

APPLICATION NO.

June 2024

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| SIGNATURE(5) T*Applicant / Authorised Signatory 2** Applicant / Authorised Signatory 3* Applicant / Authorised Signatory 2** Applicant / Authorised Signatory 3** Applicant / Authorised Signatory | I/We hereby confirm that the EUI | N box has been intentionally left blank by me/us as i | this is an "execution-only" transaction with | nout any interaction or advice by th | e employee/relationship manager/sales person of the abo |
| T*Applicant / Guardian / Authorised Signatory 2** Applicant / Authorised Signatory EXISTING FOLID NO. 32* NAME FIRET APPLICANT DETAILS Firet / Mark Mark Anne (*********************************** | listributor or notwithstanding the a | dvice of in-appropriateness, if any, provided by the | employee/relationship manager/sales pe | rson of the distributor and the distri | butor has not charged any advisory fees on this transaction |
| T*Applicant / Guardian / Authorised Signatory 2** Applicant / Authorised Signatory EXISTING FOLID NO. 32* NAME FIRET APPLICANT DETAILS Firet / Mark Mark Anne (*********************************** | | | | | |
| E FIRST APPLICANT DETAILS Market Service Ser | ., | ant / Guardian / Authorised Signatory | 2 nd Applicant / Authorise | d Signatory | 3rd Applicant / Authorised Signatory |
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| Mr. Mr. S. Markels | | DETAILS | | | |
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| | Foreign Address (Mandatory for NRI / FII) | | | | |
| | City | | | | |
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| P4. BANK ACCOUNT (Pay Out) Details of First Applicant (Mandatory to attach bank account proof in case the payout bank account is different from the source/investment bank account and of the source/investment bank account and account is different from the source/investment bank account Address Branch Name and Address Pin Account No. Pin FS Code (Please provide a copy of CANCELLED cheque leaf) Printing for utrif NRE Others Others SBIMUTUAL FUND Sponsor : State Bank of India Account No. TEAR HERE Account for utrif Investment Manager : SBI Funds Management Ltd. Ack NOWLEDGEMENT SLIP ApplicAtion NO. To be filled in by the First applicant/Authorized Signatory) : Received from : Scheme Name Plan (/) Option (/) IDCW Facility(/) Cheque Amount (Rs.) Bank and Branch Cheque No. & Date Star Growth Reinvestment Payout Transfer Star | KIN | | | | |
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| Account No. FS Code | and Address | | | | |
| Account No. FS Code | | | | | |
| FS Code (Please provide a copy of CANCELLED cheque leaf) Savings NRO FCNR © digit MICR Code TEAR HERE Current NRE Others SBIMUTUAL FUND A PARTNER FOR LIFE Sponsor : State Bank of India Investment Manager : SBI Funds Management Ltd. (A Joint Venture between SBI & AMUNDI) ACKNOWLEDGEMENT SLIP To be filled in by the Investor APPLICATION NO. (To be filled in by the First applicant/Authorized Signatory) : Received from : Plan (I) Option (I) IDCW Facility(I) Cheque Amount (Rs.) Bank and Branch Cheque No. & Date Starr Direct IDCW Transfer Payout Starr Starr | City | | | | Pin |
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| Direct IDCW Transfer | Scheme Name | | | ount (Rs.) Bank and Br | |
| | | | — , | | |
| | Attachments | | I | All purchases are : | subject to realisation of cheque |

