SBI MUTUAL FUND
A PARTNER FOR LIFE

Application No.

COMMON APPLICATION FORM

(Please fill in BLOCK Letters only)

FOR NEW INVESTORS - FRESH PURCHASE ONLY

(Please use financial transaction form for additional purchase)

Name & ARN Code / RIA Code** / PMRN	Branch Code (Only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Employee/ Reference No.
ARN-95070				E-101834	

Declaration for "Execution-only" transaction (where the above EUIN box is left blank & no investment advice is solicited) / Registered Investment Advisor (RIA) Transaction:

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

** By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA), the details of my / our transactions in the scheme(s) of SBI Mutual Fund.

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

SECTION I - INDIVIDUAL INVESTOR / SOLE PROPRIETOR

Investor Details	1st Applicant/Minor	2nd Applicant	3rd Applicant
Investor Name (As per Income Tax)			
PAN Number			
Date of Birth (As per Income Tax)	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Guardian Details (In case of Minor) (Please fill details as per Income Tax)	Guardian Name Guardian PAN	Relationship with Minor: ☐ Father ☐ Mother ☐ Legal Guardian Guardian Date of Birth D D / M M / Y Y Y Y	Relationship Proof attached: ☐ Birth Certificate ☐ Passport ☐ Aadhar Card ☐ Court Order
Mode of Holding	☐ Single ☐ Joint ☐ Anyone or Survivor(s)		***(Joint applicants not allowed in case of Minor investment)***
CKYC Number (KIN)			
Tax Status	☐ Resident Individual ☐ Resident Minor	☐ Resident Individual ☐ PIO	☐ Resident Individual ☐ PIO
	☐ NRI (Repatriable) ☐ NRI (Non Repatriable)	☐ NRI (Repatriable) ☐ NRI (Non Repatriable)	☐ NRI (Repatriable) ☐ NRI (Non Repatriable)
	☐ NRI - Minor (Repatriable) ☐ NRI - Minor (Non Repatriable)		
	☐ PIO ☐ Sole Proprietor ***(Please attach GST Certificate)***		

Power of Attorney (POA) Details - If applicable

POA Holder Name			
PAN of POA Holder			
POA copy attached	☐	☐	☐

SECTION II NON - INDIVIDUAL INVESTOR

Investor Name (As per Income Tax)			
PAN Number		Date of Incorporation (As per Income Tax) D D / M M / Y Y Y Y	CKYC Number (KIN)
Contact Person Name			
Legal Entity Identifier (LEI Copy to enclosed)	LEI No.	Validity D D / M M / Y Y Y Y	**Note: LEI code mandatory if investment value is equal to or exceeds ₹ 50 crore limit.**
Tax Status of Entity	☐ Partnership Firm ☐ Private Limited Company ☐ AOP ☐ NPO* ☐ Bank & Institutions		
	☐ HUF ☐ Public Limited Company ☐ BOI ☐ NGO* ☐ Gratuity Fund		
	☐ LLP ☐ Government Body ☐ FOF ☐ Trust* ☐ Body Corporate		
	☐ FII/FPI ☐ Pension & Retirement Fund ☐ Society* ☐ NPS Trust* ☐ Others _____		

***NPO Declaration: (Mandatory for Trust & Society)**

(Please attach Darpan Certificate)

***I/We are Non-profit organisation (NPO) ☐ Yes ☐ No. If yes, please quote registration number of Darpan Portal** _____

We are falling under "Non-Profit organisation (NPO) which has been constituted for religious or charitable purpose referred to in clause (15) of section of 2 of Income-Tax Act,1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act,1860 (21 of 1860) or any similar State Legislation or Company Registered under the section 8 of the Companies Act,2013 (18 of 2013).

If not registered, please register immediately and confirm with the above information to avoid non processing of applications. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF/AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for any fines or consequences as required under the respective statutory requirement and authorise you to deduct such fines/charges under intimation to us or collect such fines/charges in any other manner as might be applicable.

Other Details	Is the entity involved/providing any of the following service(s) :	YES	NO
	For foreign exchange/money changer services	☐	☐
	Money Lending/Pawning	☐	☐
	Gaming/Gambling/Lottery services (eg Casinos/betting syndicates)	☐	☐

Networth in Rs. (Not older than 1 year) Mandatory	Rs.	As on D D / M M / Y Y Y Y

Note: Non-Individual Investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.

