

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 | EJIN* (Employee Unique Identification Number) | Reference No. |
|---------------------------|----------------------------|---------------------|-----------------|---|---------------|
| ARN - 0155 | | ARN-14918 | 24006 | E038724 | |

Declaration for "execution-only" transaction (only where EJIN box is left blank) (Refer Instruction 1 (p))
*I/We hereby confirm that the EJIN 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) <input checked="" type="checkbox"/> | | | |
| 1 st Applicant / Guardian / Authorised Signatory | 2 nd Applicant / Authorised Signatory | 3 rd Applicant / Authorised Signatory | |

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 15)
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.

EXISTING FOLIO NO. NAME

1. FIRST APPLICANT DETAILS

Name
(Mr. / Ms. / M/s.)
(In case of Minor)
(Name should be as per PAN)
Name of Guardian

Relationship of Guardian Father Mother Legal Guardian [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]
PAN/PEKRN NO. Date of Birth

Legal Entity Identifier (LEI) for Non-Individuals Validity

KIN (CKYC Identification No.)
Email ID Telephone (O)
Mobile No. Telephone (R)
Country Code

Correspondence Address of 1st Applicant
City
Pin State
Address for Correspondence for NRI Applicants only (Please) Indian by Default Foreign
Foreign Address (Mandatory for NRI / FI)
City
Zip Country



2. MODE OF HOLDING (Please)

Single Joint Anyone or Survivor

3. JOINT APPLICANT DETAILS

| | Second Applicant | Third Applicant |
|---|----------------------|----------------------|
| Name (Name should be as per PAN) | <input type="text"/> | <input type="text"/> |
| PAN/PEKRN (Enclose KYC Acknowledgement) | <input type="text"/> | <input type="text"/> |
| KIN (CKYC Identification No.) | <input type="text"/> | <input type="text"/> |

4. 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)

Name of Bank
Branch Name and Address
City Pin
Account No.
IFSC Code (Please provide a copy of CANCELLED cheque leaf)
9 digit MICR Code

Account Type (Please)
 Savings NRO FCNR
 Current NRE Others

(To be filled in by the First applicant/Authorized Signatory):
Received from :

| Scheme Name | Plan <input checked="" type="checkbox"/> | Option <input checked="" type="checkbox"/> | IDCW Facility <input checked="" type="checkbox"/> | Cheque/ DD Amount (Rs.) | Bank and Branch | Cheque / DD No. & Date | Signature, Date & Stamp |
|----------------------------------|--|--|---|-------------------------|-----------------|------------------------|---|
| | <input type="checkbox"/> Regular | <input type="checkbox"/> Growth | <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout | | | | |
| | <input type="checkbox"/> Direct | <input type="checkbox"/> IDCW | <input type="checkbox"/> Transfer | | | | |
| Attachments <input type="text"/> | | | | | | | All purchases are subject to realisation of cheque / demand draft |

| 9. OTHER PERSONAL INFORMATION - (Please ✓) | | | |
|--|--|--|--|
| | First Applicant | Second Applicant (NA in case of investments from minors) | Third Applicant (NA in case of investments from minors) |
| 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 |
| Father's Name | | | |
| Spouse's Name | | | |
| Date of Birth | | | |
| Occupation (Please ✓) | <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others | <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others | <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others |
| Gross Annual Income in Rs. (Please ✓): | <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"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr. | <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"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr. | <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"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr. |
| OR Network in Rs. | | | |
| Networth as of date | | | |
| 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 |
| Type of address given at KRA | <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office | <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office | <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office |

10. 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 in point 11)

| NA in case of investment from minors | Nominee 1 | Nominee 2 | Nominee 3 |
|--|-----------|-----------|-----------|
| Name of the Nominee | | | |
| Name of the Guardian (In case Nominee is Minor) | | | |
| Allocation % (Mandatory if more than one Nominee) | | | |
| Relationship with Nominee | | | |
| Date of Birth* (Mandatory if Nominee is Minor) | | | |
| Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee) | | | |

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

Signature _____

12. INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION

Name of Contact Person _____

Is the entity involved / providing any of the following services Yes No Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) Yes No
 For Foreign Exchange / Money Changer Services Yes No Money Lending / Pawning Yes No

NOTE: Non-individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.

13. GO-GREEN INITIATIVE:
 As part of Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email id is not available and who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode

14. 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 money 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) 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; (ix) 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 / 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; (x) 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; (xi) 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 this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same. (xii) If the name given in the Application is not matching PAN, application may be 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 favor of the facility "SBI Multi Select" which will be invested as per the option selected/ mentioned under clause (E) of the form.

* Applicable to other than Individuals /HUF; ** Applicable to NRIs;

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