Attachments

SBI MUTUAL FUND

Note that the product is suitable for investors who are seeking*:

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AUTOMOTIVE OPPORTUNITIES FUND
An open-ended equity scheme following automotive & allied business exhibition throng.

All purchases are subject to realisation of cheque

APPLICATION NO.

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ADN 6 Name					RM FO		_				_	IES FUN		ase fil		OCK I	<u>_etters</u>		,	N.
ARN & Name	of Dis	stribut	or		(only for S		Sur	o-Broi	Ker AF	AN Code	Sub	-Broker	Code	(Empl	oyee Uniqu		ication Nu	mber) Re	terer	ice No.
Declaration for "exec * I/We hereby confirm the	ution-on	ly" trans	saction	(only v	where El	JIN box	is left bl	lank) (R	Refer Ins	truction 1	(p))	hout any into	raction or a	dvice by	the employ	oo/rolati	onchin mai	nagor/caloc	orcon (of the above
distributor or notwithstar	ding the	advice of	in-appro	priaten	ess, if any	, provided	by the er	nployee	relations/	hip manage	r/sales pe	erson of the d	istributor a	nd the dis	stributor has	not cha	rged any a	dvisory fees	on this	transaction.
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SIGNATURE(S)																				
1	st Appli	icant / G	iuardia	ın / Au	thorise	d Signa	tory	2	2 nd App	licant / Au	ıthorise	d Signato	ry		3 rd Ap	plicar	t / Autho	rised Sig	natory	
											NI A BA	-								
EXISTING FOL											NAM	E								
1. FIRST APPL	CANT	DET/	AILS																	
Name (Mr. / Ms. / M/s.)																				
(Name should be as per	PAN)																			
Name of Guardiar (in case of Minor)	(As pe	er PAN)																		
Relationship of Gu	ardian	Fa	ther	M	other	Lega	al Guard	ian [Ple	ease mar	ndatorily en	close the	document e	videncing	the relati	onship of N	linor wit	h Guardia	n]		·
PAN/PEKRN NO										1	Dat	e of Birth	/ Incorp	oratio	1.0					
(Enclose PAN Card Cop	• •									_	(As	per PAN) (Mandato	ry)						
Legal Entity Ide	ntifier	(LEI)	for No	on-In	dividu	als									v	alidity	/			
KIN (CKYC Identification N	o.)									(Enclose K	YC Acknowl	edgement)							
Email ID @																				
Email ID pertains t	o [Self(d	efault)		Spouse	Dep	endent	Childre	en 🔲	Depende	nt Siblin	g 🔲 Dep	endent P	arents	Guar	dian	PMS	Custo	odian	POA
Mobile No. 😭	ountry Co	de							Telep	hone (O)					Telepho	ne (R)				
Mobile No. pertain	s to	Self(de	efault)	Пs	pouse	☐ Dep	endent	Childre			t Siblina	g Dep	endent Pa	arents	☐ Guar	. ,	PMS	Custo	dian	□POA
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Correspondence																				
Address of 1st Applicant																				
City																				
B					9	tate														
Pin _				_																
Foreign Address	ddress f	or Corre	sponde	nce for	NRI App	licants o	nly (Ple	ase (✔)) Indian b	by Default		Foreigr	י ווי							
(Mandatory for NRI / FII)																				
City																				
_ [1.		i	1	i								
Zip								Cour	ntry											
2. MODE OF HO	OLDIN	G (Ple	_	•		_														
Single	LOANIT	DET	Joi	nt			Anyone	e or Su	rvivor											
3. JOINT APPL	ICAN	DEI	AILO		Co		Amplia	- m t							Third	Amm	icont			
Name (Name should I	oe as				360	Jona A	Applica	anı							Tillia	Appi	ICant			
per PAN)	18																			
PAN /PEKRN (Enclose KYC Acknowled	(gement)																			
KIN		T		T								1 1				T				
(CKYC Identification No.)																				
€ 4. BANK A	CCOU	NT (P	ay Ou	it) D	etails	of Fir	st App	plicar	nt (Mano	datory to atta	ich bank a	ccount proof	in case the	payout ba	ank account	is differe	nt from the	source/inves	ment ba	nk account)
Name of Bank																				
Branch Name																				
and Address																_				
City																Pin				
Account No													1			A = =		(DI	- ()	
Account No.							,								Savir		ount Tyl NRO	Please FCNI		
IFS Code										(Please pro	vide a cop	y of CANCELL	_ED cheque	leaf)						
9 digit MICR Code										•			•		Curre	ent L	NRE	Othe	rs	
									TEAR H	ERE —										
SBI MUTUAL F	UND Sp	onsor:	State Ba	ank of Ir	ndia I Funds M	lone=	ant It-I				DGE	MENT SI	I ID	485	10.4715					
	(A	Joint Ver	nture bet	ween S	BI & AMI	JNDI)	ent Līd.		To be	filled in I	by the li	nvestor	∟ 11″	APPL	ICATIO	N NC). 			
(To be filled in by Received from :	the Firs	st applic	ant/Au	thoriz	ed Sign	atory) :														Signature.
	la ma a		D!=:: 1	0	0	1.6	ID O.	M F	111. 1 6	1 ~:		<u> </u>	\ \ \	ale = : d	Dua		Sauce M	0 0	┦ `	Date &
SBI AUTON		F	Plan (-	Option Grov		IDC\	N Faci		_	que An	nount (Rs.	.) Bai	ık and	Branch	Ch	eque No	. & Date	\dashv	Stamp
			☐ Dire	_			Transf		. <u></u> . ay	301										

