | usewife Student<br>tick (  Yes No     ank of India   gr: SBI Funds Management   tween SBI & AMUNDI)                                       | nent Service Private Sect<br>Forex Dealer<br>.ac 1-5 Lacs 5-<br>  | or Service Pri<br>D<br>10 Lacs 10-2<br>s of (date) 10 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y                            | Agriculturist Others [Please s Cs - 1 Cr. Y                                  | opecify]<br>OR     |
| (Please (<)) Retired Hou<br>Gross Annual Income in Rs. (Please f<br>Networth in Rs.<br>Politically Exposed Person [PEP] :<br>SBI MUTUAL FUND<br>A PARTNER FOR LIFE<br>SDINUTUAL FUND<br>A PARTNER FOR LIFE<br>(A Joint Venture bet<br>(To be filled in by the First applicant/Au<br>Received from :   | usewife Student<br>tick (  Yes No   Yes No   ank of India   yer : SBI Funds Management   tween SBI & AMUNDI)   uthorized Signatory) :     | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>— — — TEAR HERE — ·<br>Pvt. Ltd. ACKNOWLE<br>To be filled in t | br Service Print P | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y<br>M M Y Y<br>P APPLICATIO | Agriculturist<br>☐ Others [Please s<br>cs - 1 Cr. ☐ > 1 Cr.<br>Y Y<br>ON NO. | OR<br>OR<br>Signat |
| Occupation       Professional       Bus         Please (       Networth       Hou         Gross Annual Income in Rs. (Please for the second se | usewife Student<br>tick (  Yes No   Yes No   ank of India   yer : SBI Funds Management   tween SBI & AMUNDI)   uthorized Signatory) :   ( | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>TEAR HERE -<br>Pvt. Ltd. ACKNOWLE<br>To be filled in t         | or Service Pri<br>D<br>10 Lacs 10-2<br>s of (date) 10 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y<br>M M Y Y<br>P APPLICATIO | Agriculturist Others [Please s Cs - 1 Cr. Y                                  | OR<br>OR           |

X 

| 3. PARTICULARS OF THIRD APPLICANT   |         |                      |                      |   |                       |
|---|---------|----------------------|----------------------|---|-----------------------|
| Name         Mr./Ms./M/s.         Image: Control of the second sec |         |                      |                      |   |                       |
| PAN   |         | -                    |                      | Proof KYC Acknowledgemer                                  |                       |
| Occupation<br>(Please (✓))         Professional<br>Retired         Business         Government Service           Image: Comparison of the state                              |         | e Sector S<br>Dealer | Service Public       | c Sector Service Agriculturis                             | st<br>ease specify]   |
| Gross Annual Income in Rs. (Please tick (<)): Below 1 Lac 1-5 La  | acs     | 5-10                 | Lacs 🗌 10-25 L       | .acs 🗌 25 Lacs - 1 Cr. 🔲                                  | > 1 Cr. <b>OR</b>     |
| Networth in Rs  |         | as of                | (date) D D           | MYYYY   |                       |
| Politically Exposed Person [PEP] : Yes No Related to PEP  |         |                      |                      |   |                       |
| 4. FATCA RELATED INFORMATION  |         |                      |                      |   |                       |
| DETAILS OF FIRST APPLICANT  |         |                      |                      |   |                       |
| Country of Birth  |         |                      | City of Birth        |   |                       |
| Country of Citizenship / 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 purpose   | es and  | the assoc            | ciated Tax Reference | Numbers below:  |                       |
| Country (also include USA, where the individual is a citizen/ green card holder of  | f USA)  |                      | Tax Payer Identi     | ification Number (Please enclose s                        | supporting documents) |
|   |         |                      |                      |   |                       |
|   |         |                      |                      |   |                       |
|   |         |                      |                      |   |                       |
| (Please attach additional sheets if necessary)  |         |                      |                      |   |                       |
| DETAILS OF SECOND APPLICANT   |         |                      |                      |   |                       |
| Country of Birth  |         |                      | City of Birth        |   |                       |
| Country of Citizenship / Nationality  |         |                      |                      |   |                       |
|   |         |                      |                      |   |                       |
| Are you a tax resident of any country other than India? Yes No  |         | the acco             | piatod Tax Poforonoo | Numbers below:  |                       |
| If Yes, please indicate all countries in which you are resident for tax purpose   |         |                      |                      |   |                       |
| Country (also include USA, where the individual is a citizen/ green card holder of  | of USA) |                      | Tax Payer Identi     | ification Number (Please enclose s                        | supporting documents) |
|   |         |                      |                      |   |                       |
|   |         |                      |                      |   |                       |
| (Please attach additional sheets if necessary)  |         |                      |                      |   |                       |
| DETAILS OF THIRD APPLICANT  |         |                      |                      |   |                       |
| Country of Birth  |         |                      | City of Birth        |   |                       |
| Country of Citizenship / Nationality  |         |                      |                      |   |                       |
| Are you a tax resident of any country other than India?   |         |                      |                      |   |                       |
| If Yes, please indicate all countries in which you are resident for tax purpose   | s and   | the asso             | ated Tax Beference   | Numbers below:  |                       |
|   |         |                      |                      | ification Number (Please enclose s                        | upporting documents)  |
| Country (also include USA, where the individual is a citizen/ green card holder of  | tUSA)   |                      | Tax Fayer Identi     | incation Number (Flease encloses                          | apporting documents)  |
|   |         |                      |                      |   |                       |
|   |         |                      |                      |   |                       |
| (Please attach additional sheets if necessary)  |         |                      |                      |   |                       |
| 5. GENERAL INFORMATION – Please ( 🗸 ) wherever applicable   |         |                      |                      |   |                       |
| Tax Status (Please (✔))   |         | Caucaran             | a ant Dadu           | _   | Mode of Holding (🗸)   |
| Resident Individual       Sole-Proprietor         Resident Minor (through Guardian)       Public Limited Company  | IH      | Society              | nent Body            | NGO   | Single                |
| NRI (Repatriable)     Private Limited Company   |         | Trust                |                      |   | Joint                 |
| NRI (Non-Repatriable)   |         | NPS Tru              |                      |   | Any one or            |
| NRI- Minor (Repatriable)     Partnership Firm       NRI - Minor (Non-Repatriable)     FII / FPI   |         | Fund of Gratuity     |                      | [Please specify]  | _ Survivor            |
| NRI – Minor (Non-Repatriable)     FII / FPI       Pension and Retirement Fund     HUF   | ΙH      | AOP                  |                      | Others  |                       |
| Financial Institutions Bank   |         | BOI                  |                      | [Please specify]  |                       |
|   | AR HI   | ERE — -              |                      |   |                       |
| Any communication in connection with this application should be add   |         |                      | Registrar or the In  | vesment Manager   |                       |
| Investment Manager :  |         |                      | Registrar:           | -   |                       |
| SBI Funds Management Pvt. Ltd.<br>(A Joint Venture between SBI & AMUNDI)  |         |                      |                      | Management Services Pvt. Lto                              | J.,                   |
| 9th Floor, Crescenzo, C-38 & 39,  |         |                      |                      | tion No. : INR000002813)<br>rs, 158, Anna Salai,Chennai – | 600 002               |
| G Block, Bandra Kurla Complex,<br>Bandra (East), Mumbai – 400 051   |         |                      | Tel: 044 – 288       | 881101 / 36   |                       |
| Tel: 022- 61793537<br>Email: customer.delight@sbimf.com   |         |                      |                      | @camsonline.com<br>w.camsonline.com                       |                       |

| 6. CONTACT                                    | DET/   | AILS     |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
|---|--------|----------|----------|----------|---------|---------|---------|--|--|---------|----------|--------------------|-------------------|---------|----------|----------|----------|----------|----------|-------------------|--------|---------|---------|--------|--------------|-------|---------|
| Local   |        |          |          | 1        | 1       |         |         |  |  |         | 1        |                    |                   |         |          |          |          |          | I        |                   |        |         | 1       | 1      | 1            | I     | I I     |
| Address of<br>1st Applicant                   |        |          |          |          |         |         |         |  |  |         | I        |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
|   |        |          |          | <u> </u> |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          | <u> </u> |                   |        |         |         |        |              |       |         |
| City  |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   | Pin    |         |         |        |              |       |         |
| State   |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
|   | Addre  | ss for ( | Corres   | ponde    | nce for | NRI Ap  | oplican | ts only  | (Plea  | se (🖌 ) | ) Indiar | n by Dei           | ault              |         |          | Fore     | eign     | ]        |          |                   |        |         |         |        |              |       |         |
| Foreign Address<br>(Mandatory for NRI / FII ) |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| City  |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| Country                                       |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          | Zip      |          |                   |        |         |         |        |              |       |         |
| 7. BANK PAR                                   | TICU   | LAR      | S (As    | s per S  | EBI Re  | egulati | ons it  | is mar   | ndator   | y for I | nvesto   | ors to p           | orovid            | e their | ' bank   | accou    | nt det   | ails)    |          |                   |        |         |         |        |              |       |         |
| Name of Bank                                  |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| Branch Name<br>and Address                    |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
|   |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| City  |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   | Pin    |         |         |        |              |       |         |
| Account No.                                   |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          | J        | _        |                   |        | 00110   | t Type  |        |              |       |         |
| 9 digit MICR Code                             |        |          |          |          |         |         |         |  |  |         |          | it numbe<br>CELLED |                   |         | ieque ni | umber. I | Please   | provide  | ea       | ] Savi            | ngs    | NR      | 0       | F      | NR<br>:hers_ |       |         |
| IFS Code                                      |        |          |          |          |         |         |         |  |  |         |          | J                  |                   |         |          |          |          |          |          |                   |        |         |         |        | ners_        |       |         |
| 8. INVESTMEN                                  |        | ID P/    | AYM      | ENT I    | DETA    | ILS :   | l/We \  | would  | like to  | o inve  | st in th | ne follo           | wing              | Scher   | ne of    | SBI M    | utual    | Fund     |          |                   |        |         |         |        |              |       |         |
| Scheme Name                                   |        |          |          |          | SE      | BI Eq   | luity   | Орј  | oort   | unit    | ies F    | und                | l - Se            | eries   | s IV     |          |          |          |          |                   |        |         |         |        |              |       |         |
| Plan (Please 🗸 )                              |        |          | E        | Reg      | jular   |         |         |  | )irect   |         |          |                    |                   | In c    | ase of   | Divide   | nd Tra   | nsfer fa | acility, | olease            | mentio | n targe | et sche | me alo | ng with      | plan/ | option. |
| Option (Please ✓ )                            |        |          | C        | Gro      | wth     |         |         |  | ivider   | nd      |          |                    |                   | 60      | heme     | / Plan   | /Ont     | ion      |          |                   |        |         |         |        |              |       |         |
| Dividend Facility                             | (Pleas | se 🗸 )   |          | Pay      | out     |         | יד 🗌    | ransfe   | r  |         |          |                    |                   |         | lenie    | / Fian   | / Opt    |          |          |                   |        |         |         |        |              |       |         |
|   | Cheq   | ue/D     | D Am     | nount    | (Rs.)   |         |         |  |  |         |          | Draw               | n on E            | Bank a  | and Br   | anch     |          |          |          |                   |        | Cheq    | jue / D | .D. N  | o. & D       | ate   |         |
| Inve  | stmer  | it Amo   | ount (   | (Rs. ir  | ı Figui | res)    |         |  | Drawn on Bank and Branch     Cheque / D.D. No. & Date       Image: Constraint of the strain of |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| 9. SWITCH OU                                  | T (on  | matu     | ity) : I | I wish   | to trar | isfer e | ntire c | orpus at the time of the maturity of the scheme to the below mentioned scheme/plan/option. |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| Scheme / Plan / C                             | -      |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        | _       |         |        |              |       |         |
| 10. DEMAT A                                   |        |          |          |          | vide th | ne belo | w deta  | ails and   | d enclo  | se the  | e latest | Client             | Invest            | or Ma   | ster / [ | Demat    | Αссоι    | ınt Sta  | temer    | nt (Mar           | ndator | v).     |         |        |              |       |         |
| Please ensure that<br>Natio                   | the se | quenc    | e of na  | ames a   | ns men  | tioned  | in the  | applic   | ation f  | orm n   | natche   | s with t           | hat of            | the ac  | count    | held w   | rith the | e Depo   | sitory   | Partici<br>ces (I | pant.  |         | nited   | (CDS   | SL)          |       |         |
| Depository<br>Participant Name                |        |          |          | _        |         |         |         |  | ,  |         |          |                    | ository<br>cipant | ,       |          | P        |          | , -      |          | (                 |        |         |         |        | <u>,</u>     |       |         |
| . anopani name                                |        |          |          | 1        | 1       |         |         |  |  | 1       |          |                    | J.pun             |         | -        |          |          |          |          |                   |        |         |         |        |              |       |         |
| DP ID No.<br>Beneficiary Acco                 | unt N  | 0        | 1        | <u>N</u> |         |         |         |  |  |         | ]        | Targe              | et ID N           | o.      | I        | I        | l        | I        | I        | I                 | I      | I       | I       | I      | I            | I     | 1 1     |
|   |        | 0.       |          |          |         |         |         |  |  |         | J        |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |

| 11A. NOMINATION : I wish to<br>individual investors applying with | nomina<br>i single h | ite the<br>holdin | e follo<br>ıg, No | wing<br>minat | perso<br>ion is i | n/s to<br>mand | recei<br>atory. | ve th<br>How | e proc<br>ever, i | eeds:<br>n case | in the<br>you | e ever<br>do no | nt of n<br>t wish | ny dea<br>to noi | ith. (N<br>ninate | Vith e<br>pleas | ffect fi<br>se sigr | rom 0<br>n poin | 1/04/2<br>t 11 B. | 011, for<br>)  |
|---|----------------------|-------------------|-------------------|---------------|-------------------|----------------|-----------------|--------------|-------------------|-----------------|---------------|-----------------|-------------------|------------------|-------------------|-----------------|---------------------|-----------------|-------------------|--|
| Name of the Nominee   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Name of the Guardian  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Relationship  |                      |                   |                   |               |                   |                |                 |              | Date              | of Biı          | ťh*           | D               | D                 | M                | M                 | Y               | Y                   | Y               | Y                 |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | 8  |
| Country of Birth  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | Signature of Nominee/Guardian<br>(*Mandatory in case of Minor nominee) |
| Name of the Nominee   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Name of the Guardian  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Relationship  |                      |                   |                   |               |                   |                |                 |              | Date              | of Bi           | rth*          | D               | D                 | M                | М                 | Y               | Y                   | Y               | Y                 |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | 8  |
| Country of Birth  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | Signature of Nominee/Guardian<br>(*Mandatory in case of Minor nominee) |
| Name of the Nominee   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Name of the Guardian  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Relationship  |                      |                   |                   |               |                   |                |                 |              | Date              | of Bi           | rth*          | D               | D                 | M                | M                 | Y               | Y                   | Y               | Y                 |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | $\otimes$  |
| Country of Birth  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | Signature of Nominee/Guardian<br>(*Mandatory in case of Minor nominee) |