| | | | | | | | andatorily fil | ll separate | FATCA/CRS & UBO Form (Annexure-1). | |
|---|---|------------------|---|-------------------------------|-------------------------|-----------------------|----------------------------------|------------------|---|--|
| | Nationality / Tax Residency other than "India" ? Minor) Second Applicant | | | | | | Third Applicant | | | |
| First Applicant (ind | | viinor) | (F) | Yes | | No | | (j) | | |
| If "YES", please provide the | ne follow | ving informat | ion (mandatory |): | | | I | | | |
| Details | | - | cant (including | - | | Second A | pplicant | | Third Applicant | |
| Country of Birth | | | | - / | | | | | | |
| 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] | rionst | | | | lf pr Th | Lie vet evel 1 | r hoo = | boon !- ! | | |
| In case I ax Identification Number this to the form. (Please attach ac CP6. INVESTMENT AND F | lditional sh | eets if necessar | y and mention all c | quivalent. ountries in | which a | applicant is a tax r | r nas not yet l resident & pr | ovide rele | ed, please provide an explanation and attach vant details) | |
| One time Investment | | | vestment Plan (SII | P) (Plea | ise subi | mit SIP Enrolment | t & OTM Forr | m) | | |
| Scheme Name | | | ···· · · · · | , (| | | | , | | |
| Plan (Please ✓) | | | Direct | | | In case of IDCW 1 | Transfer facility | u nlaasa m | ention target scheme along with plan/option. | |
| | Re | gular | Direct | | | | Transier lacility | , piease m | ention target scheme along with plan/option. | |
| Option (Please ✓) | 🗌 Gr | owth | IDCW _ | Frequen | су | Scheme / Plan / | Option | | | |
| Income Distribution cum Capital Withdrawal (IDCW) | 🗌 Re | investment | Payout | 🗌 Trai | nsfer | | | | | |
| Facility (Please ✓) Please refer to Note 28 for details | s of IDCW | renaming | | | | | | | | |
| Payment Mode | Ch | eque | 🔲 Fund Tran | sfer | | RTGS | | | | |
| Cheque No. & Date | | Cheo | que Amount (Rs.) | | | | Drawn | on Bank | and Branch | |
| | | | | | | | | | | |
| 7. TAX STATUS (Please 🗸) | | | | | | | | | | |
| Resident Individual | | Pe | nsion and Retireme | ent Fund | | Governm | ent Body | | NGO | |
| Resident Minor (through Gua | rdian) | Fir | nancial Institutions | | | Society* | | | | |
| NRI (Repatriable) | | | blic Limited Compa | | | Trust* | | | PIO | |
| NRI (Non-Repatriable) | | | ivate Limited Comp dy Corporate | any | | NPS Trus | | | | |
| NRI – Minor (Non-Repatriable | | Bo | | Fund of Fund Gratuity Fund | | | | [Please specify] | | |
| Sole-Proprietor | / | | | AOP | | | | Others | | |
| HUF | | Ba | | BOI | | | [Please | | | |
| *Non-Profit Organization [NPO] | (Manda | torv) Ves | — <u> </u> | lf ves. r | | uote Registration | n No. of Darr | | - <u></u> | |
| | ` | ,, _ | | | | | | • | use (15) of section 2 of the Income-tax Act, | |
| 1961 (43 of 1961), and is registe | red as a tr | ust or a society | under the Societies | Registrat | ion Act | , 1860 (21 of 1860 | 0) or any sim | ilar State | legislation or a Company registered under | |
| If not, please register immediately | and confi | rm with the abov | ve information to av | oid non pr | ocessir | g of applications. | Failure to ge | et above c | onfirmation or registration with the portal as | |
| be liable for it for any fines or con | sequences | as required und | er your entity name der the respective s | tatutory re | ve porta quireme | ents and may report t | o the relevan you to dedu | ict such fir | onfirmation or registration with the portal as es as applicable. We are aware that we may ses/charges under intimation to us or collect | |
| 8. DEMAT ACCOUNT DET | | | die. | | | | | | | |
| If you wish to hold units in | Demat | mode, please | | | | | | | Demat Account Statement | |
| | | | | olication | form r | | | | neld with the Depository Participant. | |
| National Securities Depository | Deposi | tory Limited | (NODL) | Deno | sitory | Central Depo | sitory Ser | vices (l | ndia) Limited (CDSL) | |
| Participant Name | | | | | cipant N | ame | | | | |
| DP ID No. | Ν | | | Benef | Beneficiary Account No. | | | | | |
| Beneficiary Account No. | | | | | | | | | | |
| Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned. | | | | | | | | | | |
| | | | | | | | | t Manar | | |
| Any communication in con | ICCLIOIT W | m uns applica | ation should be at | 10162260 | to the | negistrar or the | | 0 | 21 | |
| Investment Manager : SBI Funds Management L | td. | | | 1 1 200 40 | 5 5405 | 1800 2002222 | Regist Compu | | Management Services Ltd., | |
| (A Joint Venture between | SBI & AN | IUNDI) | TOLL FREE NO ALTERNA | | | | SEBI I | Registrati | ion No. : INR000002813) | |
| 9th Floor, Crescenzo, C-38 G Block, Bandra Kurla Corr | iplex, | | +91-22-62 Webs | 511600 / + site : www | | | | | s, 158, Anna Salai,Chennai – 600 002 imf@camsonline.com | |
| Bandra (East), Mumbai – 4 | 00 051 | | Webs | | | | | | | |