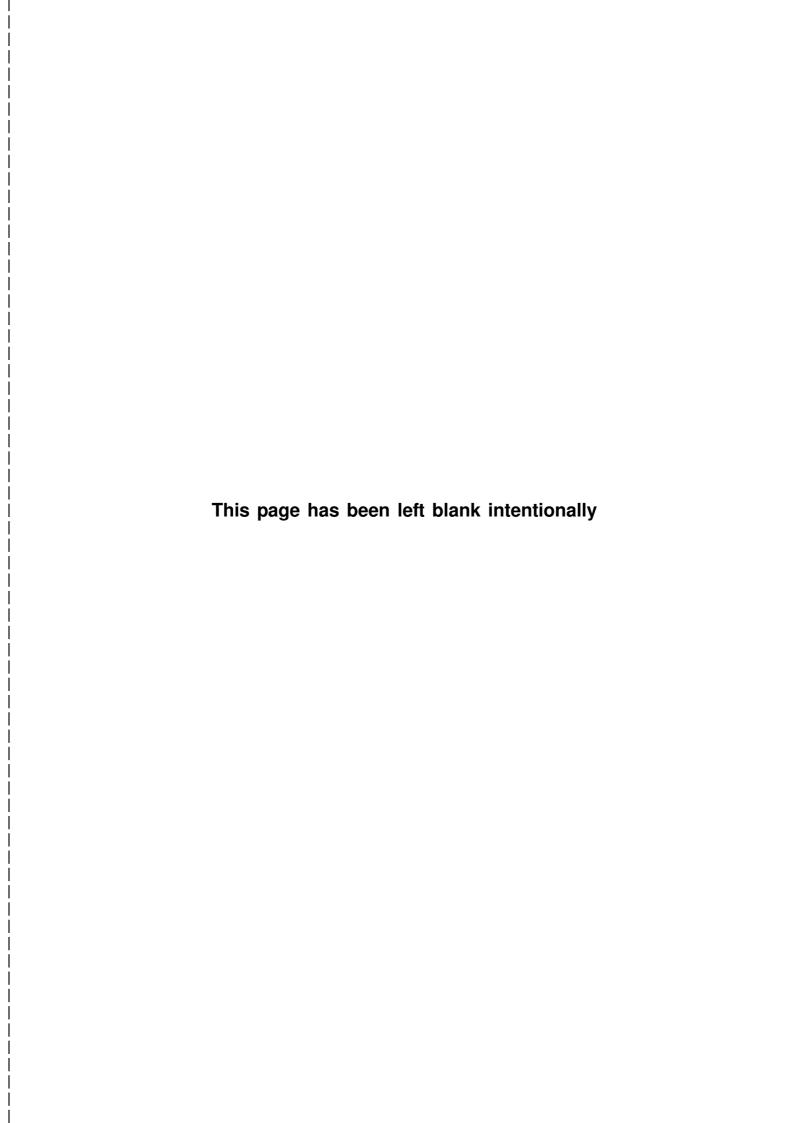
						rily fill separa	te FATCA/CRS & UBO Form (Annexure-1).
Is the applicant(s) Country of First Applicant (incomplete control of the property of the prop	cluding I		Second		icant		Third Applicant
	No		⊕ Yes		No	(F	Yes No
If "YES", please provide the	he follow			1			
Details		First Applicant (i	ncluding Minor)		Second Applic	ant	Third Applicant
Country of Birth							<u> </u>
Place/City of Birth							
Nationality							
Country of Tax Residency 1							
Tax Payer Ref. ID No^							
Identification Type [TIN or Other, Please specify]							
Country of Tax Residency 2	2						
Tax Payer Ref. ID No.2							
Identification Type [TIN or Other, Please specify]							
Country of Tax Residency 3	3						
Tax Payer Ref. ID No. 3							
Identification Type [TIN or Other, Please specify]							
^ In case Tax Identification Number this to the form. (Please attach ad	r is not ava	ilable, kindly provide its f	unctional equivalent.	If no TIN	l is yet available or has no	ot yet been issu	ued, please provide an explanation and attach
6. INVESTMENT AND F			ention all countries in	WITHCIT	applicant is a tax residen	t & provide rei	evant details)
One time Investment S	ystematic	Investment Plan (SIP)	(Please submit SI	P Enrol	ment & OTM Form) 🔲 🏻	MITRA SIP (Pl	ease submit MITRA SIP Enrolment form & OTM form)
Scheme Name	SBI	AUTOMOTIVE	OPPORTUN	ITIES	S FUND		
Plan (Please ✓)	Re	gular Dire	ect		In case of IDCW Transfer	facility, please r	mention target scheme along with plan/option.
Option (Please ✓)	Gr	owth DO	CW Frequen	СУ	Scheme / Plan / Optior	1	
Income Distribution cum Capital Withdrawal (IDCW)	Re	investment Pay	out Trar	nsfer	Conomo / Harry Option		
Facility (Please ✓) Payment Mode	☐ Ch	eque	Fund Transfer		RTGS		
Cheque No. & Date		Cheque Am				rawn on Bank	and Branch
7. TAX STATUS (Please ✓)							
Resident Individual		Pension ar	nd Retirement Fund		Government Boo	dy	☐ NGO
Resident Minor (through Gua NRI (Repatriable)	rdian)	Financial I			Society*		LLP
NRI (Non-Repatriable)		=	ited Company nited Company		NPS Trust		PIO
NRI– Minor (Repatriable)		Body Corp			Fund of Fund		NPO*
NRI – Minor (Non-Repatriable	·)	Partnership			Gratuity Fund		[Please specify]
Sole-Proprietor		FII / FPI			AOP		Others
HUF		Bank			ВОІ		[Please specify]
*Non-Profit Organization [NPO]	(Manda	tory) Yes No		— — olease d	uote Registration No. o	f Darpan porta	
							use (15) of section 2 of the Income-tax Act,
the section 8 of the Companies A			e Societies Registrat	ion Act	, 1860 (21 of 1860) or an	iy similar State	e legislation or a Company registered under
If not, please register immediately	y and confi	rm with the above inform	nation to avoid non pr	ocessir	g of applications. Failure	to get above	confirmation or registration with the portal as
be liable for it for any fines or con	sequences	as required under the re	espective statutory re	ve porta quireme	and may report to the re ents and authorize you to	elevant authorii deduct such f	confirmation or registration with the portal as ties as applicable. We are aware that we may ines/charges under intimation to us or collect
such fines/charges in any other m 8. DEMAT ACCOUNT DET	nanner as r	night be applicable.					
If you wish to hold units in	Demat	mode, please provid					/ Demat Account Statement
•				form r			held with the Depository Participant.
National Securities Depository	pehosi.	tory Emilied (NSDE	Depo	•		oervices ((India) Limited (CDSL)
Participant Name DP ID No.	N			ipant N			
Beneficiary Account No.			Benef	iciary A	ccount No.		
Please note wherever units are	e allotted	n Demat Mode. State	ment of Account w	ill be is	ssued by the Depositor	ry concerned	
			— — TEARHER				
Any communication in conr	nection wi	th this application sho	ould be addressed	to the	Registrar or the Inves	sment Manag	er
Investment Manager: SBI Funds Management L	td	TOL	I EDEE NO : 1900 42	E E 405		Registrar: Computer Age	e Management Services Ltd

SBI Funds Management Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai – 400 051
Tel: 022- 61793537
Email: customer.delight@sbimf.com

ALTERNATE NON TOLL FREE NO. : +91-22-62511600 / +91-80-25512131 Website: www.sbimf.com

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

9. OTHER PERSONAL INFORMATI	ON													
		Fi	rst Appli	cant			So NA in case (econd A of investme			(NA in ca	Third Appl se of investmer		
Gender		Male	Female	9	Other		Male	Fema	ale	Other	Male	Female)	Other
Father's Name														
Spouse's Name														
Date of Birth	L	D D N	1 M Y	Υ	YY	L	D D N	1 M Y	/ Y	ΥΥ	D D	ММУ	Υ	YY
Occupation (Please ✔)		Profession Governme			Business Agriculturist		Professiona Governmen			Business Agriculturist	Profess Govern	ional ment Service		Business Agriculturist
		Public Sec	ctor Service tor Service	; 	Retired Housewife	E	Private Sec			Retired Housewife	Public	Sector Service Sector Service		Retired Housewife
		Student Doctor Others			Forex Dealer		Student Doctor Others			Forex Dealer	Studen Doctor Others	t 	∐ F	Forex Dealer
Gross Annual Income in Rs.		Below 1 L	ac		1-5 Lacs		Below 1 La	ac		1-5 Lacs	Below			1-5 Lacs
(Please ✔):		5-10 Lacs 25 Lacs -			10-25 Lacs > 1 Cr.	L	5-10 Lacs 25 Lacs -	1 Cr.		10-25 Lacs > 1 Cr.	5-10 L	acs cs - 1 Cr.		10-25 Lacs > 1 Cr.
OR Networth in Rs.														
Networth as of date	L	D D N	M M	Υ	YY	L	D D M	MY	Υ	YY	D D	MMY	Υ	үү
Politically Exposed Person [PEP]		Yes	No	Re	lated to PEP		Yes	No	Re	lated to PEP	Yes	No	Rela	ated to PEP
Type of address given at KRA		Residential	Busines		<u> </u>		Residential	Busine		Reg. Office	Residen			Reg. Office
10. NOMINATION: I/We wish to Nomination is mandatory. However	nom ver,	inate the	ou do no	ot wi	erson/s to sh to nom	rec ina	ceive the please	sign in I	point	the event c : 11)	of death.			nvestors,
NA in case of investment from minors Name of the Nominee	+		Nominee	1				Nomine	e 2			Nominee	3	
PAN of the Nominee														
Name of the Guardian (In case Nominee is Minor)														
Allocation % (Mandatory if more than one Nomine (Should not be in decimal)	e)													
Relationship with Nominee														
Date of Birth* (Mandatory if Nominee is Minor)	, <u>L</u>	D D	M M Y	Y	YY		D D N	1 M	Y	YY	D D	M M Y	Υ	YY
Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee)		Ciama	ture of Nomir	/0-	. audian		Signati	ire of Nomi	noo/Gu	ordion				
11. NO NOMINEE DECLARATION : I issues involved in non-appointment of nomin issued by Court or other such competent au	ee(s)	hereby con and further	firm that I / \ are aware th	We do	not wish to a	of al	int any nomi I the account	nee(s) for i holder(s), i	my/ ou	r mutual fund	units held in	nature of Nomine my / our folio a submit all the re	nd und	derstand the
Signature(s) (ALL Applicants		ty, baooa o	T mo value o	7 400	oto noid in the									
must sign) 1st Applicant / Guardian						cant	/ Authorised	Signatory			3 rd Applican	t / Authorised Sig	ınatory	ı
Name of Contact Person	ADD	ITIONAL	INFORM	ATIC	ON	1			1					
Is the entity involved / providing any of the	e folk	owing serv	ices Yes	; [No C	Gam	ning / Gambli	ng / Lotte	ry Ser	vices (e.g. Ca	sinos, Betti	ng Syndicates)	Ye	es No
For Foreign Exchange / Money Changer Se			Yes		-		ey Lending /	•					Ye	es No
NOTE: Non-Individual investors should ma 13. GO-GREEN INITIATIVE:							· ,							
As part of Go-Green initiative, issuance of who specifically opt to receive it in physical	al forr	m. Please t	tick here on	ly if y	ou wish to re	cei	ve the same	in physica	al mod	e 🗌				