Signature

12. 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: (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"

| Applicants must<br>sign as per mode<br>of holding | 8   | 8                                    | 8                                    |
|---|---|--------------------------------------|--------------------------------------|
|   | 1st Applicant / Guardian / Authorised Signatory | 2nd Applicant / Authorised Signatory | 3rd Applicant / Authorised Signatory |
| Date  |   | Place                                |                                      |

| SBIMUTUAL FUND  |   |   | APPLIC   | ATION NO.   |  |                    |
|---|---|---|--|---|--|--------------------|
| A FARINER FOR LIFE  | APPLIC  | ATION FORM (Please  | fill in BLOCK  | Letters)  |  |                    |
| ARN & Name of Distributor   | Branch Code<br>(only for SBG)   | Sub-Broker ARN Cod  |  | Code  | EUIN*<br>igue Identification Number)   | Reference N        |
|   |   |   |  | (Linployee on   | ique identification rumber)  |                    |
|   |   |   |  |   |  |                    |
| eclaration for "execution-only" transaction   |   |   |  |   |  |                    |
| /We hereby confirm that the EUIN box has been in<br>stributor or notwithstanding the advice of in-appro   |   |   |  |   |  |                    |
|   |   |   |  |   |  |                    |
|   |   |   |  |   |  |                    |
| SIGNATURE(S)  | in the sine of Circuit  | Ond Annlinest ( A   |  |   | • • • • • • • • • • • • • • • • •  | 0                  |
| pfront commission shall be paid directly by   | ian / Authorised Signato<br>the investor to the AMFI re   | - · · · · · · · · · · · · · · · · · · ·   | uthorised Signatory<br>the investors' assession  |   | Applicant / Authorised<br>including the service rend                         |                    |
| <b>TRANSACTION CHARGES FOR</b><br>n case the subscription amount is Rs. 10  |   |   |  |   | t time mutual fund inves   | tor) or Bo 100/    |
| nvestor other than first time mutual fund   |   |   |  |   |  |                    |
| . PARTICULARS OF FIRST API  |   |   |  |   |  |                    |
| I confirm that I am a First time inv  | estor across Mutual Fur   |   |  | •   | investor in Mutual Fund  |                    |
| EXISTING FOLIO NO.  |   |   |  |   | n your Folio number, Na<br>and Payment details- 8)                           |                    |
| Name<br>(Mr./Ms./M/s.)  |   |   |  |   |  |                    |
| Gender 🗌 Male 🗌 Female 🗌  | Other (Third Gender)  | Date of Birth*  | M M Y  |   | ndatory in case of Minor   |                    |
|   |   |   |  |   | cocopy of supporting doc   |                    |
| lame of Guardian / Name of Contact I<br>in case of Minor) (in case of Instit  | Person<br>tutional Investor)  |   |  |   |  |                    |
| elationship of Guardian in case of Minor [I<br>In case of Minor, please fill the followin   |   | e document evidencing the relation  | ship of Minor with Guard   | lian ]  | Father Mother  | Legal Gua          |
|   |   |   |  |   |  |                    |
| Email ID  |   |   |  |   |  |                    |
| Mobile No.  |   |   |  |   |  |                    |
| County Code<br>Please register your E-mail address & Mobile number  | to get alerts & communication via   | a E-mail & SMS.   |  |   |  |                    |
| Telephone (O)   |   |   |  |   |  |                    |
| County Code   |   |   |  |   |  |                    |
| Telephone (R)   |   |   |  |   |  |                    |
| County Code   |   | Mandator  | y Enclosures 🗌 P   | AN Proof  | Acknowledgement  |                    |
| PAN   |   |   | _  | KRN for Micro investr   | 0  |                    |
| Occupation Professional Bus   | siness Governm  | ent Service Private Secto   | · · ·  | ublic Sector Service  | Agriculturist  |                    |
|   | usewife Student   | Forex Dealer  | <u> </u>   | octor   | Others [Please s   | becify]            |
| Gross Annual Income in Rs. (Please  | tick (🗸 )): 🗌 Below 1 L   | _ac 1-5 Lacs 5  | -10 Lacs 10-   | 25 Lacs 🗌 25 La   | cs - 1 Cr. 🛛 > 1 Cr  | OR                 |
| Networth in Rs.   |   | a   | of (date)  |   |  |                    |
|   |   | _   |  |   |  |                    |
| Politically Exposed Person [PEP] :  For Non-individuals : Is the entity invol   |   | Related to PEP  |  |   |  |                    |
| · For Foreign Exchange / Money Chang  |   |   |  | ruisso (o.g. Casiona  | Potting Syndianton)  | Yes 1              |
| Money Lending / Pawning   | Yes   | No - Gaming / Ga  | mbling / Lottery Sel   | rvices (e.g. Casions,   | Belling Synucales)   | Yes I              |
| IOTE: Non-individual applicants should n  | nandatorily fill Annexure   | - I alongwith this form.  |  |   |  |                    |
| . PARTICULARS OF SECOND   | APPLICANT   |   |  |   |  |                    |
| lame<br>1r./Ms./M/s.  |   |   |  |   |  |                    |
|   |   |   |  |   |  |                    |
|   |   | Mandator  | y Enclosures 📃 F   | PAN Proof KYC   | Acknowledgement  |                    |
| 'AN   |   |   |  |   |  |                    |
| AN  |   | PAN Exer  | npt KYC Ref no (PE   | KRN for Micro investr   | ments)   |                    |
| Ccupation Professional Bus  |   | nent Service Private Sect   | or Service   | ublic Sector Service  | Agriculturist  |                    |
| Decupation     Professional       Please (~))     Retired   | usewife Student   | nent Service Private Sect   | or Service P   | ublic Sector Service<br>octor   | Agriculturist  | pecify]            |
| Decupation     Professional     Bus       Please (     Retired     Hou  | usewife Student   | nent Service Private Sect   | or Service P   | ublic Sector Service  | Agriculturist  | pecify]            |
| Cccupation ☐ Professional ☐ Bus<br>Please (✓)) ☐ Retired ☐ Hou<br>iross Annual Income in Rs. (Please f  | usewife   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-   | or Service Properties  | ublic Sector Service<br>octor   | Agriculturist  | pecify]            |
| Cccupation ☐ Professional ☐ Bus<br>Please (✓)) ☐ Retired ☐ Hou<br>cross Annual Income in Rs. (Please f  | usewife   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-   | or Service Pri<br>D D<br>10 Lacs 10-2  | ublic Sector Service<br>octor<br>25 Lacs 25 Lac                                       | Agriculturist  | pecify]            |
| Decupation Professional Bus<br>Please (✓)) Retired Hou<br>pross Annual Income in Rs. (Please f  | usewife ☐ Student<br>tick (✔)): ☐ Below 1 L   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-   | or Service Properties  | ublic Sector Service<br>octor<br>25 Lacs 25 Lac                                       | Agriculturist  | pecify]            |
| Decupation Professional Bus<br>Please (✓)) Retired Hou<br>pross Annual Income in Rs. (Please f  | usewife ☐ Student<br>tick (✔)): ☐ Below 1 L   | nent Service Private Sect<br>Forex Dealer<br>.ac 1-5 Lacs 5-<br>a<br>Related to PEP   | or Service Properties  | ublic Sector Service<br>octor<br>25 Lacs 25 Lac                                       | Agriculturist  | pecify]            |
| Decupation       Professional       Bus         Please (       Retired       Hou         Storss Annual Income in Rs. (Please f         Networth in Rs.         Politically Exposed Person [PEP] :         Comment       Storss in State Bas   | usewife Student<br>tick ( ): Below 1 L<br Yes No ank of India   | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>TEAR HERE -  | or Service Pro<br>D<br>10 Lacs 10-2<br>s of (date)   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y                            | Agriculturist  | pecify]            |
| Occupation       Professional       Bus         Please (~))       Retired       Hou         Gross Annual Income in Rs. (Please for the second  | usewife Student<br>tick (  Yes No     ank of India   gr: SBI Funds Management   tween SBI & AMUNDI)                                       | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>TEAR HERE -  | or Service Pri<br>D<br>10 Lacs 10-2<br>s of (date) 10 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y                            | Agriculturist Others [Please s Cs - 1 Cr. Y                                  | pecify]            |
| Occupation       Professional       Bus         (Please (~))       Retired       Hot         Gross Annual Income in Rs. (Please f         Networth in Rs.         Politically Exposed Person [PEP] :         SBIMUTUAL FUND<br>A PARTNER FOR LIFE         Sponsor :         State Bandard         A PARTNER FOR LIFE         Cobe filled in by the First applicant/Au   | usewife Student<br>tick (  Yes No     ank of India   gr: SBI Funds Management   tween SBI & AMUNDI)                                       | nent Service Private Sect<br>Forex Dealer<br>.ac 1-5 Lacs 5-<br>  | or Service Pri<br>D<br>10 Lacs 10-2<br>s of (date) 10 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y                            | Agriculturist Others [Please s Cs - 1 Cr. Y                                  | opecify]<br>OR     |
| (Please (<)) Retired Hou<br>Gross Annual Income in Rs. (Please f<br>Networth in Rs.<br>Politically Exposed Person [PEP] :<br>SBI MUTUAL FUND<br>A PARTNER FOR LIFE<br>SDINUTUAL FUND<br>Sponsor : State Ba<br>Investment Manag<br>(A Joint Venture bet<br>(To be filled in by the First applicant/Au<br>Received from :   | usewife Student<br>tick (  Yes No   Yes No   ank of India   yer : SBI Funds Management   tween SBI & AMUNDI)   uthorized Signatory) :     | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>— — — TEAR HERE — ·<br>Pvt. Ltd. ACKNOWLE<br>To be filled in t | br Service Print P | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y<br>M M Y Y<br>P APPLICATIO | Agriculturist<br>☐ Others [Please s<br>cs - 1 Cr. ☐ > 1 Cr.<br>Y Y<br>ON NO. | OR<br>OR<br>Signat |
| Occupation       Professional       Bus         Please (       Networth       Hou         aross Annual Income in Rs. (Please for the second se | usewife Student<br>tick (  Yes No   Yes No   ank of India   yer : SBI Funds Management   tween SBI & AMUNDI)   uthorized Signatory) :   ( | nent Service Private Sect<br>Forex Dealer<br>ac 1-5 Lacs 5-<br>Related to PEP<br>TEAR HERE -<br>Pvt. Ltd. ACKNOWLE<br>To be filled in t         | or Service Pri<br>D<br>10 Lacs 10-2<br>s of (date) 10 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0<br>0   | ublic Sector Service<br>octor<br>25 Lacs 25 Lac<br>M M Y Y<br>M M Y Y<br>P APPLICATIO | Agriculturist Others [Please s Cs - 1 Cr. Y                                  | OR<br>OR<br>Signat |

X 

| 3. PARTICULARS OF THIRD APPLICANT   |         |                      |                      |   |                       |
|---|---------|----------------------|----------------------|---|-----------------------|
| Name         Mr./Ms./M/s.         Image: Control of the second sec |         |                      |                      |   |                       |
| PAN   |         | -                    |                      | Proof KYC Acknowledgemer                                  |                       |
| Occupation<br>(Please (✓))         Professional<br>Retired         Business         Government Service           Image: Comparison of the state                              |         | e Sector S<br>Dealer | Service Public       | c Sector Service Agriculturis                             | st<br>ease specify]   |
| Gross Annual Income in Rs. (Please tick (<)): Below 1 Lac 1-5 La  | acs     | 5-10                 | Lacs 🗌 10-25 L       | .acs 🗌 25 Lacs - 1 Cr. 🔲                                  | > 1 Cr. <b>OR</b>     |
| Networth in Rs  |         | as of                | (date) D D           | MYYYY   |                       |
| Politically Exposed Person [PEP] : Yes No Related to PEP  |         |                      |                      |   |                       |
| 4. FATCA RELATED INFORMATION  |         |                      |                      |   |                       |
| DETAILS OF FIRST APPLICANT  |         |                      |                      |   |                       |
| Country of Birth  |         |                      | City of Birth        |   |                       |
| Country of Citizenship / 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 purpose   | es and  | the assoc            | ciated Tax Reference | Numbers below:  |                       |
| Country (also include USA, where the individual is a citizen/ green card holder of  | f USA)  |                      | Tax Payer Identi     | ification Number (Please enclose s                        | supporting documents) |
|   |         |                      |                      |   |                       |
|   |         |                      |                      |   |                       |
|   |         |                      |                      |   |                       |
| (Please attach additional sheets if necessary)  |         |                      |                      |   |                       |
| DETAILS OF SECOND APPLICANT   |         |                      |                      |   |                       |
| Country of Birth  |         |                      | City of Birth        |   |                       |
| Country of Citizenship / Nationality  |         |                      |                      |   |                       |
|   |         |                      |                      |   |                       |
| Are you a tax resident of any country other than India?   |         | the acco             | piatod Tax Poforonoo | Numbers below:  |                       |
| If Yes, please indicate all countries in which you are resident for tax purpose   |         |                      |                      |   |                       |
| Country (also include USA, where the individual is a citizen/ green card holder of  | of USA) |                      | Tax Payer Identi     | ification Number (Please enclose s                        | supporting documents) |
|   |         |                      |                      |   |                       |
|   |         |                      |                      |   |                       |
| (Please attach additional sheets if necessary)  |         |                      |                      |   |                       |
| DETAILS OF THIRD APPLICANT  |         |                      |                      |   |                       |
| Country of Birth  |         |                      | City of Birth        |   |                       |
| Country of Citizenship / Nationality  |         |                      |                      |   |                       |
| Are you a tax resident of any country other than India?   |         |                      |                      |   |                       |
| If Yes, please indicate all countries in which you are resident for tax purpose   | s and   | the asso             | ated Tax Beference   | Numbers below:  |                       |
|   |         |                      |                      | ification Number (Please enclose s                        | upporting documents)  |
| Country (also include USA, where the individual is a citizen/ green card holder of  | tUSA)   |                      | Tax Fayer Identi     | incation Number (Flease encloses                          | apporting documents)  |
|   |         |                      |                      |   |                       |
|   |         |                      |                      |   |                       |
| (Please attach additional sheets if necessary)  |         |                      |                      |   |                       |
| 5. GENERAL INFORMATION – Please ( ✓ ) wherever applicable   |         |                      |                      |   |                       |
| Tax Status (Please (✔))   |         | Caucaran             | a ant Dadu           | _   | Mode of Holding (🗸)   |
| Resident Individual       Sole-Proprietor         Resident Minor (through Guardian)       Public Limited Company  | IH      | Society              | nent Body            | NGO   | Single                |
| NRI (Repatriable)     Private Limited Company   |         | Trust                |                      |   | Joint                 |
| NRI (Non-Repatriable)   |         | NPS Tru              |                      |   | Any one or            |
| NRI- Minor (Repatriable)     Partnership Firm       NRI - Minor (Non-Repatriable)     FII / FPI   |         | Fund of Gratuity     |                      | [Please specify]  | _ Survivor            |
| NRI – Minor (Non-Repatriable)     FII / FPI       Pension and Retirement Fund     HUF   | IH      | AOP                  |                      | Others  |                       |
| Financial Institutions Bank   |         | BOI                  |                      | [Please specify]  |                       |
|   | AR HI   | ERE — -              |                      |   |                       |
| Any communication in connection with this application should be add   |         |                      | Registrar or the In  | vesment Manager   |                       |
| Investment Manager :  |         |                      | Registrar:           | -   |                       |
| SBI Funds Management Pvt. Ltd.<br>(A Joint Venture between SBI & AMUNDI)  |         |                      |                      | Management Services Pvt. Lto                              | J.,                   |
| 9th Floor, Crescenzo, C-38 & 39,  |         |                      |                      | tion No. : INR000002813)<br>rs, 158, Anna Salai,Chennai – | 600 002               |
| G Block, Bandra Kurla Complex,<br>Bandra (East), Mumbai – 400 051   |         |                      | Tel: 044 – 288       | 881101 / 36   |                       |
| Tel: 022- 61793537<br>Email: customer.delight@sbimf.com   |         |                      |                      | @camsonline.com<br>w.camsonline.com                       |                       |

| 6. CONTACT                                    | DET/   | AILS     |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
|---|--------|----------|----------|----------|---------|---------|---------|--|--|---------|----------|--------------------|-------------------|---------|----------|----------|----------|----------|----------|-------------------|--------|---------|---------|--------|--------------|-------|---------|
| Local   |        |          |          | 1        | 1       |         |         |  |  |         | 1        |                    |                   |         |          |          |          |          | I        |                   |        |         | 1       | 1      | 1            | I     | I I     |
| Address of<br>1st Applicant                   |        |          |          |          |         |         |         |  |  |         | I        |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
|   |        |          |          | <u> </u> |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          | <u> </u> |                   |        |         |         |        |              |       |         |
| City  |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   | Pin    |         |         |        |              |       |         |
| State   |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
|   | Addre  | ss for ( | Corres   | ponde    | nce for | NRI Ap  | oplican | ts only  | ( Plea   | se (🖌 ) | ) Indiar | n by Dei           | ault              |         |          | Fore     | eign     | ]        |          |                   |        |         |         |        |              |       |         |
| Foreign Address<br>(Mandatory for NRI / FII ) |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| City  |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| Country                                       |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          | Zip      |          |                   |        |         |         |        |              |       |         |
| 7. BANK PAR                                   | TICU   | LAR      | S (As    | s per S  | EBI Re  | egulati | ons it  | is mar   | ndator   | y for I | nvesto   | ors to p           | orovid            | e their | bank     | accou    | nt det   | ails)    |          |                   |        |         |         |        |              |       |         |
| Name of Bank                                  |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| Branch Name<br>and Address                    |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
|   |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| City  |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   | Pin    |         |         |        |              |       |         |
| Account No.                                   |        |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          | J        | _        |                   |        | 00110   | t Type  |        |              |       |         |
| 9 digit MICR Code                             |        |          |          |          |         |         |         |  |  |         |          | it numbe<br>CELLED |                   |         | ieque ni | umber. I | Please   | provide  | ea       | ] Savi            | ngs    | NR      | 0       | F      | NR<br>:hers_ |       |         |
| IFS Code                                      |        |          |          |          |         |         |         |  |  |         |          | J                  |                   |         |          |          |          |          |          |                   |        |         |         |        | ners_        |       |         |
| 8. INVESTMEN                                  |        | ID P/    | AYM      | ENT I    | DETA    | ILS :   | l/We \  | would  | like to  | o inve  | st in th | ne follo           | wing              | Scher   | ne of    | SBI M    | utual    | Fund     |          |                   |        |         |         |        |              |       |         |
| Scheme Name                                   |        |          |          |          | SE      | BI Eq   | luity   | Орј  | oort   | unit    | ies F    | und                | l - Se            | eries   | s IV     |          |          |          |          |                   |        |         |         |        |              |       |         |
| Plan (Please 🗸 )                              |        |          | E        | Reg      | jular   |         |         |  | )irect   |         |          |                    |                   | In c    | ase of   | Divide   | nd Tra   | nsfer fa | acility, | olease            | mentio | n targe | et sche | me alo | ng with      | plan/ | option. |
| Option (Please ✓ )                            |        |          | C        | Gro      | wth     |         |         |  | ivider   | nd      |          |                    |                   | 60      | heme     | / Plan   | /Ont     | ion      |          |                   |        |         |         |        |              |       |         |
| Dividend Facility                             | (Pleas | se ✔)    |          | Pay      | out     |         | יד 🗌    | ransfe   | r  |         |          |                    |                   |         | lenie    | / Fian   | / Opt    |          |          |                   |        |         |         |        |              |       |         |
|   | Cheq   | ue/D     | D Am     | nount    | (Rs.)   |         |         |  |  |         |          | Draw               | n on E            | Bank a  | and Br   | anch     |          |          |          |                   |        | Cheq    | jue / D | .D. N  | o. & D       | ate   |         |
| Inve  | stmer  | it Amo   | ount (   | (Rs. ir  | ı Figui | res)    |         |  | Drawn on Bank and Branch     Cheque / D.D. No. & Date       Image: Constraint of the strain of |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| 9. SWITCH OU                                  | T (on  | matu     | ity) : I | I wish   | to trar | isfer e | ntire c | orpus at the time of the maturity of the scheme to the below mentioned scheme/plan/option. |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| Scheme / Plan / C                             | -      |          |          |          |         |         |         |  |  |         |          |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |
| 10. DEMAT A                                   |        |          |          |          | vide th | ne belo | w deta  | ails and   | d enclo  | se the  | e latest | Client             | Invest            | or Ma   | ster / [ | Demat    | Αссоι    | ınt Sta  | temer    | nt (Mar           | ndator | v).     |         |        |              |       |         |
| Please ensure that<br>Natio                   | the se | quenc    | e of na  | ames a   | ns men  | tioned  | in the  | applic   | ation f  | orm n   | natche   | s with t           | hat of            | the ac  | count    | held w   | rith the | e Depo   | sitory   | Partici<br>ces (I | pant.  |         | nited   | (CDS   | SL)          |       |         |
| Depository<br>Participant Name                |        |          |          | _        |         |         |         |  | ,  |         |          |                    | ository<br>cipant | ,       |          | P        |          | , -      |          | (                 |        |         |         |        | <u>,</u>     |       |         |
| . anopani name                                |        |          |          | 1        | 1       |         |         |  |  | 1       |          |                    | J.pun             |         | -        |          |          |          |          |                   |        |         |         |        |              |       |         |
| DP ID No.<br>Beneficiary Acco                 | unt N  | 0        | 1        | <u>N</u> |         |         |         |  |  |         | ]        | Targe              | et ID N           | o.      | I        | I        | l        | I        | I        | I                 | I      | I       | I       | I      | I            | I     | 1 1     |
|   |        | 0.       |          |          |         |         |         |  |  |         | J        |                    |                   |         |          |          |          |          |          |                   |        |         |         |        |              |       |         |