| Bandra (East), Mumbai – 400 051 |
|-----------------------------------|
| Tel: 022- 61793537 |
| Email: customer.delight@sbimf.com |

Website: www.camsonline.com

| 9. OTHER PERSONAL INF | ORMATIO | | | | | | | | | |
|---|--|---|---|---|--|--|---|--|---|--|
| | | F | irst Applic | ant | | econd Appli of investments | | (NA in case | Third Appl of investment | icant ts from minors) |
| Gender | Г | Male | Female | Other | Male | Female | Other | Male | Female | |
| Father's Name | | | | | | | | | | |
| | | | | | | | | | | |
| Spouse's Name | | | | | | | | | | |
| Occupation (Please ✓) | | Profession | | Business | Profession | | Business | Professio | | Business |
| | | - | ent Service ector Service | Agriculturist | Governme | nt Service | Agriculturist Retired | | ent Service Sector Service | Agriculturist |
| | | | ctor Service | Housewife | = | tor Service | Housewife | _ | ector Service | Housewife |
| | | Student | | Forex Dealer | Student | | Forex Dealer | Student | | Forex Dealer |
| | | Doctor Others | | | Doctor Others | | | Doctor Others | | |
| Gross Annual Income in I | | Below 1 L | 20 | 1-5 Lacs | Below 1 La | ac [| 1-5 Lacs | Below 1 | | 1-5 Lacs |
| (Please ✓): | ns. | 5-10 Lac | | 10-25 Lacs | 5-10 Lacs | | 10-25 Lacs | 5-10 La | | 10-25 Lacs |
| | | 25 Lacs - | - 1 Cr. | □ > 1 Cr. | 25 Lacs - | 1 Cr. | > 1 Cr. | 25 Lacs | - 1 Cr. | □ > 1 Cr. |
| OR Networth in Rs. | | | | | | | | | | |
| Networth as of date | | | | | | | | | | |
| | (050) | | | <u> </u> | | | | | | |
| Politically Exposed Person | | Yes | No L | Related to PEP | Yes | | Related to PEP | Yes | | Related to PEP |
| Type of address given at K 10. NOMINATION : I/We w | | Residential | | U | Residential | Business | Reg. Office | | | v |
| Nomination is mandatory. | However | , in case | you do no | t wish to nom | nate please | sign in poir Nominee 2 | nt 11) | | Nominee | |
| NA in case of investment from mir Name of the Nominee | nors | | Nommee | 1 | | Nominee 2 | | | Nommee | , |
| PAN of the Nominee | | | | | | | | | | |
| Name of the Guardian (In case Nominee is Minor) | | | | | | | | | | |
| Allocation % (Mandatory if more than (Should not be in decimal) | n one Nominee) | | | | | | | | | |
| Relationship with Nominee | | | | | | | | | | |
| Date of Birth* (Mandatory if Nomin | nee is Minor) | D D | M M Y | Y Y Y | D D N | A M Y | Y Y Y | D D | M M Y | Y Y Y |
| Signature of Nominee/Guardian | | | | | | | | | | |
| (*Mandatory in case of Minor Nominee) | - | Sign | ature of Nomine | e/Guardian | Signati | ure of Nominee/O | Suardian | Sign | ature of Nominee | Guardian |
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| 11. NO NOMINEE DECLARA | ATION : I / W | /e hereby co | nfirm that I / W | /e do not wish to a | ppoint any nomi | nee(s) for my/ c | our mutual fund | units held in r | ny / our folio ar | id understand the |
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