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SECTION III - CONTACT & BANK DETAILS

Address for Communication	**Correspondence Address** (Address as per KRA records)		**Overseas Address** (Mandatory for NRI/PIO/FII applicant)	
	City/Town	Pin	City/Town	Zip
	State	Country	State	Country
	Tel. (Res.)	Tel. (Off.)	Tel. (Res.)	Tel. (Off.)
Bank Details (Please attach Bank Account proof)	Bank Name		Bank Account No.	
	Branch Name		IFSC	MICR (9 Digit)
	Branch Address		City	Pin code
	A/C Type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others _____			

Contact Details	**1st Applicant/Minor**		**2nd Applicant**		**3rd Applicant**	
Mobile Number	Country Code -		Country Code -		Country Code -	
Given Mobile Number Pertains to	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children
	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents
	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling
	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS
Email ID						
Given Email ID Pertains to	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children
	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents
	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling
	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS

SECTION IV - INVESTMENT DETAILS

Investment Type	☐ **Lumpsum Investment**	☐ **Systematic Investment Plan (SIP)** (Please Attach SIP & OTM Form)	☐ **Lumpsum with SIP Investment** (Please Attach SIP & OTM Form)
Scheme Details	**Scheme 1** (Please provide separate cheque for each Scheme)	**Scheme 2** (Please provide separate cheque for each Scheme)	**Scheme 3** (Please provide separate cheque for each Scheme)
Scheme Name			
Plan	☐ Regular ☐ Direct	☐ Regular ☐ Direct	☐ Regular ☐ Direct
Option	☐ Growth ☐ IDCW (Dividend)	☐ Growth ☐ IDCW (Dividend)	☐ Growth ☐ IDCW (Dividend)
IDCW Facility	☐ Payout ☐ Reinvest	☐ Payout ☐ Reinvest	☐ Payout ☐ Reinvest
	☐ Transfer *(In case you wish to transfer IDCW amount to other scheme)*	☐ Transfer *(In case you wish to transfer IDCW amount to other scheme)*	☐ Transfer *(In case you wish to transfer IDCW amount to other scheme)*
IDCW Transfer Details (If selected IDCW transfer)	To Scheme Name	To Scheme Name	To Scheme Name
	Plan / Option	Plan / Option	Plan / Option
	IDCW Facility / IDCW Frequency	IDCW Facility / IDCW Frequency	IDCW Facility / IDCW Frequency
IDCW Frequency	☐ Daily ☐ Weekly	☐ Daily ☐ Weekly	☐ Daily ☐ Weekly
	☐ Fortnightly ☐ Monthly	☐ Fortnightly ☐ Monthly	☐ Fortnightly ☐ Monthly
	☐ Quarterly ☐ Annual	☐ Quarterly ☐ Annual	☐ Quarterly ☐ Annual
Payment Details (Cheque in favour of Scheme Name)	Cheque No. / UTR No./ Reference No.	Cheque No. / UTR No./ Reference No.	Cheque No. / UTR No./ Reference No.
	Cheque Date D D / M M / Y Y Y Y	Cheque Date D D / M M / Y Y Y Y	Cheque Date D D / M M / Y Y Y Y
Amount in Rs.			
Amount in Words			
Drawn on	Bank Name	Bank Name	Bank Name
	Branch Name	Branch Name	Branch Name
	Bank A/c No.	Bank A/c No.	Bank A/c No.
Payment Mode	☐ Cheque ☐ RTGS/NEFT	☐ Cheque ☐ RTGS/NEFT	☐ Cheque ☐ RTGS/NEFT
	☐ Fund Transfer ☐ OTM	☐ Fund Transfer ☐ OTM	☐ Fund Transfer ☐ OTM

DEMAT Details (Please provide details ONLY if you wish to hold units in / under Demat)	Depository Participant Name	Proof Attached ☐ Latest Client Master ☐ Demat Account Statement
	☐ **National Securities Depository Limited (NSDL)**	☐ **Central Depository Securities (India) Limited (CDSL)**
	DP ID & Beneficiary Account No.	Beneficiary Account No.

Note: The sequence of names as mentioned in the MF application form should be as per the sequence of names in Demat account.

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SECTION V - FATCA & CRS INFORMATION MANDATORY FOR INDIVIDUAL / SOLE PROPRIETOR

Non-Individual Investors should Mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.

FATCA & CRS	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Country of Birth				
Place/City of Birth				
Nationality				
Is the applicant(s) Country of Birth/ Nationality/Tax Residency other than India	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, Please provide following information:				
Country of Tax Residency 1				
Identification Type				
Tax Payer Ref ID No.				
Country of Tax Residency 2				
Identification Type				
Tax Payer Ref ID No.				
Country of Tax Residency 3				
Identification Type				
Tax Payer Ref ID No.				