14. DECLARATION That (I) I'We have not received or been induced by any legitimate sources and is not held or designed for the pu authority from time to time; (iii) the money invested by of the term 'US Person' under the US Securities laws)	rebate urpose me in	or gifts, directle of contravention the schemes	ly or indirectly, i on of any act, ru of the Fund do	n maki ules, re o not at	ng this investmen gulations or any s tract the provisio	it; (ii) statui ns o	the amount inve te or legislation of f Foreign Contrib	sted/to be inv r any other ap oution Regula	vested b pplicable itions Ac	y me/us in the sche laws or any notifi at ("FCRA"): (iv) I/	neme(s) of SBI I cations, direction We am/are awa	ins issued by any go are that a U.S. perso	ınd") is o vernmer on (withi	derived through ntal or statutory in the definition
commissions (in the form of trail commission or any oth	her mo	ode), payable t	o him/her for th	ne diffe	rent competing so	chem	ies of various m	utual funds fr	om amo	ngst which a sche	eme of the Fund	I is being recommen	nded to a	me/us; (vi) * as
of the CompanylFirm/Trust; (vii) ** I/We am/are Non Re Ordinary account/FCNR Account; (viii) all information p information is found to be false or untrue or misleading to such information as and when provided by me/ us to the Financial Intelligence Unit-India, the tax/revenue at obligation of advising me/us of the same; (x) I/ We sha	or misi the Futhoriti	representing; (-und, its Spons ies in India or	(ix) that we auth sor, AMC, truste outside India w	norize y ees, the hereve	ou to disclose, sheir employees/RT/ r it is legally requ	nare, As o uired	remit in any form r any Indian or fo and other such	n, mode or moreign govern regulatory/inv	anner, a nmental restigati	all / any of the info or statutory or jud on agencies or su	rmation provide icial authorities ch other third p	d by me/ us, including tagencies including to arty, on a need to k	g all cha out not l now bas	anges, updates imited to SEBI, sis, without any
obligation of advising me/us of the same; (x) I' We shittime; (xi) Towards compliance with tax information shall from investors. I'We ensure to advise you within 30 dabe obliged to share information on my account with relev	rina lav	ws. such as F	ALCA and CRS	: (a) th	e Fund mav be r	eauir	ed to seek addit	ional persona	al. tax ai	nd beneficial owne	er intormation a	nd certain certificatio	ons and	documentation
withholding from the account or any proceeds in relation or close or suspend my account(s) and (e) I/We underst	n there tand the that the	reto; (d) as ma nat I am / we ar he information	y be required by re required to co	ontact i ontact i	estic or overseas my tax advisor for Lithis Form includ	regu r any ling	llators/ tax autho questions about the taxpayer ide	rities, the Fu my/our tax rentification nur	nd may esidency mber is	also be constrained; (f) I have understrue correct and	ed to withhold a tood the inform complete. Lals	and pay out any sum ation requirements on confirm that I have	ns from in of this Fo e read a	my/our account orm (read along and understood
the FATCA Terms and Conditions below and hereby ac this application I/We agree to issue a cheque in favor o point after Declaration. So, that investor can give sig *Applicable to other than Individuals / HUF; ** Applicab	cept th f the fa nature	he same. (xii) I acility 'SBI Mul e for application	If the name give Iti Select' which	en in th will be	e Application is r invested as per	not m the c	natching PAN, ap option selected/ r	plication may nentioned un	/ liable t der clau	o get rejected or f se (5) of the form.	urther transacti We can move	ons may be liable to the Nomination & N	get reje o Nomir	ected. By using nee Declaration
SIGNATURE(S)														
(ALL Applicants must sign) ⊗				(⊗					8				
1 st Applicant / Guardi	an / A	Authorised	Signatory		2 nd Applic	ant	/ Authorised		у	3'	d Applicant	/ Authorised Si	gnato	ry
Date								Place						





	Product Labeling	
	This product is suitable for investors who are seeking*:	Riskometer
•	Long term Capital appreciation	Marinda Maggara
•	Investment in equity and equity related instruments of companies engaged in and/or expected to benefit from the growth in automotive & its allied business activities theme.	RISKOMETER Providers understand that their principal



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

New	v investors s	SIP ENROLME ubscribing to the scl	NT CUI	VI ONE TII	ME DEBI	T MANDAT Form alongwit	E FORM th Common Application Form	1
ARN & Name of Di		Branch Code (only for SBG)		ker ARN Code		oker Code	EUIN* Employee Unique Identification Number)	Reference No.
							, , , , , , , , , , , , , , , , , , ,	
							an "execution-only" transaction without any intera- e distributor and the distributor has not charged any	
SIGNATURE(S)	plicant / Guard	lian / Authorised Signa	torv	2 nd Applicant / A	Authorised S	ignatory	3rd Applicant / Authorise	d Signatory
Upfront commission shall be paid dire			ased on the investo	ors' assessment of vario	us factors including		··	a orginatory
Folio No./Application	No.			NVESTOR	DETAILS			
Name of 1st Applicant								
SIP Cheque No/s :								
		1			2		3	
Scheme Name		T						
Plan	Regular	Direct		Regular	Direct		Regular Direct	
Option Income Distribution	Growth		quency	Growth	IDCW	Frequency	Growth DCW	Frequency
cum Capital Withdrawal (IDCW) Facility	Reinvest	Payout		Reinvest	Payout		Reinvest Payout	
Each SIP Instalment Amount (₹)								
SIP Frequency	Monthly (uarterly	☐ Monthly (☐ Daily	Default)	Quarterly	Monthly (Default) Daily	Quarterly
	Half - Yea	=	eekly Inual	Half - Yea	rly	Weekly Annual	Half - Yearly	Weekly Annual
SIP Date	1st		(For February,	1 st	15 th	30 th (For Februa		30 th (For February, last business day)
(for Monthly, Quarterly, Half-Yearly & Annual)	5 th	20 th	usiness day)	5 th	20 th	last business day)	5 th 20 th	
 	10 th (Defau	1t) 25 th (Any other dates (1,8,15,22)	e from 1st to 30th)	10 th (Default)	25 th (A	ny <u>other date</u> fr <u>om 1st to</u>	30 th) 10 th (Default) 25 th (A	ny other date from 1st to 30th)
(for Weekly Fixed Date or Day)	-	OR			OR)	OR Any Day (Default)	
	Any Day		day to Friday)	Any Day ((Monday to Frid		(Monday to Friday)
SIP Period	From To OR □ 3 yrs	M M Y Y	(one)	From M	M Y	Y Y Y Y Y Y	From	y ore)
	OR	7.5	੍ਰੇ ਫ਼	OR 3 yrs	☐ 5 yrs	☐ 10 yrs	90	□ 10 yrs (10 lb
Use Existing One		andate (if already reg		□15 yrs	□ 20 yi	s 30 yrs	<u>o</u> □ 13 yıs □ 20 yrs	s □ 30 yrs 💆
Bank Name				Bank A/c i	No			
Fund. I/We hereby confirm aware that SBI Mutual Fund or not effected for reasons account. I/We confirm that not exceed Rs. 50,000/- (Ri mode), payable to him for	and declare that d and its service p of incomplete of the aggregate of upees Fifty Thou the different con nd contents of th	t the monies invested by r oroviders and bank are auth r incorrect information, I/W f the lump sum investment sand) (applicable for "Micr npeting Schemes of variou le SID, SAI, KIM and Adder	ne in the sche norized to prode e would not h (fresh purchas o investments as Mutual Fund ndum issued fi	mes of SBI Mutua cess transactions boold the user instituse & additional pur only). The ARN of the strom amongst of the strom amongst of the strom amongst of the strom amongst of the strom are strong are st	Il Fund do not by debiting my/ ution responsible chase) and SIF holder has discontinuously.	attract the provision our bank account the le. I/We will also information in installments in rollinglessed to me/us all the losed to me/us all the me is being recomme	e payments towards investment in the is of Foreign Contribution Regulations rough Direct Debit / NACH facility. If thorm SBI Mutual Fund/RTA about any ong 12 months period or financial year he commissions (in the form of trail or mended to me/us. I/We have read, un Mutual Fund. I/We hereby authorize the	Act ("FCRA"). I/We are e transaction is delayed changes in my/our bank i.e. April to March does ommission or any other derstood and agreed to
		ONE	TIME DE	BIT MAN	DATE EC	ORM (OTM)		
SBI MUTUA A PARTNER F	L FUND OR LIFE	UMRN				, ,	Date D D M M	Y Y Y Y
Sponsor Bank Code					L	Itility Code		
	, hereby auth	orize SBI Mutua	al Fund		Т	o debit (Please	SB / CA / CC / SB-NRE	SB-NRO / Other
MODIFY Bank	k A/c No.							
with Bank	Bank	k Name		IFSC			OR MICR	
an amount of Rupees				55		₹		
FREQUENCY: We	eekly M	onthly Quarterly	✓ As a	& when preser		BIT TYPE : 🔀	Fixed Amount Maxi	mum Amount
Folio No.:				_	IVIC	oblie No.:		
Appln No. :	r the dehit of m	andate processing chara	es hy tha ha	ak whom I am a		nail ID:	s per latest schedule of charges of	the hank
PERIOD — I Agree Ioi	are debit Of Illi	andate processing charg	co by the Dal	ii. wiioiii i aiii at	anonzing to di	oon my account as	s por latest soliculie of Glatyes Of	and pank.
From		Signature of 1st B	ank Accoun	t Holder 5	ignature of 3	2nd Bank Account	Holder Signature of 3 rd Ba	ank Account Holder
То								