| 11A. NOMINATION : I wish to<br>individual investors applying with | nomina<br>i single h | ite the<br>holdin | e follo<br>ıg, No | wing<br>minat | perso<br>ion is i | n/s to<br>mand | recei<br>atory. | ve th<br>How | e proc<br>ever, i | eeds:<br>n case | in the<br>you | e ever<br>do no | nt of n<br>t wish | ny dea<br>to noi | ith. (N<br>ninate | Vith e<br>pleas | ffect fi<br>se sigr | rom 0<br>n poin | 1/04/2<br>t 11 B. | 011, for<br>)  |
|---|----------------------|-------------------|-------------------|---------------|-------------------|----------------|-----------------|--------------|-------------------|-----------------|---------------|-----------------|-------------------|------------------|-------------------|-----------------|---------------------|-----------------|-------------------|--|
| Name of the Nominee   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Name of the Guardian  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Relationship  |                      |                   |                   |               |                   |                |                 |              | Date              | of Biı          | ťh*           | D               | D                 | M                | M                 | Y               | Y                   | Y               | Y                 |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | 8  |
| Country of Birth  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | Signature of Nominee/Guardian<br>(*Mandatory in case of Minor nominee) |
| Name of the Nominee   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Name of the Guardian  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Relationship  |                      |                   |                   |               |                   |                |                 |              | Date              | of Bi           | rth*          | D               | D                 | M                | М                 | Y               | Y                   | Y               | Y                 |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | 8  |
| Country of Birth  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | Signature of Nominee/Guardian<br>(*Mandatory in case of Minor nominee) |
| Name of the Nominee   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Name of the Guardian  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Relationship  |                      |                   |                   |               |                   |                |                 |              | Date              | of Bi           | rth*          | D               | D                 | M                | M                 | Y               | Y                   | Y               | Y                 |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   |  |
| Address of Nominee/<br>Guardian                                   |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | $\otimes$  |
| Country of Birth  |                      |                   |                   |               |                   |                |                 |              |                   |                 |               |                 |                   |                  |                   |                 |                     |                 |                   | Signature of Nominee/Guardian<br>(*Mandatory in case of Minor nominee) |

Signature

12. 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: (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"

| Applicants must<br>sign as per mode<br>of holding | 8   | 8                                    | 8                                    |
|---|---|--------------------------------------|--------------------------------------|
|   | 1st Applicant / Guardian / Authorised Signatory | 2nd Applicant / Authorised Signatory | 3rd Applicant / Authorised Signatory |
| Date  |   | Place                                |                                      |



| (Please fill in BLOCK Letters) (Please refer instructions on page 22)     1. APPLICANT DETAILS     Name   (Mr./Ms./M/s.)     PAN     2. LISTED COMPANY / ITS SUBSIDIARY COMPANY     We hereby declare that     Our company is a Listed Company listed on recognized stock exchange in India<br>Name/s of the stock exchange/s where the shares of the company are regularly traded   | Name of the Investo       |
|--|---------------------------|
| Name         Mr./Ms./M/s.)         PAN         LISTED COMPANY / ITS SUBSIDIARY COMPANY         Ve hereby declare that         Our company is a Listed Company listed on recognized stock exchange in India   | Name of the Investo       |
| Mr./Ms./M/s.) PAN LISTED COMPANY / ITS SUBSIDIARY COMPANY // hereby declare that Our company is a Listed Company listed on recognized stock exchange in India  | Name of the Investo       |
| . LISTED COMPANY / ITS SUBSIDIARY COMPANY         //e hereby declare that  | Name of the Investo       |
| le hereby declare that   | Name of the Investo       |
| Our company is a Listed Company listed on recognized stock exchange in India   | Name of the Investo       |
| Our company is a Listed Company listed on recognized stock exchange in India   |                           |
|  |                           |
| Our company is a subsidiary of the Listed Company Name of the listed holding company   |                           |
| Name/s of the stock exchange/s where the shares of the company are regularly traded  |                           |
| Our company is controlled by a Listed Company         Name of the controlling listed company   |                           |
| Name/s of the stock exchange/s where the shares of the company are regularly traded  |                           |
| None of the above  |                           |
| ' None of the above' option is selected, the following information [Part 3] shall be provided mandatorily as applicable .  |                           |
| NON-INDIVIDUALS OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY   |                           |
| ategory [tick applicable category]:  |                           |
| Unlisted Company Religious Trust   |                           |
| Partnership Firm / Limited Liability Partnership Company Private Trust   |                           |
| Unincorporated association / body of individuals Trust created by a Will   |                           |
| Public Charitable Trust Others (please specify)  |                           |
| S.         Name & Designation of         PAN /         Address of         Date of Birth/         Country of Tax         UBO Code         Percentage         KYC (Yes/         Operation  | Controlling Person        |
| No.       UBO       Taxpayer<br>[Mandatory]       UBO       Incorporation       Residency [CTR]<br>/ Citizenship/<br>Nationality<br>[COCN]/ Country<br>of Birth [COB] #2       of Holding<br>(%) #3<br>[Enclose<br>appropriate<br>proof]       No) #4<br>[Please<br>attach KYC<br>acknowledgement<br>copy /identity &<br>address proof]         No.       #1<br>[Mandatory if<br>KYC proof is not<br>enclosed]       UBO       Incorporation       Residency [CTR]<br>/ Citizenship/<br>Nationality<br>[COCN]/ Country<br>of Birth [COB] #2       of Holding<br>(%) #3<br>[Enclose<br>appropriate<br>proof]       No) #4<br>[Please<br>attach KYC<br>acknowledgement<br>copy /identity &<br>address proof] | Туре                      |
| CTR:<br>COCN:  |                           |
| COB::  |                           |
| CTR:<br>COCN:  |                           |
| COB::  |                           |
| CTR:<br>COCN:  |                           |
| COB::  |                           |
| #1 – If UBO is already KYC compliant, KYC Complied proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Set<br>Trust to be specified wherever applicable.   | ettlor of Trust / Protect |
| 2 – If any of the UBO is resident / citizen of 'other than India' or citizen/tax resident/green card holder of country [like USA, UK], please provide Taxpayer ID Number/ Social S case of multiple tax residence, please provide the names of all countries separated by comma.   | Security Number [SSN      |
| 3 – Submit documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary  |                           |
| 4 – If UBO is not KYC compliant, UBO shall complete the KYC formalities and submit the KYC acknowledgement copy to Mutual Fund / CAMS.   |                           |

| 4. ADDITIONAL KYC INFORMATION   |  |  |  |  |
|---|--|--|--|--|
| 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.  |  |  |  |  |
| Is the entity involved in / providing any of the following services:  |  |  |  |  |
| Foreign Exchange / Money Changer Services Ves No  |  |  |  |  |
| Gaming / Gambling / Lottery Services [e.g. casinos, betting syndicates] Yes No  |  |  |  |  |
| Money Laundering / Pawning Ves No   |  |  |  |  |
| Any other information relating to KYC not covered above[Please specify]:  |  |  |  |  |
| 5. FATCA INFORMATION  |  |  |  |  |
| Incorporation/Formation/ Tax residency in India   |  |  |  |  |
| If No, please specify the Country(ies) of Incorporation/Formation/Tax residency and Taxpayer Indentification Numbers below :  |  |  |  |  |
| Country         Tax Payer Identification Number (Please enclose supporting documents)   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| (Please attach additional sheets if necessary). In case 'U.S.' is indicated in Country of Tax residency column – you are required to submit Form W-9.<br>6. OTHER INFORMATION (SEE INSTRUCTION (d) OVERLEAF)                      |  |  |  |  |
|   |  |  |  |  |
| <ol> <li>We are a financial institution including an FFI (Foreign Financial Institutional): Yes</li> <li>If Yes, please provide the following information:</li> </ol>   |  |  |  |  |
| A. We are a [tick any one]  |  |  |  |  |
| a. Financial Institution incorporated in India  |  |  |  |  |
| <ul> <li>b, Financial Institution incorporated in another country that has an Inter Governmental Agreement (IGA) with the US on FATCA</li> <li>c. FFI in a country without an IGA that has registered to obtain a GIIN</li> </ul> |  |  |  |  |
| d. Others[please complete]  |  |  |  |  |
|   |  |  |  |  |
| B. GIIN:  |  |  |  |  |
| sponsor's name below:   |  |  |  |  |
| Name of sponsoring entity:  |  |  |  |  |
| If GIIN not available [tick any one]:   |  |  |  |  |
| Applied for on : D M M Y Y Y Y<br>Not required to apply. Please specify reason  |  |  |  |  |
| Not obtained. Please specify reason   |  |  |  |  |
| 3. We are a listed company [whose shares are regularly traded on a recgnized stock exchange] Ves No   |  |  |  |  |
| If Yes, specify the name of the Stock Exchange(s) where it is traded regularly:   |  |  |  |  |
| 1   |  |  |  |  |
|   |  |  |  |  |
| 4. We are 'Related Entity' of a listed Company Yes No   |  |  |  |  |
|   |  |  |  |  |
| Specify the name of the Stock Exchanges(s) where it is traded regularly:  |  |  |  |  |
| 1<br>2.   |  |  |  |  |
| <ol> <li>5. If reply to above point 1 is No, please answer the below questions:</li> </ol>  |  |  |  |  |
| A. We are an Active NFE Yes No  |  |  |  |  |
| If Yes, specify the nature of business  |  |  |  |  |
| If Yes, stop at 5A, if No, answer 5B  |  |  |  |  |
| Please specify code of NFE as per instructions (d) given overleaf   |  |  |  |  |
| B. We are a Passive NFE Yes No  |  |  |  |  |
| If Yes, please specify the nature of business   |  |  |  |  |
| C. In case you are a Direct Reporting NFE - please provide your GIIN  |  |  |  |  |
| 6. Are you a any one of the following   |  |  |  |  |
| Participating FFI     Deemed Compliant FFI     Deemed Compliant FFI   |  |  |  |  |
| Exempt Beneficial Owner Non-Participating Financial Institution   |  |  |  |  |

#### 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: (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"

| Applicants must<br>sign as per mode<br>of holding | 8   | $\otimes$                 |           |     | 8                                    |
|---|---|---------------------------|-----------|-----|--------------------------------------|
|   | 1st Applicant / Guardian / Authorised Signatory | 2nd Applicant / Authorise | d Signato | ory | 3rd Applicant / Authorised Signatory |
| Date  |   |                           | Place     |     |                                      |

#### INSTRUCTIONS FOR THE ULTIMATE BENEFICIAL OWNERSHIP (UBO)

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No.CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such 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 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
  - more than 15% 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 15% 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, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. 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, for the purpose of identification of beneficial ownership of the client

#### D. KYC requirements

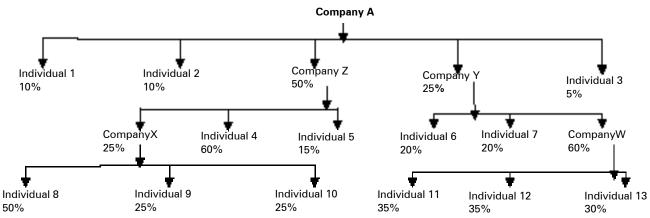
Beneficial Owner(s) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the listed Beneficial Owner(s).

#### E. UBO Codes:

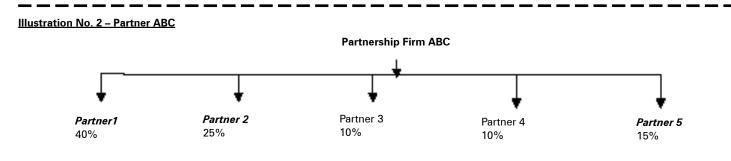
| UBO Code | Description  |
|----------|--|
| UBO-1    | Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company  |
| UBO-2    | Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership  |
| UBO-3    | Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridi-<br>cal person is an unincorporated association or body of individuals  |
| UBO-4    | Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrange-<br>ments or in any other manner [In cases where there exists doubt under clause UBO-1 to UBO-3 above as to whether the person with<br>the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests] |
| UBO-5    | Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above]  |
| UBO-6    | The settlor(s) of the trust  |
| UBO-7    | Trustee(s) of the Trust  |
| UBO-8    | The Protector(s) of the Trust [if applicable].   |
| UBO-9    | The beneficiaries with 15% or more interest in the trust if they are natural person(s)   |
| UBO-10   | Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership   |

#### Sample Illustrations for ascertaining beneficial ownership:

#### Illustration No. 1 - Company A

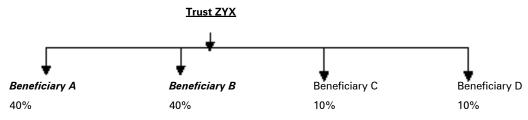


For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 30% in Company A. Hence details of Individual 4 has to be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control



For Partnership Firm ABC, Partners 1, 2 & 5 are considered as UBO as each of them holds >=15% of capital. KYC proof for these partners needs to be submitted including shareholding

#### Illustration No. 3 – Trustee ZYX



For Trust ZYX, Beneficiaries A & B are considered as UBO as they are entitled to get benefitted for >15% 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.