Note: In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is available or has not yet been issued, please provide an Explanation and attach this to the form. (Please attach additional sheet if necessary and mention all countries in which applicant is a tax resident and provide relevant details)

SECTION VI - OTHER PERSONAL INFORMATION

Other Information	1st Applicant/Minor	2nd Applicant	3rd Applicant	Guardian
Gender	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other
Father's Name				
Spouse Name				
Occupation	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector
	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor
	☐ Business ☐ Professional	☐ Business ☐ Professional	☐ Business ☐ Professional	☐ Business ☐ Professional
	☐ Agriculturist ☐ Retired	☐ Agriculturist ☐ Retired	☐ Agriculturist ☐ Retired	☐ Agriculture ☐ Retired
	☐ Student ☐ House Wife	☐ Student ☐ House Wife	☐ Student ☐ House Wife	☐ Student ☐ House Wife
	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____
Gross Income Range (in Rs.)	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs
	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs
	☐ 25 lacs - 1 Cr ☐ 1-5 Cr	☐ 25 lacs - 1 Cr ☐ 1-5 Cr	☐ 25 lacs - 1 Cr ☐ 1-5 Cr	☐ 25 lacs - 1 Cr ☐ 1-5 Cr
OR	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr
Networth in Rs. (Not older than 1 year)	Rs.	Rs.	Rs.	Rs.
	As on D D / M M / Y Y Y Y	As on D D / M M / Y Y Y Y	As on D D / M M / Y Y Y Y	As on D D / M M / Y Y Y Y
Politically Exposed Person (PEP)	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP
Type of Address given at KRA	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office

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ACKNOWLEDGMENT SLIP

Application No.:

Name of the Investor			**ARN No.:**	**EUIN No.:**
			Scheme Name:	
Investment Details	**Date:** D D / M M / Y Y Y Y	**Amount:**	**Plan:** ☐ Regular ☐ Direct	**Option:** ☐ Growth ☐ IDCW
	Cheque/UTR No.:		Signature, Date & Stamp	
	Bank & Branch Name:			

SECTION VII - NOMINATION

Nomination (Applicable for individual Investors except Minor)	☐ **I/We wish to Nominate the following person(s). (ALL THE BELOW FIELDS ARE MANDATORY)** **OR** ☐ **I/We do not wish to Nominate - Nominee OPT Out** (Please sign Declaration for No Nomination) **#**		
Nominee Details	**Nominee 1**	**Nominee 2**	**Nominee 3**
Name of the Nominee			
PAN of Nominee (Optional)			
Allocation% (Total of allocation% should be 100%)			
Relationship of Nominee with investor			
Nominee Date of Birth (Mandatory if Nominee is Minor)	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Guardian Name (In case Nominee is Minor)			
Nominee/Guardian Address			
Nominee/Guardian Contact Details	Mobile No.	Mobile No.	Mobile No.
	Email Id	Email Id	Email Id
Identification Details of Nominee/Guardian (in case of Minor)- Please tick any one Option	☐ PAN Card ☐ Aadhar (last 4 Digits)	☐ PAN Card ☐ Aadhar (last 4 Digits)	☐ PAN Card ☐ Aadhar (last 4 Digits)
	☐ Passport(NRI/PIO/OCI) ☐ Driving Licence	☐ Passport(NRI/PIO/OCI) ☐ Driving Licence	☐ Passport(NRI/PIO/OCI) ☐ Driving Licence
Please mention ID Number of the opted Option	Identification Number	Identification Number	Identification Number
# Declaration for No Nomination:	I/we hereby confirm that I/We do not wish to appoint any nominee(s) for my/our mutual fund units held in my/our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by court or other competent authority, based on the values of assets held in my/our mutual fund folio.		
***Signature(s)** (All Applicants must Sign)	✕ 1st Applicant	2nd Applicant	3rd Applicant

***If the account holder affixes thumb impression instead of signature, Please use separate nomination form.**

I / We want the details of my / our nominee to be printed in the Statement of Account, provided to me / us by the AMC as follows; (please tick, as appropriate)

☐ Name of Nominee(s) with Details and Percentage ☐ Nomination without Details and Percentage (Default Option)

Go Green Initiative

All communication related to your investment, scheme-wise annual report or abridged summary will be sent to your registered Email ID. However if you wish to receive the above in physical form, please tick below box.

