

Attachments

A PART	NER		LIFE												-	PPLI	JA 110	•								S-30	004/16
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SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai – 400 051
Tel: 022- 61793511
Email: customer.delight@sbimf.com

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

DETAILS OF T	THIRE	O AP	PLIC	ANT																							
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6. CONTACT DETAILS (SEE NOTE 1) Local																											
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Investment Amount (Rs. in Figures)																, , , , , , , ,			,		~ ~ ,						
For third party cl	heque	s plea	ase se	ee Not	e 3 vii.																						

9. STP ENROLL	MENT	DET/	AILS	С	pted	for S	STP:		Yes		N	0	(If	Yes,	it is n	nanda	itory to	subn	nit ST	P Enr	ollmer	nt Form/Transaction slip)
10. DEMAT ACCOUNT DETAILS If you wish to hold units in Demat mode, please provide below details and enclose the latest Client Master / Demat Account Statement (Mandatory). Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant. National Securities Depository Limited (NSDL) Central Depository Services (India) Limited (CDSL)																						
	al Secui	rities	Dep	osite	ory L	imite	ed (N	ISDL)					Cent	tral [Оеро	sitor	y Se	rvice	s (In	idia)	Limited (CDSL)
Depository Participant Name												eposite erticipa	ory ant Na	me								
DP ID No.		l ,	N									get IE										
Beneficiary Accour	nt No.		İ				İ	Ī	i i	Ī	اا											
															•			•				rther allotment of units (through
additional purchase 11A. NOMINATION																						their Depository Participant only.
individual investors	applying	with s	single	holdir	ng, No	minat	tion is	mand	atory.	How	ever, i	n cas	e you	lo no	twish	to no	minate	e pleas	se sig	n poir	it 11 B	(SEE NOTE 10)
Name of the Nomir																						_
Name of the Guard	lian																					
Percentage																						-
Relationship Address of Nomine	20/	Date of Birth* D D M M Y Y Y Y													Υ	Signature of Nominee/Guardian						
Guardian																						(*Mandatory in case of Minor nominee)
Name of the Nomin	nee																					
Name of the Guard	dian																					
Percentage																						
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Address of Nomine Guardian	ee/																					Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Nomi	nee																					
Name of the Guard	dian]
Percentage																						
Relationship											Date	of Bi	irth*	D	D	M	M	Υ	Υ	Υ	Υ	$]$ \otimes
Guardian (*Mandatory														Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)								
11B. NOMINATION: I do not wish to nominate any person at the time of making the investment.																						
Signature																						
indirectly, in mak legitimate source: laws or any notific Fund do not attract Person' under the (v) the ARN holde schemes of vario Association of the the transactions of the transactions of the transaction provided in the transaction provided in the transaction provided in the transaction provided in the transaction provided in the transaction provided in the transaction provided in the fund, its not limited to SE regulatory/investive to the Fund, its not limited to SE regulatory/investive to time; (xii) and beneficial ow change in any infort to share informatisuch as withhold domestic or overs my account(s) and the information results.	related ing this is and is recations, or the property US Secure has discuss mutual company or and or and or and or and or and or the specific speci	docu invession di directi visiono in hi di recti visio visio virities close al funn mon hi broacti funn mon di di di di di di di di di di di di di	iments treated or ins of I s s laws d to n dds frc ye law for gland or ins of I s s laws d to n dds frc ye law for gland or ins for gland for glan	s and c; (ii) design design foreign foreign foreign so, Tru tugh and ho stallm such bout an confu do ce with do ce do ce with do ce do ce with do ce with	I I/We the a gned i d by a gne	here mourtfor the mourtfor the mourtfor the mourtform the mourtform to form the mourtform the mourtf	eby continue to the control of the c	onfirn ested pose in meni Regul Regu	n and nand nand nand nand nand nand nan	decle inv ntrav statut statut se forr f the ed an * or fr npt K hs po excure untr npt K hs po excure untr led to laws, sume ludin l/We withl be co nplete	lare the tested vention tory a few files of the tested to the tested of tested of the tested of te	nat (i) by r n of a n o) I/Wee me/us any acro me/us any acro me/us any acro me/us m	have in the transfer of the transfer of the transfer of the transfer of transf	e not ne scles, received a school of the sch	recee hemeegula oo tim ee awaa ee Funny oth ded : Funny oth ded : Extern ee awaa ee Funny oth ee Cook	ived (e(s) of tions e; (iii) tions e; (iii) tions e; (iii) tions e; (iii) tions e; (iii) tions e; (iii) tions e; (iii) tions e; (iii) tions e monand an anal/Or ed by ot except best enting ed atom er added to er ation er addition er ad	or being some being so	en in Mutuy stata monii Mutuy stata monii S. pe am/a monii S. pe am/a monii Mutuy stata monii Mutuy st	duceial Futute of Casa Market State of Casa Market	d by a mind of the control of the co	d and understood the contents any rebate or gifts, directly or the Fund") is derived through islation or any other applicable d by me in the schemes of the in the definition of the term 'US'. S. person/resident of Canada; her for the different competing Memorandum and Articles of am/are authorised to enter into hat funds for the subscriptions & Account; (viii) *** I/We do not gency and also confirm that the upees Fifty Thousand); (ix) all ge and belief and I/We shall be the you to disclose, share, remit as and when provided by me/horities/agencies including but gally required and other such the same; (xi) I/We shall keeps may be required by you from to seek additional personal, tax and when provided there be any me) the Fund may be obliged information to any institutions seto; (d) as may be required by ur account or close or suspend esidency; (f) I have understood rovided by me/us on this Form Ar Terms and Conditions below
(ALL Applicants																						
must sign)																						
	\otimes								6	⊗								_ (8			
	1st Appl	licant	/ Guar	rdian	/ Auth	orise	d Sigi	natory	/	2n	d App	licant	t / Autl	orise	ed Sig	nato	ry			3rd A	pplica	ant / Authorised Signatory
Date															Pla	ce						