#### INSTRUCTIONS FOR ADDITIONAL KYC- FATCA

- a. Foreign Financial Institution [FFI] Means any non-US financial institutions that is a (1) Depository institution accepts deposits in the ordinary course of banking or similar business; (2) Custodian institution as a substantial portion of its business, hold financial assets for the accounts of others; [Substantial portion An entity holds financial assets for the account of others as a substantial portion of its business if the entity's gross 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- (1) The three-year period ending on December 31 of the year preceding the year in which the determination is made; (2) The period during which the entity has been in existence before the determination is made.) (Income attributable to holding financial assets and related financial services Income attributable to holding financial assets and related financial services Income attributable to holding financial assets and related financial services Income attributable to holding financial assets and related financial services Income attributable to holding financial assets and related financial services means custody, account maintenance, and transfer fees; commissions and fees earned from executing and pricing securities transactions; income earned from extending credit to customers with respect to financial assets held in custody by the entity; or acquired through such extension of credit); income earned on the bid-ask spread of financial assets; fees for providing financial advice with respect to financial assets held in (or potentially to be held in) custody by the entity; and fees for clearance and settlement services)] (3) Investment entity conducts a business or operates for or on behalf of a customer for any of the activities like trading in money market instruments, foreign exchange, foreign currency, etc. or individual or collective portfolio management or investing, administering or managing
- b. Related Entity an entity is a "Related Entity" of another entity if one controls the other, or the two entities are under common control (where control means direct or indirect ownership of more than 50% of the vote or value in an entity)
- c. Non-financial foreign entity [NFE] Non-US entity that is not a financial institution [including a territory NFE]. Following NFEs are excluded from FATCA reporting (a) Publicly traded corporation / listed companies; (b) Related Entity of a listed company; and (c) Active NFE
- d. Types of NFEs excluded from FATCA reporting are:

| • F  | ublicly traded corporation (listed company)   |
|------|---|
|      | The stock of such corporation is regularly traded on one or more established securities markets   |
|      | lelated entity of a listed company  |
|      |   |
|      | The entity identified is a member of the same expanded affiliate group as an entity the stock of which is regularly traded on an established securities market;   |
| ● A  | ctive NFE : (is any one of the following):  |
| Code | Sub-category  |
| 01   | Less than 50 percent of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income   |
| 02   | The NFE is organized in a U.S. Territory and all of the owners of the payee are bona fide residents of that U.S. Territory;   |
| 03   | The NFE is a government (other than the U.S. government), a political subdivision of such government (which, for the avoidance of doubt, includes a state, province county, or municipality), or a public body performing a function of such government or a political subdivision thereof, a government of a U.S. Territory, an international organization, a non-U.S. central bank of issue, or an Entity wholly owned by one or more of the foregoing;   |
| 04   | 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 NFE status if the entity functions (or holds itself out) 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 purpose; |
| 05   | 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 o<br>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;   |
| 06   | 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;   |
| 07   | 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 or a Financial Institution;  |
| 80   | Any NFE is a 'non for profit' organization which meets all of the following requirements:   |
|      | <ul> <li>It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or<br/>it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization<br/>agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> </ul>  |
|      | <ul> <li>It is exempt from income tax in its jurisdiction of residence;</li> </ul>  |
|      | <ul> <li>It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> </ul>  |
|      | <ul> <li>The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed<br/>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 paymen<br/>of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</li> </ul>  |
|      | The applicable laws of the NFE's jurisdiction 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 jurisdiction of residence or any political subdivision thereo  |

- e. Expanded affiliated group One or more chains of members connected through ownership (50% or more, by vote or value) by a common parent entity if the common parent entity owns stock or other equity interests meeting the requirements in atleast one of the other members
- f. Passive NFE means any NFE that is not (i) an Active NFE, or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations
- g. Passive Income portion of gross income that consists of dividends, interest, rents and loyalties (other than rents and loyalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFE), income equivalent to interest / amount received from pool of insurance contracts, annuities, excess of gains over losses from the sale or exchange of property / from transactions (including futures, forwards or similar transactions) in any commodities but not including (i) any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation or (ii) active business gains or losses from the sale of commodities but only if substantially all the foreign entity's commodities are property, excess of foreign currency gains over losses, net income from notional principal contracts, amounts received under cash value insurance contracts, amounts earned by insurance company in connection with its reserves for insurance and annuity contracts
- h. Controlling Persons means the natural persons who exercise control over an entity. In the case of a trust, such term 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, and in the case of a legal arrangement other

than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations. Pursuant to guidelines on identification of Beneficial Ownership issued vide RBI circular no. DBOD.AML.BC. No.71/14.01.001/2012-13 dated January 18, 2013, 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 25% of shares or capital or profits of the juridical person, where the juridical person is a company;

ii. More than 15% 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 banking company and financial institution, as the case may be, 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 15% 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.

- i. Non-Participating FFIs [NPFFIs] an FFI other than participating FFI, a deemed-complaint FFI, or an exempt beneficial owner
- j. Specified US Persons Any US Person other than i). A publicly traded corporation; ii). A corporation that is a member of the same expanded affiliate group; iii). A tax exempt organization; iv). an individual retirement plan; v). the United States or an agency or instrumentality of the United States; vi). Any state [including District of Columbia and United States possession] or State Authorities; vii). A bank, viii). A real estate investment trust; ix). A regulated investment company; x). an entity registered with the SEC under the Investment Company Act of 1940; xi). A common trust fund; xii). A tax exempt trust; xiii). A registered dealer; xiv). A registered broker.
- k. 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.

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#### ANNEXURE II - Additional KYC-FATCA Form for Individuals

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

| <b>1. APPLICANT DETAI</b>  | LS  |                     |                      |                               |   |  |  |
|--|---|---------------------|----------------------|-------------------------------|---|--|--|
| First Applican   |   | t / Guardian Se     |                      | Second Applicant              |   | Third Applicant                            |  |
| Applicant Name   |   |                     |                      |                               |   |  |  |
| Applicant PAN  |   |                     |                      |                               |   |  |  |
| 2. ADDITIONAL KYC  | INFORMATION   |                     |                      |                               |   |  |  |
| Ca   | tegory  | First Appli         | cant / Guardian      | Second Applica                | ant   | Third Applicant                            |  |
| Gross Annual Income in   | Rs.   | Below 1 Lakh        |                      | Below 1 Lakh                  | · · ·                                       | Below 1 Lakh                               |  |
|  |   | 1-5 Lacs            |                      | 1-5 Lacs                      |   | 1-5 Lacs                                   |  |
|  |   | 5-10 Lacs           |                      | 5-10 Lacs                     |   | 5-10 Lacs                                  |  |
|  |   | 10-25 Lacs          |                      | 10-25 Lacs                    |   | 10-25 Lacs                                 |  |
|  |   | 25 Lacs - 1 Cr      |                      | 25 Lacs - 1 Cr                |   | 25 Lacs - 1 Cr                             |  |
|  |   | > 1 Crore           |                      | > 1 Crore                     |   | > 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 a  | any one (🖌)]  | Professional        |                      | Professional                  |   | Professional                               |  |
|  |   | Business            |                      | Business                      |   | Business                                   |  |
|  |   | Government S        | Service              | Government Service            |   | Government Service                         |  |
|  |   | Private Secto       | r Service            | Private Sector Service        |   | Private Sector Service                     |  |
|  |   | Public Sector       | Service              | Public Sector Service         |   | Public Sector Service                      |  |
|  |   | Agriculturist       |                      | Agriculturist                 |   | Agriculturist                              |  |
|  |   | Retired             |                      | Retired                       |   |  |  |
|  |   | Housewife           |                      | Housewife<br>Student          |   | Housewife Student                          |  |
|  |   | Forex Dealer        |                      | Forex Dealer                  |   | Forex Dealer                               |  |
|  |   | Doctor              |                      | Doctor                        |   | Doctor                                     |  |
|  |   | Others [Pleas       | e specifv]           | Others [Please specify        | 1   | Others [Please specify]                    |  |
|  |   |                     |                      |                               |   |  |  |
| Politically Exposed Perso  | n [PEP]   | Yes                 |                      | Yes                           |   | Yes  |  |
|  |   | No                  |                      | No No                         |   | No No                                      |  |
|  |   | Related to PEP      |                      | Related to PEP                |   | Related to PEP                             |  |
| Any other information rela   | [Please specif  | y]                  | [Please specify]     |                               | [Please specify]                            |  |  |
| 3. FATCA INFORMA   | TION  | ·                   |                      |                               |   |  |  |
|  | Citizenship / Nationality / Tax<br>following information [manda | -                   | ian India? – 🗌 Ye    | es 🗌 No                       |   |  |  |
| Са   | tegory  | First Appli         | cant / Guardian      | Second Applic                 | ant   | Third Applicant                            |  |
| Country of Birth   |   |                     |                      |                               |   |  |  |
| Country of Citizenship / N   | Nationality (Other than India)                                  |                     |                      |                               |   |  |  |
| Country of Tax Residence   | y 1   |                     |                      |                               |   |  |  |
| Tax Payer Ref. ID No. 1  |   |                     |                      |                               |   |  |  |
| Country of Tax Residence   | y 2   |                     |                      |                               |   |  |  |
| Tax Payer Ref. ID No. 2  |   |                     |                      |                               |   |  |  |
| Country of Tax Residency   | y 3   |                     |                      |                               |   |  |  |
| Tax Payer Ref. ID No. 3  |   |                     |                      |                               |   |  |  |
| (Please attach additional  | sheets if necessary)  |                     |                      |                               |   |  |  |
| 4. DECLARATION   |   |                     |                      |                               |   |  |  |
| I/We have read and und   | erstood the contents of all the                                 | e scheme related do | ocuments and I/We he | reby confirm and declare that | towards comp                                | pliance with tax information sharing laws, |  |
| such as FATCA: (i) 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 promptly should there be any change in any information provided; (ii) In certain circumstances (including if the Fund does not receive a valid self-certification   |   |                     |                      |                               | does not receive a valid self-certification |  |  |
| from me) the Fund may be obliged to share information on my account with relevant tax authorities; (iii) 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; (iv) as may be required to |   |                     |                      |                               |   |  |  |
|  |   |                     |                      |                               |   |  |  |
|  | t I am / we are required to cor                                 | -                   |                      |                               | ny/our accoun                               | t or close or suspend my account(s) and    |  |
| (,, · · · · · · · · · · · · · · · · · ·  |   |                     |                      | ,,,,                          |   |  |  |
| SIGNATURE(S)   |   |                     | 0                    |                               |   |  |  |
| Applicants must  |   | $\otimes$           |                      |                               | $\otimes$                                   | )  |  |
| of holding Authorised Signa  |   | tory Authoris       |                      | sed Signatory                 | Authorised Signatory                        |  |  |

Place

Date

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| ANNEXURE III - Additional KYC-FATCA Form for Power of Attorney [POA] Holder(s)<br>(Mandatory for POA Holder(s))   |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
|---|---------------------------------|---------------|---------------------------------------|-------------------------|------------------|---|--|--|--|--|--|--|
| (Please fill in BLOCK Letters)  |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
| 1. APPLICANT & I  | POA HOLDER DETAILS              |               |                                       |                         |                  |   |  |  |  |  |  |  |
|   | First Applicant                 | t / Guardian  | S                                     | econd Applicant         |                  | Third Applicant                               |  |  |  |  |  |  |
| Applicant Name  |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
| Applicant PAN   |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
| POA Holder Name   |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
| POA Holder PAN  |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
| POA Holder Address  |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
| 2. ADDITIONAL K   | YC INFORMATION                  |               |                                       |                         |                  |   |  |  |  |  |  |  |
|   | Category                        | PoA           | Holder 1                              | PoA Holder 2            | 1                | PoA Holder 3                                  |  |  |  |  |  |  |
| Gross Annual Incom  | e in Rs.                        | Below 1 Lakh  | 1                                     | Below 1 Lakh            |                  | Below 1 Lakh                                  |  |  |  |  |  |  |
|   |                                 | 1-5 Lacs      |                                       | 1-5 Lacs                |                  | 1-5 Lacs                                      |  |  |  |  |  |  |
|   |                                 | 5-10 Lacs     |                                       | 5-10 Lacs               |                  | 5-10 Lacs                                     |  |  |  |  |  |  |
|   |                                 | 10-25 Lacs    |                                       | 10-25 Lacs              |                  | 10-25 Lacs                                    |  |  |  |  |  |  |
|   |                                 | 25 Lacs - 1 C | r                                     | 25 Lacs - 1 Cr          |                  | 25 Lacs - 1 Cr                                |  |  |  |  |  |  |
|   |                                 | > 1 Crore     |                                       | > 1 Crore               |                  | > 1 Crore                                     |  |  |  |  |  |  |
| Net Worth in Rs.  |                                 |               | · · · · · · · · · · · · · · · · · · · |                         |                  |   |  |  |  |  |  |  |
| Net Worth as of   |                                 |               |                                       |                         | y y y            | Y D D M M Y Y Y Y                             |  |  |  |  |  |  |
| Occupation [Please  | tick any one (a/)               | Professional  |                                       | Professional            |                  |   |  |  |  |  |  |  |
| Occupation  |                                 | Business      |                                       | Business                |                  | Business                                      |  |  |  |  |  |  |
|   |                                 | Government    | Sonioo                                | Government Service      |                  |   |  |  |  |  |  |  |
|   |                                 |               |                                       |                         |                  | Government Service     Private Sector Service |  |  |  |  |  |  |
|   |                                 | Private Secto |                                       | Private Sector Service  |                  |   |  |  |  |  |  |  |
|   |                                 | Public Sector | Service                               | Public Sector Service   |                  | Public Sector Service                         |  |  |  |  |  |  |
|   |                                 | Agriculturist |                                       | Agriculturist           |                  |   |  |  |  |  |  |  |
|   |                                 | Retired       |                                       | Retired                 |                  |   |  |  |  |  |  |  |
|   |                                 | Housewife     |                                       | Housewife               |                  |   |  |  |  |  |  |  |
|   |                                 | Student       |                                       | Student                 |                  | Student                                       |  |  |  |  |  |  |
|   |                                 | Forex Dealer  |                                       | Forex Dealer            |                  | Forex Dealer                                  |  |  |  |  |  |  |
|   |                                 | Doctor        |                                       | Doctor                  |                  | Doctor  |  |  |  |  |  |  |
|   |                                 | Others [Pleas | se specify]                           | Others [Please specify] |                  | Others [Please specify]                       |  |  |  |  |  |  |
| Politically Exposed P   | Person [PEP]                    | Yes           |                                       | Yes                     |                  | Yes   |  |  |  |  |  |  |
|   |                                 | No No         |                                       | No No                   |                  | No  |  |  |  |  |  |  |
|   |                                 | Related to PE | EP                                    | Related to PEP          |                  | Related to PEP                                |  |  |  |  |  |  |
| Any other information   | n relating to KYC if applicable | fy]           | [Please specify]                      |                         | [Please specify] |   |  |  |  |  |  |  |
| 3. DECLARATION  |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
| I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that towards compliance with tax information sharing laws, such  |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
| as FATCA: (i) 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 promptly should there be any change in any information provided; (ii) 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; (iii) 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; (iv) 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 (v) I/We understand that I am (we are required to contact my tax advicer for any questions about my/our tax residency: |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
| am / we are required to contact my tax advisor for any questions about my/our tax residency;  |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
| SIGNATURE(S)  |                                 |               |                                       |                         |                  |   |  |  |  |  |  |  |
| Applicants must   | 0                               |               |                                       |                         |                  |   |  |  |  |  |  |  |
| sign as per mode<br>of holding  | $\otimes$                       |               | $\otimes$                             |                         | $\otimes$        |   |  |  |  |  |  |  |
|   | POA Holder 1                    |               | PO                                    | A Holder 2              | POA Holder 3     |   |  |  |  |  |  |  |

Place

Date

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# SBIMUTUAL FUND

| ASBA Applica  |   |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                | Date   | D     | D      | Μ         | Μ        | Y                 | Y        | Y        | Y         |
|---|---|---------|-----------|-----------|------------------------|------------|-----------|------------------|---------------------|--------------------------|----------|-----------|---------|-----------|-------------------|----------|----------------|--------|-------|--------|-----------|----------|-------------------|----------|----------|-----------|
| INVESTOR  | RS MUST RI  | EAD.    | THE SC    |           |                        | RMAT       | ION D     |                  | MENT                | KEYIN                    | IFORN    |           |         |           |                   |          | nstru<br>NT (, |        | NS BE | FORE   |           |          | ING TH            | IS FO    | RM.      |           |
| BBO   | KER/AGEN  |         |           |           |                        | 00         |           |                  |                     |                          |          |           |         |           |                   |          | JSE ON         |        |       |        |           | <u>v</u> |                   |          |          |           |
| Name and AMFI<br>Regn. No.  | Sub Brok  | er Nai  |           |           | •<br>b-Broke<br>{N Cod | er<br>e    | (Empl     | oyee l           | <b>El</b><br>Jnique | <b>JIN*</b><br>Identific | ation N  | lumber)   |         | SC        |                   |          | SCSB IF        |        | ode   | Synd   | icate I   | Nembe    | r Code            |          | SL No    | ).        |
| ARN   |   |         |           |           |                        |            |           |                  |                     |                          |          |           | [Na     | ame 8     | Code]             |          | [11 dig        | it coc | le]   | []\    | lame      | & Cod    | e]                |          |          |           |
| Declaration for "exect<br>* I/We hereby confirm that  | at the EUIN box   | x has b | een inter | itionally | y left blaı            | nk by me   | e/us as t | his is a         | ın "exec            |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          | ove dis  | tributor  |
| SIGNATURE(S)  |   |         |           |           | -                      |            |           |                  | -                   | -                        | -        |           |         |           |                   |          |                | -      | -     |        |           |          |                   |          |          |           |
| Upfront commission  | st Applica<br>shall be paid   |         |           |           | estor t                | o the A    | AMFI re   | egister          | red Dis             | tributor                 | s base   | ed on t   |         |           | ignato<br>'asses: |          | of variou      |        |       |        |           |          | rised S<br>render |          |          | stributor |
| 1. PARTICULAR   | rs of fi  | RST     | APP       | LICA      | NT                     | (Name      | should    | be as a          | availab             | le in Der                | nat Acc  | ount)     |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Name<br>Mr./Ms./M/s.  |   |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| PAN   |   |         |           |           |                        |            |           | 1                |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| 2. PARTICULA  | RS OF S   | ECC     | ND A      | PPL       | ICAN                   | Т          |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Name<br>Mr./Ms./M/s.  |   |         |           |           |                        |            |           |                  |                     | 1                        |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| PAN   |   |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| 3. PARTICULA  | RS OF T   | HIRI    | ) APP     | PLIC      | ANT                    |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Name<br>Mr./Ms./M/s.  |   |         | <u> </u>  |           |                        | L_         | L         | L                | <u> </u>            |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| PAN<br>4. EXISTING FO   |   |         |           |           | - C P                  |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Folio No.   |   |         | u nave ar | n existii |                        | l          | , piease  | menu<br>I        | on nere             | ?)<br>                   |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| 5. DEMAT ACC  |   | ETA     |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Depository (Please  |   |         | -         | nal S     | ecuritie               | e Den      | ositor    | ulimi            | itad                | ſ                        |          | ontral [  | Jenos   | itory     | Sonvico           | e [Indi  | a] Limit       | od     |       |        |           |          |                   |          |          |           |
| Depository Partici  | -   |         |           |           |                        |            |           | y <b>L</b> iiiii |                     | 1                        | 000      |           |         |           |                   |          |                | eu     |       |        |           |          | 1                 |          | 1        | 1 1       |
| DP - ID   |   |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Beneficiary Accou   | nt Number   | ·       |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| 6. INVESTMENT   | DETAIL  | S       |           |           |                        |            |           |                  | -                   |                          | <u> </u> |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Scheme Name   |   | SB      | I EQU     | ITY       | OPPC                   | ORTU       | NITIE     | S F              | UND                 | - SEF                    | RIES     | IV        |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Plan (Please ✓ )  |   |         | Regul     | ar        |                        | [          | Di        | rect             |                     |                          | 0        | ption     | (Plea   | se ✔)     |                   |          | D              | ividen | d (Pa | yout)  | [         | G        | rowth             |          |          |           |
| 7. DETAILS OF   | BANK A  | ACC     | OUNT      | FO        | R BL(                  | оскі       | NG C      | OF F             | UND                 | S                        |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Bank Account Num  | nber  |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Bank Name   |   |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Branch Name   |   |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| IFS Code  |   |         |           |           |                        |            |           |                  |                     |                          |          |           | ļ       |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Total Amount to be<br>(Rs. In figures)  | вроскеа   | Ļ       |           |           | <u> </u>               |            |           |                  | <u> </u>            | <u> </u>                 | <u> </u> |           | ļ       |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Rs. in words<br>Note : AMC, reserves the rig  | oht to use anv n  | node o  | fpavment  | as dee    | med app                | ropriate.  | AMC sh    | all not b        | be respo            | nsible if t              | ransacti | ion throu | iah ECS | 6 / Direc | t Credit co       | ould not | be carried     | outbec | auseo | incomp | lete or i | ncorrect | informat          | ion prov | /ided bv | investor. |
|   |   |         |           |           |                        | ~          |           |                  |                     | EARH                     |          |           |         |           |                   |          | ->             |        | _     |        |           |          |                   |          |          |           |
| SBI MUTUAL FUND<br>A PARTNER FOR LIFE<br>A Joint Venture between SBI & AMUNDI)<br>Sonsor : State Bank of India<br>Investment Manager : SBI Funds Management Pvt. Ltd.<br>(A Joint Venture between SBI & AMUNDI)<br>Tear nerice<br>ACKNOWLEDGEMENT SLIP<br>To be filled in by the Investor |   |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| ASBA Application Number Date :/   |   |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| SBI EQUITY OPPORTUNITIES FUND - SERIES IV       Plan (Please ✓)       Regular       Direct       Option (Please ✓)       Dividend (Payout)       Growth         Received from :   |   |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Address   |   |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| SCSB Account det  | ails:   |         |           |           |                        | <b>.</b> . | N.        |                  |                     |                          |          |           |         |           |                   |          | _              |        | 1.    |        |           |          |                   |          |          |           |
| A/c No<br>Total Amount to be  | A/c No Bank Name Branch Name<br>Total Amount to be Blocked: SCSB Stamp, Signature |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Rs. In figures  |   |         | F         | Rs. In v  | words                  |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           | SCSE     | s Stam            | p, Sig   | natur    | e         |
|   |   |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |
| Date & time of recei  | pt  |         |           |           |                        |            |           |                  |                     |                          |          |           |         |           |                   |          |                |        |       |        |           |          |                   |          |          |           |

#### 8. DECLARATION & SIGNATURE

| time. 2) In accordance<br>Subscription of Units of<br>funds to the Bank accor<br>Registrar and Transfer<br>account / Bank accoun<br>of Units, the SCSB sh-<br>shall be rejected and ti<br>First Applicant, NFO A<br>"I/We have read and u<br>investment." "I/We her<br>of any act, rules, regu<br>Memorandum and Art<br>behalf of the Company<br>banking channels or fr<br>(in the form of trail com | with ASBA process provided in the SEBI Regulations and as di<br>if the Scheme, to the extent mentioned above in the "SCSB/ASI<br>ount of the Scheme/SBI Mutual Fund on receipt of instructions fr<br>Agent to issue instructions to the SCSB to remove the block on<br>t of SBI Mutual Fund. 3) in case the amount available in the bank<br>all reject the application 4) if the DP ID, Beneficiary Account No<br>ne SBI Mutual Fund or SCSBs shall not be liable for losses, if a<br>pplication Number, ASBA Application Number, Despository Ac<br>nderstood the contents of the Scheme Information Document<br>eby declare that the amount invested/to be invested by me/us in<br>lations or any statute or legislation or any other applicable law<br>cles of Association of the Company, Bye laws, Trust Deed or P<br>//Firm/Trust.** I/We confirm that I am/we are Non Resident of In<br>om my/our Non Resident External/Ordinary account/FCNR Acc | sclosed in this application, I/We authorize (a) the SCSB to do<br>BA Account details" or unblocking of funds in the bank accoun<br>om the Registrar and Transfer Agent after the allotment of the<br>the funds in the bank account specified in the application, upo<br>account specified in the application is insufficient for blocking t<br>or PAN furnished by me/us in the application is incorrect or i<br>ny. All future communication in connection with NFO should li<br>count details [if it has been provided], Amount applied for and<br>and the details of the scheme and I/We have not received or<br>it the scheme(s) of SBI Mutual Fund is derived through legitims<br>s or any notifications, directions issued by any governmenta<br>arthership Deed and resolutions passed by the Company / Fi<br>dian Nationality/Origin and I/We hereby confirm that the funds<br>count .* Applicable to other than Individuals / HUF, ** Applicat<br>Inpeting Schemes of various Mutual Funds from amongst whit | nents), Regulations 2009 ('SEBI Regulations') as amended from time to<br>all necessary acts including blocking of application money towards the<br>traintained with the SCSB specified in this application form, transfer of<br>units entitling me/us to receive Units on such transfer of funds, etc. (b)<br>a allotment of Units and to transfer the requisite money to the Scheme's<br>the amount equivalent to the application momey towards the Subscription<br>ncomplete or not matching with the depository records, the application<br>be and the SCSB/RTA/AMC quoting the full name of the Sole<br>d the accpunt number from where NFO amount was blocked.<br>been induced by any rebate or gifts, directly or indirectly, in making this<br>ate sources and is not held or designed for the purpose of contravention<br>of or statutory authority from time to time." * I/We certify that as per the<br>mr / Trust. I/We are authorised to enter into this transactions for and on<br>for the subscriptions have been remitted from abroad through approved<br>ole to NRI; The ARN holder has disclosed to me/us. If the commissions<br>the Scheme is being recommended to me/us. I/We hereby confirm<br>tagement Private Limited/its distributor for this investment. |
|--|---|---|--|
| SIGNATURE(S)<br>All applicants<br>must sign here   | ⊗<br>1st Applicant / Guardian / Authorised Signatory  | ⊗<br>2nd Applicant / Authorised Signatory   | ⊗<br>3rd Applicant / Authorised Signatory  |
| Date   |   | Place   |  |

Date

#### 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 1. 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.
- 2. 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 З. 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 5. ASBA application shall be rejected by the SCSB.
- The ASBA Application Form should not be accompanied by cheque, demand draft or any mode of payment other than authorisation to 6. 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 7. 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. 8.