☐ **I wish to receive scheme wise annual report or abridged summary through physical mode.**

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/us 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) per Financial year per AMC (Applicable for "Micro Investments" only). **(ix)** All information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting. **(x)** That we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same. **(xi)** I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time. **(xii)** Towards compliance with tax information sharing laws, such as FATCA and CRS: **(a)** The Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided. **(b)** In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities. **(c)** I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. **(d)** As may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/ our account or close or suspend my account(s) and **(e)** I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency. **(f)** I have understood the information requirements of this form (read along with the FATCA/CRS instructions) and hereby confirm that the information provided by me/us on these form, including the tax payer identification number is true, correct and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and accept the same. **(xiii)** I/We understand that, a penalty shall be levied on every inaccurate reportable account as provided under the Income Tax Act, 1961. The MF/AMC has the right to recover this penalty from the unit holder(s) or retain out of any money in its possession, due to inaccurate information or false self-certifications provided by unit holders. **(xiv)** If the name/date of birth/date of incorporation given in the Application is not matching with PAN, Application may liable to get rejected or further transactions may be liable to get rejected. By using this application, I/We agree to issue a cheque in favour of the scheme which will be invested as per the option selected/mentioned under clause (Section IV) of the form. **$Applicable to other than Individuals/HUF; @Applicable to NRI**

I/We have read, understood & agree to the terms & conditions mentioned in the SID & KIM of the respective Scheme(s) along with the above declaration. I/We hereby confirm that the information provided by me/us on this form is true, correct and complete.

Signature(s) (All Applicants must Sign)	✕ **1st Applicant/Guardian/ Authorised Signatory - Affix Rubber Stamp**	**2nd Applicant Authorised Signatory - Affix Rubber Stamp**	**3rd Applicant Authorised Signatory - Affix Rubber Stamp**

Date: / / **Place:**

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

Investment Manager :
SBI Funds Management Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,G Block, Bandra Kurla Complex,
Bandra (East), Mumbai - 400 051.

Registrar:
Computer Age Management Services Ltd.,
(SEBI Registration No. : INR000002813)
Rayala Towers, 158, Anna Salai,Chennai - 600 002.
Email: enq_sbimf@camsonline.com • Website: www.camsonline.com

Toll Free	Email ID	Website
1800 425 5425 / 1800 209 3333 +91-22-62511600/+91-80-25512131 (for overseas investors)	customer.delight@sbimf.com	www.sbimf.com

SBI MUTUAL FUND
A PARTNER FOR LIFE

DECLARATION TO BE SUBMITTED BY NON-RESIDENT INDIANs (NRIs) / PERSONS OF INDIAN ORIGIN (PIO)

To

SBI Funds Management Limited ("SBI FML")

Dear Sir,

I hereby confirm and agree that:

1. I am a person resident outside India who is either a citizen of India or a person of Indian origin ("**Non-Resident Indian**" as defined under the Foreign Exchange Management Act, 1999), and:

   (a) am employed or have a business or vocation outside of India; or
   (b) am a student studying outside of India; or
   (c) intend to stay outside of India for an uncertain period.

   I am not:

   (a) a person residing in India for more than 182 days during the course of the preceding financial year;
   (b) a person or body corporate registered or incorporated in India;
   (c) having any office, branch or agency in India owned or controlled by a person resident outside India;
   (d) having any office, branch or agency outside India owned or controlled by a person resident in India.

2. I am eligible to invest in the schemes of SBI Mutual Fund in accordance with all the laws applicable to me. Further, all nominees appointed by me are, and will be, eligible to hold the units of the schemes of SBI Mutual Fund in accordance with applicable laws, failing which SBI Mutual Fund reserves the right to cancel their nomination;

3. My investment in schemes of SBI Mutual Fund is pursuant to, and on the basis of legal advice obtained by me and out of my own free will and knowledge, on a voluntary basis;

4. I will provide SBI FML or any other person authorized by SBI FML in this behalf, with any details, information or documents that may be requested from time to time;

5. I will notify you of any change to the information provided to SBI FML, including any change in my circumstances which may affect the accuracy of any representation made by me in this declaration.

Any matter not specifically set forth in this declaration will be governed by the terms and conditions of the relevant schemes of SBI Mutual Fund ("**Terms**"), including the applicable Key Information Memorandum (KIM), Scheme Information Document (SID) and Statement of Additional Information (SAI). When signed, this document will be legally binding and will form a part of and supplement the Terms.

Name/s of Applicant/s:

_____	_____	_____
Name of 1st Applicant	**Name of 2nd Applicant**	**Name of 3rd Applicant**

Signature/s of Applicant/s:

_____	_____	_____
Sign of 1st Applicant	**Sign of 2nd Applicant**	**Sign of 3rd Applicant**

Date:

Place: