

COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES (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.
ARN-93373				E025888	

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 (SEE NOTE 16)

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.

1. PARTICULARS OF FIRST APPLICANT (SEE NOTE 1)

I confirm that I am a **First time** investor across Mutual Funds I confirm that I am an **existing** investor in Mutual Funds

EXISTING FOLIO NO. _____ (For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)

Name (Mr./Ms./M/s.) _____

Gender Male Female Other (Third Gender) **Date of Birth** [D][D][M][M][Y][Y][Y][Y]

Father's Name _____

Spouse's Name _____

Name of Guardian / Name of Contact Person (in case of Minor) (in case of Institutional Investor) _____

Relationship of Guardian in case of Minor (Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h)) Father Mother Legal Guardian
(In case of Minor, please fill the following details of Guardian)

Email ID _____

Mobile No. _____
County Code _____

Please register your E-mail address & Mobile number to get alerts & communication via E-mail & SMS.

Telephone (O) _____
County Code _____

Telephone (R) _____
County Code _____

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.

PAN _____ **PAN Exempt KYC Ref no (PEKRN for Micro investments) -** _____

AADHAAR No _____ **Type of Identification Document given at KRA** _____

_____ **Identification Document No.** _____

_____ **Document Issuing Country** _____

Occupation Professional Business Government Service Private Sector Service Public Sector Service Agriculturist
(Please (✓)) Retired Housewife Student Forex Dealer Doctor Others [Please specify] _____

Gross Annual Income in Rs. (Please tick (✓)): Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. > 1 Cr. **OR**

Networth in Rs. _____ **as of (date)** [D][D][M][M][Y][Y][Y][Y]

Politically Exposed Person [PEP]: Yes No Related to PEP

For Non-individuals : Is the entity involved / providing any of the following services Yes No

- For Foreign Exchange / Money Changer Services Yes No - Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) Yes No

- Money Lending / Pawning Yes No

NOTE: Non-individual applicants should mandatorily fill Annexure - I alongwith this form.

2. PARTICULARS OF SECOND APPLICANT (SEE NOTE 1 & 2)

Name Mr./Ms./M/s. _____

Gender Male Female Other (Third Gender) **Date of Birth** [D][D][M][M][Y][Y][Y][Y]

Father's Name _____

Spouse's Name _____

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.

Investors subscribing to the scheme through SIP must complete Registration cum Mandate form compulsorily alongwith application form

TEAR HERE

(To be filled in by the First applicant/Authorized Signatory) : Received from : _____							Signature, Date & Stamp
Scheme Name	Plan (✓)	Option (✓)	Dividend Facility(✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments					All purchases are subject to realisation of cheque / demand draft		

PAN

AADHAAR No

Occupation (Please tick (✓)) Professional Business Government Service Private Sector Service Public Sector Service Agriculturist Retired Housewife Student Forex Dealer Doctor Others [Please specify] _____

Gross Annual Income in Rs. (Please tick (✓)): Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. > 1 Cr. **OR**

Networth in Rs. _____ **as of (date)**

Politically Exposed Person [PEP]: Yes No Related to PEP

Mandatory Enclosures PAN Proof KYC Acknowledgement

PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

Type of Identification Document given at KRA _____

Identification Document No. _____

Document Issuing Country _____

3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 1 & 2)

Name Mr./Ms./M/s.

Gender Male Female Other (Third Gender) **Date of Birth**

Father's Name

Spouse's Name

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.

PAN

AADHAAR No

Occupation (Please tick (✓)) Professional Business Government Service Private Sector Service Public Sector Service Agriculturist Retired Housewife Student Forex Dealer Doctor Others [Please specify] _____

Gross Annual Income in Rs. (Please tick (✓)): Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. > 1 Cr. **OR**

Networth in Rs. _____ **as of (date)**

Politically Exposed Person [PEP]: Yes No Related to PEP

Mandatory Enclosures PAN Proof KYC Acknowledgement

PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

Type of Identification Document given at KRA _____

Identification Document No. _____

Document Issuing Country _____

4. FATCA & CRS RELATED INFORMATION (Only for Individuals/Proprietor)

DETAILS OF FIRST APPLICANT

Country of Birth _____ **Place of Birth** _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Identification Numbers below:

Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number *	Identification Type (TIN or Other, please specify)

* 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.
(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

DETAILS OF SECOND APPLICANT

Country of Birth _____ **Place of Birth** _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number	Identification Type (TIN or Other, please specify)

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.
(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

----- **TEAR HERE** -----

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

Investment Manager :
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

Registrar:
Computer Age Management Services Pvt. Ltd.,
SEBI Registration No. : INR000002813
Rayala Towers, 158, Anna Salai, Chennai – 600 002
Tel: 044 – 28881101 / 36
Email: enq_L@camsonline.com
Website: www.camsonline.com

DETAILS OF THIRD APPLICANT

Country of Birth _____ Place of Birth _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number	Identification Type (TIN or Other, please specify)

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.

(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

5. GENERAL INFORMATION – Please (✓) wherever applicable (SEE NOTE 1 m & n)

Tax Status (Please (✓))				Mode of Holding (✓)
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO	<input type="checkbox"/> Single
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	<input type="checkbox"/> Joint
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Trust	<input type="checkbox"/> PIO	<input type="checkbox"/> Any one or Survivor
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> NPO	
<input type="checkbox"/> NRI– Minor (Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Fund of Fund	[Please specify]	
<input type="checkbox"/> NRI – Minor (Non-Repatriable)	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> Gratuity Fund		
<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> Others	
<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	[Please specify]	

6. CONTACT DETAILS (SEE NOTE 1)

Local Address of 1st Applicant _____

City _____ Pin _____

State _____

Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default Foreign

Foreign Address (Mandatory for NRI / FII) _____

City _____

Country _____ Zip _____

7. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details) (SEE NOTE 3)

Name of Bank _____

Branch Name and Address _____

City _____ Pin _____

Account No. _____

9 digit MICR Code _____ (This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)

IFS Code _____

Account Type (Please ✓)		
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE NOTE 5)

One time Investment Systematic Investment Plan (SIP) (if Yes, please tick any one)

PDC (Inc case of SIP through Post Dated Cheques (PDC) it is mandatory to submit Transaction Slip mentioning PDC details)

Auto Debit / ECS (Inc case of SIP through ECS/Auto Debit mode it is mandatory to submit SIP Enrolment Cum Auto Debit/ECS Mandate Form)

Scheme Name		
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	Scheme / Plan / Option _____

Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)	

For third party cheques please see Note 3 vii.

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)															
Depository Participant Name				Depository Participant Name															
DP ID No.				Target ID No.															
Beneficiary Account No.																			

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned. Further allotment of units (through additional purchase / SIP) in the same scheme/plan will be allotted in Demat mode and investors can do further transactions through their Depository Participant only.

11A. NOMINATION : I wish to nominate the following person/s to receive the proceeds in the event of my death. (With effect from 01/04/2011, for individual investors applying with single holding, Nomination is mandatory. However, in case you do not wish to nominate please sign point 11 B.) (SEE NOTE 10)

Name of the Nominee																	⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Guardian																	
Percentage																	
Relationship	Date of Birth* D D M M Y Y Y Y Y																
Address of Nominee/Guardian																	

Name of the Nominee																	⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Guardian																	
Percentage																	
Relationship	Date of Birth* D D M M Y Y Y Y Y																
Address of Nominee/Guardian																	

Name of the Nominee																	⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Guardian																	
Percentage																	
Relationship	Date of Birth* D D M M Y Y Y Y Y																
Address of Nominee/Guardian																	

11B. NOMINATION : I do not wish to nominate any person at the time of making the investment.

Signature																
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12. DECLARATION (SEE NOTE 11) : 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 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); (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;

* Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to "Micro investments"

SIGNATURE(S) (ALL Applicants must sign)	⊗	⊗	⊗
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date	Place		

SIP REGISTRATION CUM MANDATE FORM (ECS / DIRECT DEBIT / NACH FACILITY)

New Investors subscribing to the scheme through SIP (ECS / Direct Debit / NACH Facility) must complete this form compulsorily alongwith Common Application Form

(Application should be submitted atleast 30 days before the 1st ECS/Direct Debit/NACH debit date)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-93373				E025888	

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.