### SBI FUNDS MANAGEMENT PVT LTD - BRANCHES

AHMEDABAD:SBI Funds Management Pvt Ltd, 4th Floor, Zodiac Avenue, Opp Mayor Bungalow, Near Law Garden, Ahmedabad-380006, Tel : (079)26423060,26463090. AGARTALA: SBI Funds Management Pvt Ltd, Ground Floor, SBI Regional Business office (RBO-VII), Bijoy Kumar Choumuhani, Agartala-799001, Tel No.: 0381-232-410. Agra: SBI Funds Management Pvt Ltd, Office No. 207 A, Second Floor, Sumriddhi Business Suites, Block no. 38/4A, Sanjay Place, Agra - 282001, Tel: (0562) 2850239/37AJMER: SBI Funds Management Pvt Ltd, C/O SBI Special Branch, Ajmer - 305001, Tel: (0145)2426284. ALIGARH : SBI Funds Management Pvt Ltd, State Bank of India, Main Branch, Aligarh - 202001, Uttar Pradesh ALLAHABAD: SBI Funds Management Pvt Ltd, UG-13, Vashishta Vinayak Tower, Tashkent Marg, Civil Lines, Allahabad, 211001, Tel: 0532-2261028. ALWAR : SBI Funds Management Pvt Ltd, Branch Manager, State Bank of India, Mahal Chowk, Alwar - 301001, Rajasthan. AMBALA : SBI Funds Management Pvt Ltd, C/o State Bank of India Mahesh Nagar Ambala Cantt. - 133001, Haryana. AMRAVATI : SBI Funds Management Pvt Ltd, C/o State Bank of India, Main Branch, ShyamChowk, Amravati - 444601, Maharashtra AMRITSAR: SBI Funds Management Pvt Ltd, Personal Banking Branch, SCO 3, Lawrence Road, Amritsar-143001, Tel: (0183)2221755. ANAND : SBI Funds Management Pvt Ltd, 102, Maruti Sharnam, Near Nanadbhoomi Party Plot, Anand Vidyanagar Road, Anand - 388001, Gujarat Tel: (02692)- 246210. ANDHERI: SBI Funds Management Pvt Ltd. Shop No. 6, Monisha CHS, S.V. Road, Near ICICI Bank, Andheri (West), Mumbai - 400058, Tel No.: 022-6900 1891. ASANSOL :SBI Funds Management Pvt Ltd, 2nd Floor, Block A, P. C. Chatterjee Market, RambandhuTala, G.T. Road. Asansol - 713303, West Bengal, Tel no. 81700 37270. AURANGABAD: SBI Funds Management Pvt Ltd, 1st Floor Viraj Complex, Opp; Big Cinema, ABOVE SBI ATM, Khadkeshwar, Aurangabad-431001, Tel: 0240-3244781. BANGALORE :SBI Funds Management Pvt Ltd, #501, 5th Floor, 16 & 16/1, Phoenix Towers, Museum Road, Bangalore-560001, Tel: (080)25580014/25580051/22122507, 22272284, 22123784. BHOPAL :SBI Funds Management Pvt Ltd, Manav Niket, 30, Indira Press Complex, Near DainikBhaskar Office, M.P. Nagar, Zone-1, Bhopal (MP) - 462011 Tel No.: 0755-2557341, 4288276. BHUBANESHWAR :SBI Funds Management Pvt Ltd, SBI LHO Bldg, Ground Floor, Pt. Jawaharlal Nehru Marg, Bhubaneshwar-751001, Tel: (0674)2392401/501.BALASORE: SBI Funds Management Pvt Ltd, 1st Floor, Plot no 327/1805, FM College Road, Balasore - 756003, Odisha. BAREILLY: SBI Funds Management Pvt Ltd, C/o State Bank of India, Main Branch, OppKatchery, Civil Lines, Bareilly- 243001. BHAGALPUR: SBI Funds Management Pvt Ltd, Mirzanhat Branch, Near GurhattaChowk, Police Station Mujahidpur, Bhagalpur - 812005, Bihar. BHARUCH : SBI Funds Management Pvt Ltd, 101-105, 1st Floor, Glacier Complex, Near Pizza Inn Restaurant, Jetalpur Road, Vadodara - 390007, Gujarat. BHILWARA: SBI Funds Management Pvt Ltd, C/o State Bank of India, Branch Manager, 27 - 28, Industrial Estate, Pur Road, Bhilwara - 311001, Rajasthan BATHINDA: SBI Funds Management Pvt Ltd, State Bank of India, 1st Floor, A.D.B. Branch, Guru KashiMarg, Bhatinda-151001, Tel:. BHUJ: SBI Funds Management Pvt Ltd, C/o State Bank of India, Shanti Chambers, Office No. 30, New Station Road, Opp. SBI Main Branch - 370001, Gujarat BOKARO: SBI Funds Management Pvt Ltd, F/5, City Centre, Sector - 4, Bokaro Steel City - 827004, Jharkhand. BORIVALI : SBI Funds Management Pvt Ltd, Shop No 16, Star Trade Centre, Sodawala Lane, Nr, Chamunda Circle, Borivali West-400092, Tel: 022-28927551-28922741.BURDWAN: SBI Funds Management Pvt Ltd, 6th Floor, Talk of the Town, 398 G.T. Road, Burdwan - 713101, West Bengal BAVNAGAR: SBI Funds Management Pvt Ltd, C/o SBI Darbargadh Branch. 2'nd Floor. Amba Chowk. Bhavnagar 364001, Tel: 0278-2523788, BELGAUM: SBI Funds Management Pvt Ltd, C/o.SBI Main Branch, Near Railway Station Camp, Belgaum-590001, Tel: 0831-2422463. BELLARY: SBI Funds Management Pvt Ltd, C/o.SBI Main Branch, Station Road Bellary-583101, Tel: 08392-271775. BHILAI: SBI Funds Management Pvt Ltd, Plot no.21, Nehru Nagar East, Commercial Complex, Near Bhilai Scan, Bhilai-490020, Tel No.: 0788-4010955, 0788 - 6940010/11/12/13/14/15/16/17. BILASPUR: SBI Funds Management Pvt Ltd, SBI, Main Branch, Old Highcourt Road, Bilaspur-495001, Tel: 07752) 495006. BOKARO: SBI Funds Management Pvt Ltd, C/o State Bank of India, Sector - 4, Main Branch, Bokaro Steel City, Bokaro - 827004, Tel: 9304823011.CHANDIGARH :SBI Funds Management Pvt Ltd, C/o State Bank of India, SCO-107-108, 2nd Floor, Administrative Office, Sector 17-B, Chandigarh-160017, Tel No.: 0172-2703380. CHENNAI :SBI Funds Management Pvt Ltd, SigapiAchi Building li Floor, 18/3, Marshalls Road, RukmaniLakshmipathy Road, Egmore, Chennai - 600 008, Tel : 044 2854 3382 / 3383, 044 2854 3384 / 3385. COIMBATORE :SBI Funds Management Pvt Ltd, 1st Floor, Above SBI R.S Puram Branch, 541, D.B Road, R.S Puram, Coimbatore- 641 002, Tel : (0422) 2541666. CALICUT: SBI Funds Management Pvt Ltd, C/o SBI, 2nd Floor, Aydeed Complex, YMCA Cross Road, Calicut - 673001, Tel: 0495 2768270, 4020079. CUTTACK: SBI Funds Management Pvt Ltd, 3rd Floor, City Mart, Above Vishal Mega Mart, BajraKabati Road, Cuttack-753001, Tel: 0671-2422972.CHINCHWAD : SBI Funds Management Pvt Ltd, Shop No. 1. RatnakarBldg, PavanNagar,Opp P N Gadgil Showroom, Chapekar Chowk, Chinchwad Pune-411033, Tel: 020-27355721.DAVANGERE: SBI Funds Management Pvt Ltd, Eshwar Complex, PJ Extension, Davangere - 577002, Karnataka. DARBHANGA : SBI Funds Management Pvt Ltd, Regional Business Office, Darbhanga, PO Laheriasarai, District - Darbhanga - 846001, Bihar. DEHRADUN: SBI Funds Management Pvt Ltd, SBI Main Branch, 4, Convent Road, Dehradun-248001, Tel: (0135)2651719. DHANBAD: SBI Funds Management Pvt Ltd, C/O State Bank Of India, Main Branch, 1st Floor, Centre Point Bank More, Dhanbad-826001, Tel: 0326-2301545. DHARAMSHALA: SBI Funds Management Pvt Ltd, Camp Office, State bank of India Regional Business office, Centre Point Building, Civil Line Dharamshala-176215, Tel: 01892-225814. DIMAPUR :SBI Funds Management Pvt Ltd, C/o State Bank of India, Old Market Branch, Kalibari Road, Old Daily Market (Near Durga Market), Dimapur-797112, Nagaland. DURGAPUR: SBI Funds Management Pvt Ltd, C/o State Bank of India, 1st Floor, City Centre Branch, Durgapur-713216, Tel: 2544191/192. ERNAKULAM :SBI Funds Management Pvt Ltd, 28/218 II Floor, Manorama Junction, Above SBI Ernakulam South Branch, SA Road, Panampilly Nagar, Ernakulam-682036, Tel: (0484)2318886,2318886,2323489. FAIZABAD: SBI Funds Management Pvt Ltd, State Bank of India, Regional Business Office - IV, Civil Lines, Faizabad - 224001, Uttar Pradesh. FARIDABAD : SBI Funds Management Pvt Ltd, C/o. SBI Commercial Br., 65, Neelam Bata Road, Near Mahalaxmi Hotel, NIT Faridabad, Haryana - 121001, Tel: 0129-4030661. FEROZEPUR: SBI Funds Management Pvt Ltd, c/o State Bank OF India RBO, 120 Church Road Ferozepur Cantonment Ferozepur - 152001, Tel: 9855008415. GOA: SBI Funds Management Pvt Ltd, FO - 4, Indraprastha Building, 1st Floor, Above Dena Bank, Menezes Braganza Road, Panjim - 403001, Goa, Tel No.: (0832) 6512666/ 6512777/ 2235283. GURGAON :SBI Funds Management Pvt Ltd, Shop No 6, Ground Floor, Vipul Agora, M G Road, Gurgaon-122002, Tel : (0124) 4200828. GUWAHATI :SBI Funds Management Pvt Ltd, Sethi Trust Building, Unit-III, Above State Bank of India-GMC Branch, G.S. Road, Bhangagarh, Guwahati-781005, Tel: (0361)2463704. GANDHIDHAM :SBI Funds Management Pvt Ltd, C/o State Bank of India, Adinath Arcade, Office No. 6, Police Station Road, Gandhidham - 370201, Gujarat. GAYA : SBI Funds Management Pvt Ltd, C/o State Bank Of India, Personal Banking Branch, Gaya, Gawalbigha More, Opposite Dayal Petrol Pump, Gaya - 823001, Bihar GHAZIABAD: SBI Funds Management Pvt Ltd, SIB branch Ist floor NavyugMarket, Ghaziabad -201001, Tel: 0120-2797582,. GORAKHPUR: SBI Funds Management Pvt Ltd, C/o State Bank Of India, Gorakhpur Branch,, Bank Road, Gorakhpur (U.P.) PIN-273001, Tel: 0551-2203378. GULBARGA: SBI Funds Management Pvt Ltd, C/o State Bank of India, P.B.No.3, Hyderabad Karnataka, Chamber of Commerce Bldg, Super Market, Gulbarga -585105, Tel: 9980872463. GWALIOR: SBI Funds Management Pvt Ltd, C/ O State Bank Of India, Gwalior Main Branch, Bada, Lashkar Gwalior-474001, Tel: 0751-2447272. GUNTUR : SBI Funds Management Pvt Ltd, C/o State Bank of India, Brodipet Branch, #4/11, Master Minds Building Brodipet, Guntur - 522002, Andhra Pradesh. HYDERABAD: SBI Funds Management PvtLtd, 1-8-304 to 307, 3rd Floor, Kamala Towers, Patigadda Road, Begumpet, Secunderabad - 500 016. Tel :(040) 27905741 / 42. HALDWANI: SBI Funds Management Pvt Ltd, SBI SME Main Branch, Nainital Road, Haldwani, Uttarakhand - 263 139, Tel: 9412084061. HAZARIBAGH : SBI Funds Management Pvt Ltd, Prabhu Niwas Market, AnandaChowk, Guru Govind Singh Road, Hazaribagh - 825301, Jharkhand. HISSAR: SBI Funds Management Pvt Ltd, 42, Red Square Market, Nr. Hotel Regency, Hisar -125001, Haryana, Tel: 01662 238415. HUBLI: SBI Funds Management Pvt Ltd, c/o: State Bank of India, Market Branch, Laxmi Complex, Near Court Circle, Hubli-580029, Tel: 0836-2368477. HOSIHARPUR : SBI Funds Management Pvt Ltd, C/o State Bank of India, Main Branch, 1st Floor, Opposite Green View Park, Main Court Road, Hoshiarpur-146001, Punjab. INDORE: SBI Funds Management Pvt Ltd, 215-216 City Centre, 2nd floor, 570 M.G. Road, Indore- 452001, Tel: (0731)2541141. IMPHAL: SBI Funds Management Pvt Ltd, C/o State Bank of India, Imphal Branch, M. G. Avenue, Imphal - 795001, Manipur. ITANAGAR : SBI Funds Management Pvt Ltd, C/o State Bank of India, Personal Banking Branch, Ziro Point, Itanagar - 791111, Arunachal Pradesh. JABALPUR: SBI Funds Management Pvt Ltd, C/O SBI Personal Banking Branch, Near Bus Stand, Napier Town, Jabalpur-482001, Tel: 0761-2450542. JAIPUR :SBI Funds Management Pvt Ltd, 1st Floor, SBI Tonk Road Branch, Near Times of India Building, Tonk Road, Jaipur-302015, Tel: (0141) 2740016/2740061. JALANDHAR: SBI Funds Management Pvt Ltd, 2nd Floor, Shanti Towers, S.C.O. 37, P.U.D.A. Complex, Opposite Suvidha Centre, Jalandhar - 144001, Tel: 0181-2238415. 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KOLLAM : SBI Funds management Pvt Ltd, C/o State Bank of India, Kollam Branch, PB No 24, State Bank Building, Near Railway Station, Kollam - 691001, Kerala. KORBA : SBI Funds Management Pvt Ltd, C/o. State Bank of India, Kutchery Branch, KutcheryChowk, Raipur - 492001, Chattisgarh. KOTA: SBI Funds Management Pvt Ltd, SBI Main Branch, ChawaniChoraha, Kota - 324 005, Tel: (0744)2390631. KOTTAYAM: SBI Funds Management Pvt Ltd, C/0 SBI Kalathipadi Branch, Opp. Karipal Hospital, K K Road, Kalathipadi, Vadavathoor P O, Kottayam-686010, Tel:. KURNOOL : SBI Funds Management Pvt Ltd, No: 26, 1st Floor, Ucon Plaza, Park Road, Kurnool-518001, Andhra Pradesh, Tel: (08518) 227776. KALYAN: SBI Funds Management Pvt Ltd, Shop No. 25, Ground Floor, Madhav Commercial Complex, Station Road, Kalyan (West) - 421 301, Tel : 0251-2311850/2311980. LUCKNOW :SBI Funds Management Pvt Ltd, G-16, Kasmande House, 2, Park Road, Hazratganj, Lucknow-226 001, Tel : (522) 2286741, 2286742. LUDHIANA : SBI Funds Management Pvt Ltd, C/o. State Bank of India, 1st Floor, Main Branch, Civil Lines, Ludhiana-141 001, Tel: (0161)2449849. LEH: SBI Funds Management Pvt Ltd, C/o State Bank Of India Fire & Fury Branch, Opp. Hall of Fame, Air Port Road Leh, Dust - Leh. - 194101, Jammu & Kashmir. MUMBAI :SBI Funds Management Pvt Ltd, Ilaco House, 2nd Floor, P M Road, Fort, Mumbai-400 023, Tel : (022)66532800. MADURAI: SBI Funds Management Pvt Ltd, Ist Floor Suriya Towers, 273, Goodshed street, Madurai-625001, Tel: (0452)4374242.MALDA : SBI Funds Management Pvt Ltd, C/o ArindamSarkar, Vivekananda Pally, Behind Fouzder Clinic, English Bazar, Malda - 732101, West Bengal. MANGALORE: SBI Funds Management Pvt Ltd, C/o State Bank Of India - Mallikata Branch, 1st Floor, P B Box No. 512, Jugul Towers, Mallikata Mangalore - 575003, Tel: (0824)2222463.MARGAO : SBI Funds Management Pvt Ltd, C/o State Bank of India, Margao Main Branch, Near Margao Muncipal Garden - 403601, Goa. MEERUT: SBI Funds Management Pvt Ltd, C/0 SBI Zonal Office, Garh Road, Meerut-250005, Tel:.MEHSANA : SBI Funds Management Pvt Ltd, Sanskrut Shopping Mall, F - 7, Nr. ModheraChowkdi, Opp. Kotak Bank, Mehsana - 384002, Gujarat. MORADABAD: SBI Funds Management Pvt Ltd, C/o SBI Main Branch, Civil Lines, Moradabad-244001, Tel: (0591) 2411411. MUZZAFFARPUR: SBI Funds Management Pvt Ltd, 2nd Floor, Poddar Complex, SBI Zonal Office, OppJubbaShani Park, Mithanpura, Muzaffarpur - 842002, Tel:. MYSORE: SBI Funds Management Pvt Ltd, C/o SBI Mysore Main Branch, 1st Floor, Mothikhana Building, New Sayyaji Rao Road, Mysore 570024, Tel: (0821)4242919. NAGPUR :SBI Funds Management Pvt Ltd, 1st floor," Shalwak Manor", Office No - 101, Plot No - 64-B, VIP Road, New Ramdaspeth, Near Central Mall, Nagpur - 440010, Tel No.: 0712-6458368. NEW DELHI :SBI Funds Management Pvt Ltd, 5th Floor, Ashoka Estate, 24 Barakhamba Lane, New Delhi-110001, Tel: (011) 23466666. NADIAD: SBI Funds Management Pvt Ltd, City Point Complex, Shop # 04, Ground Floor, Opp. Ipcowala Town Hall, Near ParasTalkis, Collage Road, Nadiad - 387001, Gujarat. NASHIK: SBI Funds Management Pvt Ltd, Shop No-1, Shivneri Hieghts, Vise Mala, Near Ramdas Colony Garden, Nashik-422005., Tel: 0253-6575888/2232553. NAVSARI :SBI Funds Management Pvt Ltd, C/o State Bank of India, 105, Rudraksh Apt, Nr. Dhruvini Hospital, Asha Nagar Main Road, Navsari - 396445, Gujarat. NELLORE : SBI Funds Management Pvt Ltd, C/o. State Bank of India, Vedayapalem Branch, Nellore - 524 004, Andhra Pradesh. NEHRU PLACE: SBI Funds Management Pvt Ltd, SBI, 40 Bakshi House, Nehru Place, New Delhi-110018, Tel : 011-26224606. NOIDA: SBI Funds Management Pvt Ltd, GF-07 ansal fortune arcade K- block, Sector - 18, Noida - U P NOIDA-201301, Tel : 0120 4232214. PATNA :SBI Funds Management Pvt Ltd, Gr Floor, SBI Main Branch, West Gandhi Maidan, Patna-800001, Tel : (0612) 3242047. PUNE :SBI Funds Management Pvt Ltd, MadhuriKishor Chambers, 3rd Floor, Near Passport Office, Senapati Bapat Road, Pune-411016, Tel : (020)25670961. PITAM PURA : SBI Funds Management Pvt Ltd, H-4/G-10, Vardhman NX Plaza, Netaji Subhash Place, Delhi-110034, , Tel : 011-23751974. RAIPUR :SBI Funds Management Pvt Ltd, Raj Villa, Near Raj Bhawan, Civil Lines, Ghadi Chowk, Raipur- 492001, Tel : (0771) 2543355,4263256, 4056808. RANCHI :SBI Funds Management Pvt Ltd, C/o. State Bank Of India, Upper Bazar Branch, 2nd Floor, Metro Market, Kutchery Road, Ranchi-834 001, Tel: (0651) 2213413. RAJAHMUNDRY :SBI Funds Management Pvt Ltd, C/o, SBH Main Branch, T Nagar, Rajahmundry - 533 101, Tel: (0883)2434002. RAJKOT: SBI Funds Management Pvt Ltd, 208, Orbit Plaza, Near Swami Vivekanand Statue, Dr. Yagnik Road, Rajkot - 36000, Tel No.: 0281-2466740/41. RATLAM : SBI Funds Management Pvt Ltd, 14/1, Chhatripul, Main Road, Ratlam - 457001, Madhya Pradesh. 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SHILLONG: SBI Funds Management Pvt Ltd, SBI Shillopng Main Branch, Shillong, Meghalaya-793001, Tel: 9436730174. SHIMLA: SBI Funds Management Pvt Ltd, C/o State Bank of India, New Building (2nd Floor), Kali Bari, The Mall, Shimla-171003, Himachal Pardesh, Tel: 0177-2807608. SHIMOGA: SBI Funds Management Pvt Ltd, SBI Shimoga Branch, ShroffComplex, Sir, M.V. Road, Tilak Nagar, Shimoga-577201, Tel: 8182222463. SILCHAR : SBI Funds Management Pvt Ltd, C/o State Bank of India, New Silchar Branch, Silchar - 788005, Assam. SILIGURI: SBI Funds Management Pvt Ltd, Ganeshayan Building -2nd Floor, Beside Sky Star Building, Sevoke Road, Siliguri-734001, Tel: 0353-2537065. SOLAPUR : SBI Funds Management Pvt Ltd, C/o State Bank of India, 2-A, BudhwarPeth, Balives, Solapur - 413002, Maharashtra. SONEPAT: SBI Funds Management Pvt Ltd, C/o State Bank of India Atlas Cycle Branch, Atlas Cycle road, Model Town, Sonepat-131001, Tel:. SRIGANGANAGAR: SBI Funds Management Pvt Ltd, SBI Main Branch, Ravinder Path, Sri Ganganagar. 335001, Tel: 9829067384. SRINAGAR : SBI Funds Management Pvt Ltd., SBI Regional bussiness Office, 2Nd Floor, M.A Road, Srinagar, Tel: 0194-2474864. THRIVANTHAPURAM :SBI Funds Management Pvt Ltd, Ground Floor, TC 25/373(9), Govt. Press Road, Near Secretariat, Trivandrum 695001, Tel: (0471) 4011590/4011591/4011592. THANE: SBI Funds Management Pvt Ltd, Shop No 1, Kashinath CHS, GhantaliMandir Road Nr Ghantali Devi Mandir.Naupada, Thane-400602, Tel: 022-25401690,25414594. THIRUCHIRAPALLI: SBI Funds Management Pvt Ltd, No.60/2, I Floor, Krishna Complex, Sastri Road, Tennur, Trichy- 620017, Tel: 0431-4000667. THISSUR :SBI Funds Management Pvt Ltd, C/ o State Bank of India, Thichur Town Branch, Poonam Complex, M G Road, Thissur - 680001, Kerala. THRISSUR: SBI Funds Management Pvt Ltd, First Floor, Pooma Complex, M. G. Road, Trisshur - 680001 Tel: 0487-2445700. TINSUKIA: SBI Funds Management Pvt Ltd, 3rd Floor, State Bank of India, Tinsukia Branch, S.R. LohiaRoad, Tinsukia, Assam Pin-786125, Tel: 03742332365. TIRUNELVELI: SBI Funds Management Pvt Ltd, 182 E, Shop no 7, Arunagiri Uma Complex, S.N. High Road, Tirunelveli - 627001, Tel: 0462 4220023. TIRUPATI: SBI Funds Management Pvt Ltd, C/o SBI Korlagunta Branch, Near Leelamahal Junction, Tirupathi.-517501, Tel: (0877)6450828. UDAIPUR: SBI Funds Management Pvt Ltd, SBI City Branch, Bapu Bazaar, Near Delhi Gate, Udaipur. 313001, Tel: 9928191961. VADODARA :SBI Funds Management Pvt Ltd, 101 - 105, Glacier Complex, Near Pizza In, Jaselpur Road, Vadodara - 390007, Tel : (0265) 2323010. VIJAYAWADA :SBI Funds Management Pvt Ltd, DNO.29-6-23, 1st Floor, Sri Raja Rajeswari Complex, Ramachandra Rao Road, Suryaraopeta, Vijayawada - 520 002. Tel : 0866 2436113 / 2438217. VALSAD: SBI Funds Management Pvt Ltd, 101, Amar Chambers, Near HDFC Bank, Opposite Lal School, Valsad -396001, Tel: 02632- 245440. VAPI : SBI Funds Management Pvt Ltd, C/o State Bank of India, 1st Floor, Shop No. 21, Shopper Stop, Opp. Imran Nagar, Silvasa Road, Vapi - 396191, Gujarat. VARANASI: SBI Funds Management Pvt Ltd, 2nd Floor, Banaras TVS Bulding, D-58/12, A-7, Sigra, Varanasi-221010, Tel: 0542-2222492. VELLORE : SBI Funds Management Pvt Ltd, State Bank of India Officers Line Vellore -632001, Tamil Nadu. VISHAKAPATNAM: SBI Funds Management Pvt Ltd, C/o.SBI Main Branch, Near Rednam Circle, Vishakhapatnam-530 020, Tel: 0891-3293018. VASHI : SBI Funds Management Pvt Ltd, Tower No 7, F 219, 2nd floor, VashiInfotech Park, Above Vashi railway station building, Navi Mumbai - 400703, Tel : 022-27810371/27810368. WARANGAL: SBI Funds Management Pvt Ltd, 1st Floor, SBH Zonal Office, JPN Road, Warangal-506002, Tel: 0870-2430307.

