

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

Application No. _____

APPLICATION FORM FOR SBI NIFTY MIDCAP 150 MOMENTUM 50 ETF (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.

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 inappropriateness, 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)	1 st Holder/Authorised Signatory/Guardian	2 nd Holder/Authorised Signatory	3 rd Holder/Authorised Signatory

SECTION I - INDIVIDUAL INVESTOR / SOLE PROPRIETOR

Investor Details	1 st Applicant/Minor	2 nd Applicant	3 rd Applicant
Investor Name (As per Income Tax)			
PAN Number			
Date of Birth (As per Income Tax)	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Guardian Details (In case of Minor) (Please fill details as per Income Tax)	Guardian Name Guardian PAN	Relationship with Minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian Guardian Date of Birth DD/MM/YYYY	Relationship Proof attached <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Court Order
Mode of Holding	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor(s) <i>(Joint applicants not allowed in case of Minor investment)</i>		
CKYC Number (KIN)			
Tax Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor <input type="checkbox"/> Resident Individual <input type="checkbox"/> PIO <input type="checkbox"/> Resident Individual <input type="checkbox"/> PIO <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non Repatriable) <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non Repatriable) <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non Repatriable) <input type="checkbox"/> NRI - Minor (Repatriable) <input type="checkbox"/> NRI - Minor (Non Repatriable) <input type="checkbox"/> NRI - Minor (Repatriable) <input type="checkbox"/> NRI - Minor (Non Repatriable) <input type="checkbox"/> PIO <input type="checkbox"/> Sole Proprietor <i>(Please attach GST Certificate)</i>		
Power of Attorney (POA) Details - If applicable			
POA Holder Name			
PAN of POA Holder			
POA copy attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II NON - INDIVIDUAL INVESTOR

Investor Name (As per Income Tax)			
PAN Number	Date of Incorporation (As per Income Tax) DD/MM/YYYY	CKYC Number (KIN)	
Contact Person Name			
Legal Entity Identifier (LEI Copy to enclosed)	LEI No.	Validity DD/MM/YYYY	Note: LEI code mandatory if investment value is equal to or exceeds ₹50 crore limit.
Tax Status of Entity	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> AOP <input type="checkbox"/> NPO* <input type="checkbox"/> Bank & Institutions <input type="checkbox"/> HUF <input type="checkbox"/> Public Limited Company <input type="checkbox"/> BOI <input type="checkbox"/> NGO* <input type="checkbox"/> Gratuity Fund <input type="checkbox"/> LLP <input type="checkbox"/> Government Body <input type="checkbox"/> FOF <input type="checkbox"/> Trust* <input type="checkbox"/> Body Corporate <input type="checkbox"/> FII/FPI <input type="checkbox"/> Pension & Retirement Fund <input type="checkbox"/> Society* <input type="checkbox"/> NPS Trust* <input type="checkbox"/> Others _____		
*NPO Declaration: (Mandatory for Trust & Society) (Please attach Darpan Certificate)	*I/We are Non-profit organisation (NPO) <input type="checkbox"/> Yes <input type="checkbox"/> 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 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) : For foreign exchange/money changer services <input type="checkbox"/> YES <input type="checkbox"/> NO Money Lending/Pawning <input type="checkbox"/> YES <input type="checkbox"/> NO Gaming/Gambling/Lottery services (eg Casinos/betting syndicates) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Networth in Rs. (Not older than 1 year) Mandatory	Rs. _____	As on DD/MM/YYYY	

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

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 <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____								
Contact Details	1 st Applicant/Minor			2 nd Applicant			3 rd Applicant		
Mobile Number	Country Code -			Country Code -			Country Code -		
Given Mobile Number Pertains to	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children		<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children		<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children	
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents		<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents		<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents	
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling		<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling		<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling	
	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS
Email ID									
Given Email ID Pertains to	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children		<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children		<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children	
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents		<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents		<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents	
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling		<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling		<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling	
	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS
SECTION IV - INVESTMENT DETAILS									
Investment Type	Lumpsum Investment - <input type="checkbox"/> Amount (Cash)				<input type="checkbox"/> Basket (Kind)				
Scheme Name	SBI NIFTY MIDCAP 150 MOMENTUM 50 ETF								
Payment Details (Cheque in favour of Investment Strategy Name)	Cheque No. / UTR No./ Reference No.								
	Cheque Date D D / M M / Y Y Y Y								
Amount in Rs. (Minimum application Amt. is Rs. 10 lakh & in multiples of Rs. 1 thereafter)	Amount in Rs.								
	Amount in Words								
Drawn on	Bank Name								
	Branch Name								
	Bank A/c No.								
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Fund Transfer								
DEMAT Details (Please provide details ONLY if you wish to hold units in / under Demat)	Depository Participant Name				Proof Attached <input type="checkbox"/> Latest Client Master <input type="checkbox"/> Demat Account Statement				
	<input type="checkbox"/> National Securities Depository Limited (NSDL)				<input type="checkbox"/> Central Depository Securities (India) Limited (CDSL)				
	DP ID & Beneficiary Account No.				Beneficiary Account No.				
Note: The sequence of names as mentioned in the SIF application form should be as per the sequence of names in Demat account.									