Please (✓) SIP Registration SIP - Change in Bank Details

INVESTOR DETAILS

Folio No./Application No. _____ (Existing unitholders: Please mention your Folio Number. New applicants: Please mention the Application Number)

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
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement
PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____	PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____	PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

SIP DETAILS (ECS in select cities or Direct Debit/NACH in select banks only)

SIP with Cheque SIP without Cheque

Scheme Name _____

Plan (Please ✓) Regular Direct

Option (Please ✓) Growth Dividend (Frequency) _____

Dividend Facility (Please ✓) Reinvestment Payout

First Cheque No. _____
(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) (Please ✓) 1st 5th 10th 15th 20th 25th 30th (For February, last business day)

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 ECS / 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 Fund.

I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

SBI MUTUAL FUND UMRN _____ Date DD MM YY YY

Sponsor Bank Code **CITIO00PIGW** Utility Code **CITIO0002000000037**

(Please ✓)
 CREATE
 MODIFY
 CANCEL

I/We, hereby authorize **SBI Mutual Fund** To debit (Please ✓) **SB/CA/CC/SB-NRE/SB-NRO/Other**

Bank a/c number _____

with Bank _____ Bank Name _____ IFSC _____ or MICR _____

an amount of Rupees _____ ₹ _____

FREQUENCY: Weekly Monthly Quarterly As & when presented DEBIT TYPE : Fixed Amount Maximum Amount

Reference 1 _____ Phone No. _____

Reference 2 _____ Email ID _____

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From _____ To _____ Or Until cancelled

Signature of 1st Applicant _____ Signature of 2nd Applicant _____ Signature of 3rd Applicant _____

Name as in bank records _____ Name as in bank records _____ Name as in bank records _____

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me.

I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I have authorized the debit.

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)

1. APPLICANT DETAILS

First Applicant / Guardian		Second Applicant		Third Applicant	
Applicant's Name					
Applicant's PAN					
Gender					
Date of Birth					
Father's Name					
Spouse's Name					
Nationality					
Place of Birth					
Country of Birth					
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Business
Type of Identification Document given at KRA					
Identification Document No.					
Document Issuing Country					

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

2. ADDITIONAL KYC INFORMATION

Category	First Applicant / Guardian		Second Applicant		Third Applicant	
Gross Annual Income in Rs. OR	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 10-25 Lacs
	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 25 Lacs - 1 Cr	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 25 Lacs - 1 Cr	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 25 Lacs - 1 Cr
	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> > 1 Crore	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> > 1 Crore	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> > 1 Crore
Net Worth in Rs.						
Net Worth as of	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Occupation [Please tick any one (✓)]	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired	<input type="checkbox"/> Professional	<input type="checkbox"/> Retired
	<input type="checkbox"/> Business	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Housewife
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student
	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Doctor	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Doctor	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Doctor
	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Others [Please specify]	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Others [Please specify]	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Others [Please specify]
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
Any other information relating to KYC if applicable	[Please specify]		[Please specify]		[Please specify]	

3. FATCA INFORMATION

 Is your Country of Birth / Citizenship / Nationality / Tax Residency other than India? – Yes No
 If Yes, please provide the following information [mandatory]

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			
Country of Tax Residency 2*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			
Country of Tax Residency 3*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			

(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

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

* To also included USA, where the individual is a citizen/green card holder of the USA

4. DECLARATION

I/We confirm that the information provided in this form is true & accurate. In the event any of the above information is / are found to be false / incorrect and /or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and / or reverse the allotment of units and the AMC / Trustee / Mutual Fund shall not be liable for the same / I/We will be liable for the consequences arising therefrom. 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; Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax 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/are 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.

SIGNATURE(S) (ALL Applicants must sign)	⊗	⊗	⊗
	1st Applicant/Guardian	2nd Applicant	3rd Applicant

Date		Place	
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