## CAMS INVESTOR SERVICE CENTRES / CAMS TRANSACTION POINTS

AHMEDABAD: 111-113,1st Floor - Devpath Building, Off: C G Road, Behind Lal Bungalow, Ellis Bridge, Ahmedabad - 380006 Tel: 079-30082468/69. AGARTALA: Advisor Chowmuhani (Ground Floor), Krishnanagar, Agartala, Agartala-799001, Tel:09862923301. AGRA: No. 8, II Floor, Maruti Tower, Sanjay Place, Agra-282002, Tel: 0562-324 2267. AHMEDNAGAR: B, 1+3, Krishna Enclave Complex, Near Hotel Natraj, Nagar- Aurangabad Road, Ahmednagar -414 001, Tel: 241-6450282. AJMER: AMC No. 423/30, Near Church, Brahampuri, Opp T B Hospital, Jaipur Road, Ajmer-305001, Tel: 0145-329 2040. AKOLA: Opp. RLT Science College, Civil Lines, Akola-444001, Tel: 724-3203830. ALIGARH: City Enclave, Opp. Kumar Nursing Home, Ramghat Road, Aligarh-202001, Tel: 571-3200301. ALLAHABAD: 30/2, A&B, Civil Lines Station, Besides Vishal Mega Mart, Strachey Road, Allahabad-211001, Tel: 0532-329 1274. ALLEPPEY: Doctor's Tower Building, Door No. 14/2562, 1st floor, North of Iorn Bridge, Near Hotel Arcadia Regency, Alleppey-688011, Tel: 477-3209718. ALWAR: 256A, Scheme No:1, Arya Nagar, Alwar-301001, Tel: 0144-3200451. AMARAVATI :81, Gulsham Tower, 2nd Floor, Near Panchsheel Talkies, Amaravati-444601, Tel: 0721-329 1965. AMBALA: Opposite PEER, BalBhavan Road, Ambala, Ambala-134003, Tel: 171-3248787. AMRITSAR: SCO - 18J, 'C', Block Ranjit Avenue, Amritsar-140001, Tel: 0183-5099995, 3221379. ANAND: 101, A.P. Tower, B/H, SardharGunj, Next to Nathwani Chambers, Anand-388001, Tel: 02692-325071. ANANTAPUR: 15-570-33, I Floor, Pallavi Towers, Anantapur, Anantapur -515 001, Tel: 8554-326980, 326921. ANDHERI : CTS No 411, Citipoint, Gundivali, TeliGali, Above C.T. Chatwani Hall, Andheri, Andheri-400069, Tel: 22-32208018. ANKLESHWAR: Shop No - F -56, First Floor, Omkar Complex, Opp Old Colony, NrValia Char Rasta, GIDC, Ankleshwar-Bharuch -393002, Tel: 02646-310207. ARAMBAGH: Ward No 5, Basantapur More, PO Arambag, HooglyArambagh - 712601, West Bengal, Tel no. 03211-211003. ASANSOL: Block - G 1st Floor, P C Chatterjee Market Complex, RambandhuTalab P O Ushagram, Asansol-713303, Tel: 0341-329 5235, 329 8306. AURANGABAD :Office No. 1, 1st Floor, Amodi Complex, Juna Bazar, Aurangabad-431001, Tel: 0240-329 5202, 2050664. BAGALKOT: 1st floor, E Block Melligeri Towers, station road, Bagalkot-587101, Tel: 8354-225329. BALASORE: B C Sen Road, Balasore-756001, Tel: 06782-326808. BANGALORE: Trade Centre, 1st Floor, 45, Dikensen Road, (Next to Manipal Centre), Bangalore-560 042, Tel: 080-3057 4709, 3057 4710, 30578004, 30578006. BANKURA: Cinema Road, Nutanganj, Beside Mondal Bakery, PO & District Bankura, Bankura - 722101, West Bengal, Tel. no. 03242-252668. BAREILLY: F-62-63, Butler Plaza, Civil Lines, Bareilly, Bareilly-243001, Tel: 581-3243322. BASTI: Office no 3, Ist Floor, Jamia Shopping Complex, (Opposite Pandey School), Station Road, Basti-272002, Tel: 5542-327979. BELGAUM: 1st Floor, 221/2A/1B, Vaccine Depot Road, Near 2nd Railway gate, Tilakwadi, Belgaum-590006, Tel: 0831-329 9598. BELLARY: 60/5, Mullangi Compound, Gandhinagar Main Road, (OldGopalswamy Road), Bellary-583101, Tel: 08392-326848. BERHAMPUR: First Floor, Upstairs of Aaroon Printers, Gandhi Nagar Main Road, Orissa, Berhampur-760001, Tel: 0680-3205855. BHAGALPUR: Krishna, I Floor, Near Mahadev Cinema, Dr.R.P.Road, Bhagalpur, Bhagalpur-812002, Tel: 641-3209094. BHARUCH (PARENT: ANKLESHWAR TP): F-108, Rangoli Complex, Station Road, Bharuch, Bharuch - 392001, Tel: -098253 04183. BHATINDA: 2907 GH, GT Road, Near ZilaParishad, BHATINDA, BHATINDA-151001, Tel: 164-3204511. BHAVNAGAR: 305-306, Sterling Point, Waghawadi Road, OPP. HDFC BANK, Bhavnagar-364002, Tel: 0278-3208387, 2567020. BHILAI: Shop No. 117, Ground Floor, Khicharia Complex, Opposite IDBI Bank, Nehru Nagar Square, Bhilai-490020, Tel: 9203900630. BHILWARA: Indraparstha tower, Second floor, Shyamkisabjimandi, Near Mukharji garden, Bhilwara-311001, Tel: 01482-231808, 321048. BHOPAL: Plot no 10, 2nd Floor, Alankar Complex, Near ICICI Bank, MP Nagar, Zone II, Bhopal-462011, Tel: 0755-329 5873. BHUBANESWAR: Plot No - 111, Varaha Complex Building, 3rd Floor, Station Square, KharvelNagar, Unit 3, Bhubaneswar-751 001, Tel: 0674-325 3307, 325 3308. BHUJ: Data Solution, Office No:17, 1 st Floor, Municipal Building Opp Hotel Prince, Station Road, Bhuj - Kutch-370001, Tel: 02832-320924. BHUSAWAL (PARENT: JALGAON TP): 3, Adelade Apartment, ChristainMohala, Behind Gulshan-E-Iran Hotel, Amardeep Talkies Road, Bhusawal, Bhusawal-425201, Tel: -. BIJAPUR: 1st floor, Gajanan Complex, Azad Road, Bijapur-586101, Tel: 8352-259520. BIKANER: F 4,5Bothra Complex, Modern Market, Bikaner, Bikaner-334001, Tel: 151-3201590. BILASPUR: 2nd Floor, GwalaniChambers, St Xavier School Road, In Front of CIT (Income Tax) Office, VyaparVihar, Bilaspur - 495001, Tel: 9203900626. BOKARO: Mazzanine Floor, F-4, City Centre, Sector 4, Bokaro Steel City, Bokaro -827004, Tel: 06542-324 881. BURDWAN: 399, G T Road, Basement of Talk of the Town, Burdwan-713101, Tel: 0342-320 7077. CALICUT: 29/97G 2nd Floor, Gulf Air Building, Mavoor Road, Arayidathupalam, Calicut-673016, Tel: 0495-325 5984. CHANDIGARH: Deepak Tower, SCO 154-155, 1st Floor, Sector 17-C, Chandigarh-160 017, Tel: 0172-304 8720, 304 8721, 304 8722, 3048723. CHANDRAPUR: Opposite Mustafa Décor, Near Bangalore Bakery, Kasturba Road, Chandrapur-442402, Tel: 7172-253108. CHENNAI: Ground Floor No.178/10, Kodambakkam High Road, Opp. Hotel Palmgrove, Nungambakkam, Chennai-600 034, Tel: 044-39115 561, 39115 562, 39115 563, 39115 565. CHENNAI: Rayala Towers, 158, Anna Salai, Chennai - 600002 Tel: 044 30407236. CHHINDWARA: Shop No. 01, Near Puja Lawn, Parasia Road, Chhindwara - 480 001, Madhya Pradesh, Tel No: 9203900507. CHIDAMBARAM: Shop No. 1 & 2, saradaram complex door no 6-7, Theradikadai street, Chidambaram, Chidambaram-608001, Tel: 4144-221746. CHITTORGARH: 3 Ashok Nagar, Near HeeraVatika, Chittorgarh -312001, Tel: 1472-324810. COCHIN: Ittoop's Imperial Trade Center, Door No. 64/5871 - D, 3rd Floor, M. G. Road (North), Cochin-682 035, Tel: 0484-323 4658. COIMBATORE: Old # 66 New # 86, Lokamanya Street (West), Ground Floor, R.S.Puram, Coimbatore-641 002, Tel: 0422-301 8000. COOCHBEHAR: N. N. Road, Power House Choupathi, Coochbehar - 736101, West Bengal, Tel. no.: 9378451365. CUTTACK: Near Indian Overseas Bank, Cantonment Road, Mata Math, Cuttack-753001. DARBHANGA: Shahi Complex, 1st Floor, Near RB Memorial hospital, V.I.P. Road, Benta, Laheriasarai, Darbhanga, Darbhanga-846001, Tel: 6272-326989. DAVENEGERE: 13, Ist Floor, AkkamahadeviSamaj Complex, Church Road, P.J.Extension, Devengere-577002, Tel: 08192-326226. DEHRADUN: 204/121 NariShilpMandirMarg, Old Connaught Place, Dehradun-248001, Tel: 0135-325 8460. DEOGHAR: S S M Jalan Road, Ground floor, Opp. Hotel Ashoke, Caster Town, Deoghar-814112, Tel: 6432-320227. DEWAS: Tarani Colony, Near Pushp Tent House, Dewas - 455001, Madhya Pradesh, Tel no: 07272-403382, DHANBAD: Urmila Towers, Room No: 111(1st Floor), Bank More, Dhanbad-826001, Tel: 0326-2304675. DHARMAPURI :16A/63A, Pidamaneri Road, Near Indoor Stadium, Dharmapuri, Dharmapuri - 636 701, Tel: 4342-310304. DHULE: House No. 3140, Opp Liberty Furniture, Jamnalal Bajaj Road, Near Tower Garden, Dhule - 424001, Tel No: 02562 - 640272. DURGAPUR: City Plaza Building, 3rd floor, City Centre, Durgapur-713 216, Tel: 0343-329 8890, 329 8891, 6451419. ERODE: 197, Seshaiyer Complex, Agraharam Street, Erode-638001, Tel: 0424-320 7730. FAIZABAD: Amar Deep Building, 3/ 20/14, IInd floor, Niyawan, Faizabad - 224001, Tel No: 9235406436. FARIDHABAD: B-49, Ist Floor, Nehru Ground, Behind Anupam Sweet House, NIT, Faridhabad-121001, Tel: 0129-3241148. GANDHIDHAM: S-7, RatnakalaArcade, Plot No. 231, Ward - 12/B, Gandhidham -370201, Gujarat. Tel. No. - 02836-650116. GAYA: 69, Gandhi Chowk (Ground Floor), K.P Road, Gaya, Pin-823 001. GHAZIABAD: 113/6 I Floor, Navyug Market, Gazhiabad-201001, Tel: 0120-3266917, 9910480189 (mobile of CH). GOA: No.108, 1st Floor, GuruduttaBldg, Above Weekender, M G Road, Panaji (Goa) -403 001, Tel: 0832-325 1755, 325 1640. GONDAL (PARENT RAJKOT): A/177, Kailash Complex, Opp. Khedut Decor, GONDAL-360 311, Tel: 0281-329 8158. GORAKHPUR: Shop No. 3, Second Floor, The Mall, Cross Road, A.D. Chowk, Bank Road, Gorakhpur-273001, Tel: 0551-329 4771. GULBARGA: Pal Complex, Ist Floor, Opp. City Bus Stop, SuperMarket, Gulbarga, Gulbarga-585 101, Tel: 8472-310119. GUNTUR: Door No 5-38-44, 5/1 BRODIPET, Near Ravi Sankar Hotel, Guntur-522002, Tel: 0863-325 2671. GURGAON: SCO - 16, Sector - 14, First floor, Gurgaon-122001, Tel: 0124-326 3763. GUWAHATI: A.K. Azad Road, Rehabari, Guwahati-781008, Tel: 0361-260 7771. GWALIOR: G-6 Global Apartment, KailashVihar Colony, Opp. Income Tax Office, City Centre, Gwalior-474002, Tel: 0751-320 2311. HALDIA: 2nd Floor, New Market Complex, 2nd Floor, New Market Complex, Durgachak Post Office, PurbaMedinipur District, Haldia, Haldia-721 602, Tel: 3224-320273. HALDWANI: Durga City Centre, Nainital Road, Haldwani, Haldwani -263139, Tel: 5946-313500. HARIDWAR: No. 7, KanyaGurukul Road, Krishna Nagar, Haridwar - 249404, Uttarakhand, Phone no: 1334-245828, HAZARIBAG: Municipal Market, AnnandaChowk, Hazaribagh, Hazaribagh-825301, Tel: 6546-320250. HIMMATNAGAR: D-78 First Floor, New Durga Bazar, Near Railway Crossing, Himmatnagar, Himmatnagar -383 001, Tel: 2772-321080. HISAR: 12, Opp. Bank of Baroda, Red Square Market, Hisar, Hisar-125001, Tel: 1662-329580. HOSHIARPUR :Near Archies Gallery, Shimla PahariChowk, Hoshiarpur, Hoshiarpur-146 001, Tel: 1882-321082. HOSUR:No.9/2, 1st Floor, Attibele Road, HCF Post, Behind RTO Office, Mathigiri, Hosur - 635110, Tel: 04344-645010. HUBLI: No.204 - 205, 1st Floor, 'B 'Block, Kundagol Complex, Opp. Court, Club Road, Hubli-580029, Tel: 0836-329 3374. HYDERABAD: 208, II Floor, Jade Arcade, Paradise Circle, Secunderabad-500 003, Tel: 040-3918 2471, 3918 2473, 3918 2468, 3918 2469. INDORE: 101, Shalimar Corporate Centre, 8-B, South tukogunj, Opp.Greenpark, Indore-452 001, Tel: 0731-325 3692, 325 3646. JABALPUR: 8, Ground Floor, Datt Towers, Behind Commercial Automobiles, Napier Town, Jabalpur-482001, Tel: 0761-329 1921. JAIPUR: R-7, YudhisthirMarg, C-Scheme, Behind Ashok Nagar Police Station, Jaipur-302 001, Tel: 0141-326 9126, 326 9128, 5104373, 5104372. JALANDHAR: 367/8, Central Town, Opp. GurudwaraDiwanAsthan, Jalandhar-144001, Tel: 0181-2222882. JALGAON: Rustomjilnfotech Services, 70, Navipeth, Opp. Old Bus Stand, Jalgaon-425001, Tel: 0257-3207118. JALNA: Shop No 6, Ground Floor, Anand Plaza Complex, Bharat Nagar, Shivaji Putla Road, Jalna, Jalna-431 203, Tel: -. JAMMU: JRDS Heights, Lane Opp. S&S Computers, Near RBI Building, Sector 14, Nanak Nagar, Jammu-180004, Tel: 09205432061, 2432601. JAMNAGAR: 217/218, Manek Centre, P.N. Marg, Jamnagar-361008, Tel: 0288-3206200. JAMSHEDPUR: Millennium Tower, "R" Road, Room No:15 First Floor, Bistupur, Jamshedpur-831001, Tel: 0657-3294202. JAUNPUR :248, FORT ROAD, Near AMBER HOTEL, Jaunpur -222001, Tel: 5452-321630. JHANSI: Opp SBI Credit Branch, BabuLalKharkana Compound, Gwalior Road, Jhansi-284001, Tel: 510-3202399. JODHPUR: 1/5, Nirmal Tower, IstChopasani Road, Jodhpur-342003, Tel: 0291-325 1357. JORHAT: Ganesh Chandra Baruah Complex. K.B.Road, Near Doss & Co., Jorhat 785001 AAssam. Phone no.- 0376-2932558.JUNAGADH: "AASTHA PLUS", 202-A, 2nd floor, Sardarbag road, Near Alkapuri, Opp. Zansi Rani Statue, Junagadh - 362001, Gujarat, Tel: 0285-6540002. KADAPA: BandiSubbaramaiah Complex, D.No:3/1718, Shop No: 8, Raja Reddy Street, Kadapa, Kadapa-516 001, Tel: 8562-322099. KAKINADA: No.33-1, 44 Sri Sathya Complex, Main Road, Kakinada, Kakinada-533 001, Tel: 884-320 7474, 320 4595. KALYANI: A - 1/50, Block - A, Dist Nadia, Kalyani-741235, Tel: 033-32422712. KANNUR: Room No.14/435, Casa Marina Shopping Centre, Talap, Kannur, Kannur-670004, Tel: 497-324 9382. KANPUR: I Floor 106 to 108, CITY CENTRE Phase II, 63/2, THE MALL, Kanpur-208 001, Tel: 0512-3918003, 3918000, 3918001, 3918002. KARIMNAGAR: HNo.7-1-257, Upstairs S B H, Mangammathota, Karimnagar, Karimnagar -505 001, Tel: 878-3205752, 3208004. KARNAL (PARENT : PANIPAT TP): 7, 2nd Floor, Opp Bata Showroom, Kunjapura Road, Karnal-132001, KARUR: 126 G, V.P.Towers, Kovai Road, Basement of Axis Bank, Karur, Karur -639002, Tel: 4324-311329. KATNI: 1st FLOOR, GURUNANAK DHARMAKANTA, Jabalpur Road, BARGAWAN, KATNI-483 501, Tel: 7622-322104. KESTOPUR: S.D. Tower, Sreeparna Apartment, AA-101, Prafulla Kannan (West), Shop No. 1M, Block -C (Ground Floor), Kestopur - 700101, Kolkata. KHAMMAM : Shop No: 11 - 2 - 31/3, 1st floor, Philips Complex, Balajinagar, Wyra Road, Near Baburao Petrol Bunk, KHAMMAM-507 001, Tel: 8742-323973. KHARAGPUR: H.NO.291/1, Ward No-15, Malancha Main Road, Opposite UCO Bank, Kharagpur, Kharagpur-721301, Tel: 3222-323984. KOLHAPUR: 2 B, 3rd Floor, Ayodhya Towers, Station Road, Kolhapur-416001, Tel: 0231-3209 356. KOLKATA: Saket Building, 44 Park Street, 2nd Floor, Kolkata-700016, Tel: 033-3058 2285, 3058 2303, 30582281. KOLLAM: Kochupilamoodu Junction, Near VLC, Beach Road, Kollam-691001, Tel: 474-3248376, Cell:9847067534. KORBA: Shop No 6, Shriram Commercial Complex, Infront of Hotel Blue Diamond, Ground Floor, T.P. Nagar, Korba-495677, Chhattisgarh. KOTA: B-33 'KalyanBhawan, Triangle Part, Vallabh Nagar, Kota-324007, Tel: 0744-329 3202. KOTTAYAM: Jacob Complex, Building No - Old No-1319F, New No - 2512D, Behind Makkil Centre, Good Sheperd Road, Kottayam - 686001 Tel: 0481-3207 011. KUMBAKONAM: Jailani Complex, 47, Mutt Street, Kumbakonam-612001, Tel: 435-3200911. KURNOOL: H.No.43/8, Upstairs, Uppini Arcade, N R Peta, Kurnool, Kurnool -518 004, Tel: 8518-312 978, 312 970. LUCKNOW: Off # 4,1st Floor, Centre Court Building, 3/c, 5 - Park Road, Hazratganj, Lucknow-226 001, Tel: 0522-391 8000, 391 8001, 391 8002, 3918003. LUDHIANA: U/ GF, Prince Market, Green Field, Near Traffic Lights, Sarabha Nagar Pulli, Pakhowal Road, Ludhiana-141 002, Tel: 0161-301 8000, 301 8001. MADURAI: Ist Floor, 278, North PerumalMaistry street, Nadar Lane, Madurai-625 001, Tel: 0452-325 2468. MALDA: DaxhinapanAbasan, Opp Lane of Hotel Kalinga, SM Pally, Malda, Malda-732 101, Tel: 3512-329951. MANGALORE: No. G 4 & G 5, Inland Monarch, Opp. Karnataka Bank, Kadri Main Road, Kadri, Mangalore-575 003, Tel: 0824-325 1357, 325 2468. MANIPAL: Basement Floor, Academy Tower, Opposite Corporation Bank, Manipal - 576 104, Karnataka, Tel: 9243689046. MAPUSA (PARENT ISC : GOA): Office no.CF-8, 1st Floor, Business Point, Above Bicholim Urban Co-op Bank, Angod, Mapusa, Mapusa-403 507, Tel: 09326126122. MARGAO: Virginkar Chambers I Floor, Near Kamath Milan Hotel, New Market, Near Lily Garments, Old Station Road, Margao, Margao-403 601, Tel: 832-3224658. MATHURA: 159/160 Vikas Bazar, Mathura-281001, Tel: 0565-3207007. MEERUT: 108 Ist Floor Shivam Plaza, Opposite Eves Cinema, Hapur Road, Meerut -250002, Tel: 0121-325 7278. MEHSANA: 1st Floor, Subhadra Complex, Urban Bank Road, Mehsana, Mehsana-384 002, Tel: 2762-323985, 323117. MIRZAPUR: DhundhiKatra, Mirzapur-231001, Tel: 5442-220282. MOGA: Gandhi Road, Opp Union Bank of India, Moga, Moga-142001, Tel: 1636-310088. MORADABAD: H 21-22, Ist Floor, Ram Ganga Vihar Shopping Complex, Opposite Sale Tax Office, Moradabad - 244 001, Tel: 0591-6450125. MUMBAI: Rajabahdur Compound, Ground Floor, Opp Allahabad Bank, Behind ICICI Bank, 30, Mumbai SamacharMarg, Fort, Mumbai-400 023, Tel: 022-30282468, 30282469, 30282471, 65257932. MUZZAFARPUR: Brahman toli, Durgasthan, Gola Road, Muzaffarpur-842001, Tel: 0621-3207052. MYSORE: No.1, 1st Floor, CH.26 7th Main, 5th Cross, (Above Trishakthi Medicals), SaraswatiPuram, Mysore-570009, Tel: 0821-3294503. NADIAD (PARENT TP: ANAND TP): F 142, First Floor, Ghantakarna Complex, Gunj Bazar, Nadiad - 387001, Gujrat. NAGERCOIL: 47, Court Road, Nagercoil-629 001, Tel: 4652-229549. NAGPUR: 145 Lendra, New Ramdaspeth, Nagpur-440 010, Tel: 0712-325 8275, 3258272, 2432447. NAMAKKAL: 156A / 1, First Floor, Lakshmi Vilas Building, Opp. To District Registrar Office, Trichy Road, Namakkal, Namakkal-637001, Tel: 4286-322540. NASIK: Ruturang Bungalow, 2 Godavari Colony, Behind Big Bazar, Near Boys Town School, Off College Road, Nasik-422005, Tel: 0253-325 0202. NANDED: Shop No. 303, 1st Floor, Raj Mohd. Complex, Main Road, Shrinagar, Nanded - 431 605, Maharashtra, Tel no: 9579444034, NAVSARI: 16, 1st Floor, Shivani Park, Opp. Shankheswar Complex, Kaliawadi, Navsari - 396 445, Gujarat, Tel: 02637-650144. NELLORE: 97/56, I Floor Immadisetty Towers, Ranganayakulapet Road, Santhapet, Nellore-524001, Tel: 0861-329 8154, 320 1042. NEW DELHI: 7-E, 4th Floor, DeenDayaal Research Institute Building, Swami Ram Tirath Nagar, Near Videocon Tower Jhandewalan Extension, New Delhi -110 055, Tel: 011-30482468, 30588103, 30482468. NOIDA: C-81,1st floor, Sector - 2, Noida-201301, Tel: 120-3043335. ONGOLE: Old govt hospital Road, OppKonigetigupthaApartments., Ongole-523001, Tel: 8592-281514. PALAKKAD: 10 / 688, Sreedevi Residency, Mettupalayam Street, Palakkad, Palakkad-678 001, Tel: 491-3261114. PALANPUR: 3rd Floor, T - 11, Opp.Goverment Quarter, College Road, Palanpur, Palanpur-385001, Tel: 2742-321811. PANIPAT: 83, Devi Lal Shopping Complex, Opp ABN Amro Bank, G.T.Road, Panipat-132103, Tel: 0180-325 0525, 400 9802. PATHANKOT: 13 - A, Ist Floor, Gurjeet Market Dhangu Road, Pathankot - 145001, Punjab. Tel no. 0186 - 3205010. PATIALA: 35, New IalBagh Colony, Patiala-147001, Tel: 0175-329 8926, 222 9633. PATNA: G-3, Ground Floor, Om Vihar Complex, Near Saket Tower, SP Verma Road, Patna-800 001, Tel: 0612-325 5284, 325 5285, 3255286. PERINTHALMANNA: 1st floor, Mashreq Trade centre, Calicut Road, Perinthalmanna, Malappuram (Dist) - 679322 Kerala, Phone no 4933315153, PHAGWARA: 152-C, Model Town, Phagwara - 144401, Punjab, Phone no: 1824-260336, PONDICHERRY: S-8, 100, Jawaharlal Nehru Street, (New Complex, Opp. Indian Coffee House), Pondicherry-605001, Tel: 0413-421 0030, 329 2468. PORT BLAIR: IIndFloor, PLA Building, Opp.ITFGround, VIP Road, Junglighat, Port Blair-744 103 Phone no.- 03192-230506 PUNE: Nirmiti Eminence, Off No. 6, I Floor, Opp Abhishek Hotel Mehandale Garage Road, Erandawane, Pune-411 004, Tel: 020-3028 3005, 3028 3003, 3028 3000. RAE BARELI: 17, Anand Nagar Complex, Rae Bareli, Rae Bareli -229001, Tel: 535-3203360. RAIPUR: HIG, C-23, Sector - 1, Devendra Nagar, Raipur-492004, Tel: 0771-3296 404, 3290830. RAJAHMUNDRY: Door No: 6-2-12, 1st Floor, RajeswariNilayam, Near Vamsikrishna Hospital, NyapathiVari Street, T Nagar, Rajahmundry-533 101, Tel: 0883-325 1357. RAJAPALAYAM: No 59 A/1, Railway Feeder Road, Near Railway Station, Rajapalayam, Rajapalayam-626117, Tel: 4563-327520. RAJKOT: Office 207 - 210, Everest Building, HariharChowk, OppShastriMaidan, LimdaChowk, Rajkot-360001, Tel: 0281-329 8158. RANCHI: 4, HB Road, No: 206, 2nd Floor ShriLok Complex, H B Road Near Firayalal, Ranchi-834001, Tel: 0651-329 8058. RATLAM: Dafria& Co, 18, Ram Bagh, Near Scholar's School, Ratlam-457001, Tel: 07412-324817.