Acknowledgement Stamp



Received SIP Enrolment Form from

SIP ENROLMENT FORM

(Please submit SIP enrolment form only if One Time Debit Mandate Form (OTM) registered / submitted in the Folio

New investors subscribing to the sch me through SIP must complete SIP Enrolment Form & OTM alongwith Common Application Forr (Application should be submitted atleast 30 days before the 1st Direct Debit/NACH debit date) FUIN* Branch Code (only for SBG) ARN & Name of Distributor Sub-Broker ARN Code Sub-Broker Code Reference No. (Employee Unique Identification Number) Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))

* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction SIGNATURE(S) 1st Applicant / Guardian / Authorised Signatory 2nd Applicant / Authorised Signatory 3rd Applicant / Authorised Signatory Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150/- (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested **INVESTOR DETAILS** (Existing unitholders: Please mention your Folio Number. New applicants: Please mention the Folio No./Application No. Name of 1st Applicant (Mr/Ms/M/s) Name of Father/Guardian in case of Minor PAN DETAILS First Applicant / Guardian Second Applicant Third Applicant **Mandatory Enclosures Mandatory Enclosures Mandatory Enclosures** PAN Proof KYC Acknowledgement PAN Proof KYC Acknowledgement PAN Proof PAN Exempt KYC Ref no (PEKRN for Micro investments) -PAN Exempt KYC Ref no PAN Exempt KYC Ref no (PEKRN for Micro investments) -(PEKRN for Micro investments) SIP DETAILS (Direct Debit/NACH in select banks only) SIP without Cheque SIP with Cheque Scheme Name Plan (Please ✓) □ Regular Direct Growth ☐ Dividend (Frequency) Option (Please ✓) ☐ Payout Dividend Facility (Please ✓) Reinvestment First Cheque No. Each SIP Amount (Rs.) (Note: Cheque should be drawn on bank account mentioned below SIP Frequency (Please / any one) Weekly SIP (1st, 8th, 15th and 22nd) Monthly SIP (Default) Quarterly SIP SIP Date (for Monthly & Quarterly) 15th 5th 25th 30th(For February, last business day) 10th 20th SIP Period Y Y OR 3 years 5 years 10 years 15 years Perpetual (Select any one) Debit Bank A/c Details (Mandatory only in case of Multiple OTMs (One Time Debit Mandates) registered/submitted in the Folio with different bank account details) Bank Name Bank A/c No TOP-UP SIP (all fields mandatory) Top-up Amount Rs. (in multiples of Rs. 500 only) Top-up Frequency Half - Yearly Annual (Please ✓ any one) DECLARATION: I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Funds. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form SIGNATURE(S) 1st Applicant / Guardian / Authorised Signatory 2nd Applicant / Authorised Signatory 3nd Applicant / Authorised Signatory 🤧 <u>SBI MUTUA</u>L FUND **ACKNOWLEDGEMENT SLIP** (To be filled in by Investor) Folio No. / Application No.