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE (OTM)

- 1. Investors who have already submitted One Time Debit Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account in the Folio. However, if such investors wish to add a new bank account towards OTM facility may submit the new OTM form.
- 2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned (as per bank records).
- 3. Along with OTM, investors should enclose an original CANCELLED cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted.
- 4. First applicant / unitholder must be one of the account holder in the bank account. Investor's cheque / bank account details are subject to third party validation.
- 5. Investors are deemed to have read and understood the terms and conditions of Systematic Investment Plan mentioned in SID, SAI & KIM of the respective Scheme(s) of SBI Mutual Fund.
- 6. UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
- 7. Please mention OTM date and OTM "From date" in DDMMYYYY format.
- 8. For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented".
- 9. From date & to date is mandatory. However, the maximum duration for enrollment is 30 years.
- 10. Please provide all the information / details in the OTM.

Mandatory information to be provided in One Time Debit Mandate (OTM):

- 1. Date of Mandate
- 2. Bank A/c Type
- 3. Bank A/c No. (please enclose CANCELLED cheque leaf)
- 4. Bank Name
- 5. IFSC and/or MICR Code
- 6. Maximum Amount (Rupees and Words)
- 7. Mandate From date
- 8. Mandate To date
- 9. Signature/s of account holders in bank records
- 10. Name/s of account holders as in bank records

Third Applicant



First Applicant / Guardian

1. APPLICANT DETAILS

Applicant's Name

ANNEXURE II - Additional KYC-FATCA & CRS Form for Individuals

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

Second Applicant

Applicant's PAN																						
Gender																						
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