RATNAGIRI: Kohinoor Complex, Near Natya Theatre, Nachane Road, Ratnagiri, Ratnagiri-415 639, Tel: 2352-322950. ROHTAK: 205, 2ND Floor, Blg. No. 2, Munjal Complex, Delhi Road, Rohtak-124001, Tel: 01262-318589. ROORKEE: 22 CIVIL LINES GROUND FLOOR, HOTEL KRISH RESIDENCY, Roorkee, Roorkee-247667, Tel: 1332-312386. ROURKELA: 1st Floor, MangalBhawan, Phase II, Power House Road, Rourkela-769001, Tel: 0661-329 0575. SAGAR: Opp. Somani Automobiles, Bhagwanganj, Sagar, Sagar-470 002, Tel: 7582-326894. SAHARANPUR: I Floor, Krishna Complex, Opp. Hathi Gate, Court Road, Saharanpur, Saharanpur-247001, Tel: 132-2712507. SALEM: No.2, I Floor Vivekananda Street, New Fairlands, Salem-636016, Tel: 0427-325 2271. SAMBALPUR: C/o Raj Tibrewal& Associates, Opp.Town High School, Sansarak, Sambalpur-768001, Tel: 0663-329 0591. SANGLI : JiveshwarKrupaBldg, Shop. No.2, Ground Floor, TilakChowk, HarbhatRoad, Sangli - 416416, Tel: - 0233 - 6600510. SATARA: 117 / A / 3 / 22, ShukrawarPeth, Sargam Apartment, Satara-415002, Tel: 2162-320989. SHAHJAHANPUR: Bijlipura, Near Old Distt Hospital, Near Old Distt Hospital, Shahjahanpur-242001, Tel: 5842-327901. SHILLONG:D'Mar Shopping Complex, Lakari Building, 2nd Floor, Police Bazar, Shillong-793001, Tel. no.: 0364-2502511.SHIMLA: I Floor, Opp. PanchayatBhawan Main gate, Bus stand, Shimla, Shimla -171001, Tel: 177-3204944. SHIMOGA: No.65 1st Floor, Kishnappa Compound, 1st Cross, HosmaneExtn, Shimoga - 577 201, Karnataka, Phone : 9243689049. SILIGURI: No 7, SwamijiSarani, Ground Floor, Ground Floor, Hakimpara, Siliguri-734001, Tel: 0353-329 1103. SIRSA: Beside Overbridge, Next to Nissan car showroom, Hissar Road, Sirsa, Sirsa -125055, Tel: 1666-327248. SITAPUR: Arya Nagar, Near AryaKanya School, Sitapur, Sitapur-261001, Tel: 5862-324356. SOLAN : 1st Floor, Above Sharma General Store, Near Sanki Rest house, The Mall, Solan, Solan -173 212, Tel: 1792-321075. SOLAPUR: Flat No 109, 1st Floor, A Wing, Kalyani Tower, 126 SiddheshwarPeth, Near Pangal High School, Solapur-413001, Tel: 0217-3204200. SEERAMPORE: 47/5/1, Raja Rammohan Roy Sarani, PO. Mallickpara, Dist. Hoogly, Seerampore-712203, Tel No: 033 - 26628176. SRIGANGANAGAR: 18 L Block, Sri Ganganagar, Sri Ganganagar -335001, Tel: 154-3206580. SRIKAKULAM: Door No 4-4-96, First Floor, VijayaGanapathi Back Side, Nanubala Street, Srikakulam-532 001, Tel: 8942- 650110. SULTANPUR: 967, Civil Lines, Near Pant Stadium, Sultanpur -228 001, Tel: 09389 403149. SURAT: Plot No.629, 2nd Floor, Office No.2-C/2-D, Mansukhlal Tower, Beside Seventh Day Hospital, Opp. Dhiraj Sons, Athwalines, Surat-395 001, Tel: 0261-326 2267, 326 2468, 326 0352. SURENDRANAGAR: 2 M I Park, Near Commerce College, Wadhwan City, Surendranagar, Surendranagar-363035, Tel: 2752-320233. THANE: 3rd Floor, Nalanda Chambers, "B" Wing, GokhaleRoad, Near Hanuman Temple, Naupada, Thane -400 602, Tel: 22-31920050. THIRUPPUR: 1(1), Binny Compound, II Street, Kumaran Road, Thiruppur-641601, Tel: 0421-3201271. THIRUVALLA: 24/590-14, C.V.P Parliament Square Building, Cross Junction, Thiruvalla - 689 101, Kerala, Tel no: 0469 - 6061004. TINSUKIA: Dhawal Complex, Ground Floor, Durgabari, RangagoraRoad, Near Dena Bank, Tinsukia-786125, Tel: 374-2336742. TIRUNELVELI: 1 Floor, Mano Prema Complex, 182 / 6, S.N High Road, Tirunelveli-627001, Tel: 0462-320 0308. TIRUPATHI: Door No : 18-1-597, Near Chandana Ramesh Showroom, Bhavani Nagar, TirumalaByepass Road, Tirupathi-517 501, Tel: 0877-3206887. TRICHUR: Room No. 26 & 27, DEE PEE PLAZA, Kokkalai, Trichur-680001, Tel: 0487-325 1564. TRICHY: No 8, I Floor, 8th Cross West Extn, Thillainagar, Trichy-620018, Tel: 0431-329 6909. TRIVANDRUM: R S Complex, Opposite of LIC Building, Pattom PO, Trivandrum-695004, Tel: 0471-324 0202, TUTICORIN: Ground Floor, Mani Nagar, Tuticorin, Tuticorin, Tuticorin-628 008, Tel: 461-3209960. UDAIPUR: 32 Ahinsapuri, Fatehpura Circle, Udaipur-313004, Tel: 0294-3200054. UDHAMPUR: Guru Nanak Institute, NH-1A, Udhampur - 182101, Jammu, Tel no: 191-2432601, UJJAIN :123, 1st Floor, Siddhi Vinanyaka Trade Centre, Saheed Park, Ujjain -456 010, Tel: 734-3206291. UNJHA (PARENT: MEHSANA): 10/11, Maruti Complex, Opp. B R Marbles, Highway Road, Unjha, Unjha - 384 170, Tel: -. VADODARA: 103 Aries Complex, BPC Road, Off R.C. Dutt Road, Alkapuri, Vadodara -390 007, Tel: 0265-301 8032, 301 8031. VALSAD: 3rd floor, Gita Nivas, opp Head Post Office, Halar Cross Lane, Valsad-396001, Tel: 02632-324623. VAPI:208, 2nd Floor, Heena Arcade, Opp. Tirupati Tower, Near G.I.D.C, Char Rasta, Vapi, Vapi-396195, Tel: 0260 -6540104. VARANASI: Varanasi- Office no. 1, Second floor, Bhawani Market, Building No. D-58/2-A1, Rathyatra, Beside Kuber Complex, Varanasi-221010, Uttar Pradesh, VASO(PARENT GOA): No DU 8, Upper Ground Floor, Behind Techoclean Clinic, Suvidha Complex, Near ICICI Bank, Vasco da gama -403802, Tel: -. VELLORE: No.1, Officer's Line, 2nd Floor, MNR Arcade, Opp. ICICI Bank, Krishna Nagar, Vellore-632 001, Tel: 0416-3209017. VIJAYAWADA: 40-1-68, Rao &Ratnam Complex, Near Chennupati Petrol Pump, M.G Road, Labbipet, Vijayawada-520 010, Tel: 0866-329 9181, 329 5202. VISAKHAPATNAM: 47/9 / 17, 1st Floor, 3rd Lane, Dwaraka Nagar, Visakhapatnam-530 016, Tel: 0891-329 8397, 329 8374, 2554893. WARANGAL: A.B.K Mall, Near Old Bus Depot Road, F-7, Ist Floor, Ramnagar, Hanamkonda, Warangal - 506001, Tel. no. 0870 - 6560141. YAMUNA NAGAR: 124-B/R Model Town, Yamunanagar, Yamuna Nagar-135 001, Tel: 1732-316770. YAVATMAL: Pushpam, Tilakwadi, Opp. Dr. Shrotri Hospital, Yavatma, Yavatmal-445 001, Tel: 7232-322780.