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	1 st Applicant	2 nd Applicant	3 rd Applicant	Guardian
Country of Birth				
Place/City of Birth				
Nationality				
Is the applicant(s) Country of Birth/ Nationality/Tax Residency other than India	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	1 st Applicant/Minor	2 nd Applicant	3 rd Applicant	Guardian
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Father's Name				
Spouse Name				
Occupation	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector
	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor
	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional
	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture <input type="checkbox"/> Retired
	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife
	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Others (Please Specify) _____
Gross Income Range (in Rs.) OR Networth in Rs. (Not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs
	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs
	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr
	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr
	Rs. As on DD/MM/YYYY	Rs. As on DD/MM/YYYY	Rs. As on DD/MM/YYYY	Rs. As on DD/MM/YYYY
Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP	<input type="checkbox"/> Related to PEP
Type of Address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office

Contd...



ACKNOWLEDGMENT SLIP

Application No.:

Name of the Investor	ARN No.:		EUIN No.:	
	Scheme Name: SBI NIFTY MIDCAP 150 MOMENTUM 50 ETF			
Investment Details	Date: DD/MM/YYYY	Amount:	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW
	Cheque/UTR No.:		Signature, Date & Stamp	
	Bank & Branch Name:			

SECTION VII - NOMINATION

Nomination (Applicable for individual investors except Minor)	<input type="checkbox"/> I/We wish to Nominate the following person(s). (ALL THE BELOW FIELDS ARE MANDATORY) <div style="text-align: center;">OR</div> <input type="checkbox"/> 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)	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
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	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhar (last 4 Digits)	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhar (last 4 Digits)	<input type="checkbox"/> PAN Card <input type="checkbox"/> Aadhar (last 4 Digits)
	<input type="checkbox"/> Passport(NRI/PIO/OCI) <input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport(NRI/PIO/OCI) <input type="checkbox"/> Driving Licence	<input type="checkbox"/> Passport(NRI/PIO/OCI) <input type="checkbox"/> 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)	1 st Applicant	2 nd Applicant	3 rd 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)			
<input type="checkbox"/> Name of Nominee(s) with Details and Percentage		<input type="checkbox"/> Nomination without Details and Percentage (Default Option)	



All communications related to your investment, Scheme wise Annual Report or Abridged Summary will be sent to your registered email id. However, if you don't have Email ID, you could view and download Scheme wise Annual Report or Abridged Summary from our Website, www.sbimf.com. In case you still wish to receive the above in physical form, please tick box given below.

☐ 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
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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

**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:

This page has been left blank intentionally

ANNEXURE I - DETAILS OF ULTIMATE BENEFICIAL OWNER/ CONTROLLING PERSON INCLUDING ADDITIONAL FATCA & CRS INFORMATION

Name of the Entity																											
Customer ID / Folio Number																											
PAN											Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y						
Type of address given at KRA	Residential										Business										Registered Office						

*Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

Type of Identification Document given at KRA																											
Identification Document No.																											
Document Issuing Country																											

Place of incorporation																											
------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country of incorporation																											
--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Entity Constitution Type	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <small>Please tick as appropriate</small>																										
	<input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify _____																										

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No

(If yes, please provide all countries in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

[%] In case Tax Identification Number is not available, kindly provide its functional equivalent. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code³ here

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a:	GIIN																											
Financial institution ¹	<input type="checkbox"/>	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below																										
or																												
Direct reporting NFE ²	<input type="checkbox"/>	Name of sponsoring entity																										
(please tick as appropriate)																												
GIIN not available (please tick as applicable)	<input type="checkbox"/>	Applied for																										
(Applicable only for Financial Institutions)	<input type="checkbox"/>	Not required to apply for - please specify 2 digits sub-category ³																										
	<input type="checkbox"/>	Not obtained – Non-participating FI																										

¹Refer 1 of Part D | ²Refer 3(vii) of Part D | ³Refer 1A of Part D | ⁴Refer 3(viii) of Part D

PART B Ultimate Beneficial Ownership [UBO] / Controlling Persons Declaration**Category**

☐ Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed#.

Security ISIN#

Name of the Listed Company (applicable if the investor is subsidiary/associate):

#mandatory in case of Listed company or subsidiary of the Listed Company

<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm / LLP	<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Public Charitable Trust
<input type="checkbox"/> Private Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Trust created by a Will	<input type="checkbox"/> Others [please specify] _____

PART C UBO / Controlling Person(s) details**Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit?**☐ Yes ☐ No

If '**YES**' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below. **BEN2 form as downloaded from MCA portal is attached as documentary evidence of the UBO information or any other applicable supporting documents like shareholding pattern of the entity and its associates. Further, we hereby consent to submitting the appropriate documentary evidence substantiating this as and when required at AMC/RTA end.**

If '**NO**' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#.			
UBO / SMO PAN# For Foreign National, TIN to be provided]			
% of beneficial interest#.	>10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>
UBO / SMO Address [include City, Pincode, State, Country]	Address: City: Pincode: State: Country:	Address: City: Pincode: State: Country:	Address: City: Pincode: State: Country:
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.
BEN2 Form or any other relevant supporting documents as applicable**	Attached <input type="checkbox"/>	Attached <input type="checkbox"/>	Attached <input type="checkbox"/>

Mandatory column.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

** Documentary proof for UBO.

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank/Mutual Fund to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with SBI Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal

Authorized Signatory	Authorized Signatory	Authorized Signatory
Name:	Name:	Name:
Designation:	Designation:	Designation:

Place: _____

Date: __/ __/ __