

Asset Management Company :
SBI Funds Management Ltd.
(A Joint Venture between State Bank of India & AMUNDI)



KEY INFORMATION MEMORANDUM

SBI MULTICAP FUND

An open-ended Equity Scheme investing across large cap, mid cap, small cap stocks

Product Labeling	
This product is suitable for investors who are seeking*:	Riskometer
<ul style="list-style-type: none">● Long term wealth creation● Investment predominantly in equity and equity related securities across market capitalisation	<p>RISKOMETER Investors understand that their principal will be at very high risk</p>

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

The above product labelling assigned during the New Fund Offer (NFO) is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made.

New Fund offer opens on	New Fund offer closes on	Scheme Re-opens on or before
February 14, 2022	February 28, 2022	Within 5 business days from the date of allotment

OFFER OF UNITS OF RS. 10 EACH DURING THE NEW FUND OFFER AND NAV RELATED PRICES ON ONGOING BASIS

Sponsor : State Bank of India

Trustee Company : SBI Mutual Fund Trustee Company Pvt. Ltd. (CIN: U65991MH2003PTC138496)

Asset Management Company : SBI Funds Management Ltd., (CIN: U65990MH1992PLC065289)

Registered Office : 9th Floor, Crescenzo, C-38 & 39, G Block, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051.
Visit us at www.sbimf.com

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. **For further details of the Scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. Investors should, before investment, refer to the Scheme Information Document and Statement of Additional Information available free of cost at any of the SBIFMPL branches or distributors or from the website www.sbimf.com.**

The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM.

This product is suitable for investors who are seeking*:

- Long term wealth creation
- Investment predominantly in equity and equity related securities across market capitalisation



APPLICATION FORM FOR SBI SBI MULTICAP FUND (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-183038					

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

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.)
 (Name should be as per PAN)

Name of Guardian
 (in case of Minor)

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

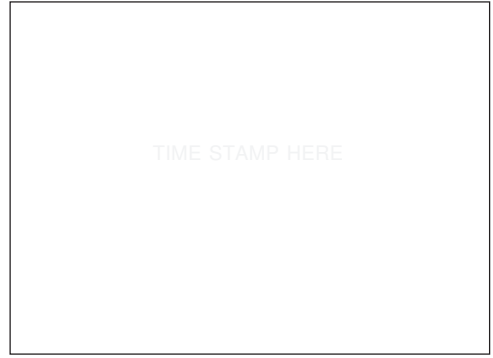
Pin **State**

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

Foreign Address
 (Mandatory for NRI / Fill)

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

TEAR HERE

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

Scheme Name	Plan (✓)	Option (✓)	IDCW Facility(✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date
SBI MULTICAP FUND	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer			

Attachments **All purchases are subject to realisation of cheque / demand draft**

Signature,
Date &
Stamp

5. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-1).

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?

First Applicant (including Minor) <input type="checkbox"/> Yes <input type="checkbox"/> No	Second Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Third Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No
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If "YES", please provide the following information (mandatory):

Details	First Applicant (including Minor)	Second Applicant	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			
Tax Payer Ref. ID No.2			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or Other, Please specify]			

^ In case Tax Identification Number is not available, kindly provide its functional equivalent. 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)

6. INVESTMENT AND PAYMENT DETAILS One time Investment Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form) MITRA SIP (Please submit MITRA SIP Enrolment form & OTM form)

Scheme Name	SBI MULTICAP FUND		
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of IDCW Transfer facility, please mention target scheme along with plan/option.	
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	Scheme / Plan / Option	
Income Distribution cum Capital Withdrawal (IDCW) Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer		
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD (Third Party Declaration Mandatory) <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS		
Cheque / D.D. No. & Date	Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	

7. TAX STATUS (Please ✓)

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

8. DEMAT ACCOUNT DETAILS (OPTIONAL)**If you wish to hold units in Demat mode, please provide below details and enclose Latest Client Master / Demat Account Statement**
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.	I N	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.

TEAR HERE

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
Tel: 022- 61793511
Email: customer.delight@sbimf.com**TOLL FREE NO: 1800 425 5425 / 1800 209 3333**
+91-22-62511600 / +91-80-25512131
Website : www.sbimf.com**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

9. OTHER PERSONAL INFORMATION – (Please ✓)

	First Applicant	Second Applicant	Third Applicant
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	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.			
Network as of date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)

	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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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; (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 liable to get rejected or further transactions may be liable to get rejected.

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

SIGNATURE(S) (ALL Applicants must sign)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date	<input type="text"/>	Place	<input type="text"/>

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE (OTM)

1. Investors who have already submitted One Time Debit Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account in the Folio. However, if such investors wish to add a new bank account towards OTM facility may submit the new OTM form.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned (as per bank records).
3. Along with OTM, investors should enclose an original CANCELLED cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted.
4. First applicant / unitholder must be one of the account holder in the bank account. Investor's cheque / bank account details are subject to third party validation.
5. Investors are deemed to have read and understood the terms and conditions of Systematic Investment Plan mentioned in SID, SAI & KIM of the respective Scheme(s) of SBI Mutual Fund.
6. UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
7. Please mention OTM date and OTM "From date" in DDMMYYYY format.
8. For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented" and OTM "To Date" mentioned as "31 12 2099".
9. Please provide all the information / details in the OTM.

MANDATORY INFORMATION TO BE PROVIDED IN ONE TIME DEBIT MANDATE (OTM):

- Date of Mandate
- Bank A/c Type
- Bank A/c No. (please enclose CANCELLED cheque leaf)
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Mandate From date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records

MITRA SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

(New investors subscribing to this option must submit this Form alongwith Common Application Form)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIIN* (Employee Unique Identification Number)	Reference No.
ARN-183038					

Declaration for "execution-only" transaction (only where EUIIN box is left blank) : I/We hereby confirm that the EUIIN 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)	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150/- (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

INVESTOR DETAILS

Folio No./Application No.												
Name of 1 st Applicant												
SIP Cheque No/s												
Scheme Name	SBI _____ Plan: _____ Option: Growth (Default) (List of eligible schemes are given in terms and conditions, refer point no. 3)											
SIP Amount (Rs.)				SIP Frequency : Monthly (Default)								
SIP Start Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y					
SIP Tenure	<input type="checkbox"/> 8 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> 12 Years <input type="checkbox"/> 15 Years											
Switch-In/SWP Scheme Name (Post completion of SIP Tenure)	SBI _____ Plan: _____ Option: Growth (Default) (List of eligible schemes are given in terms and conditions, refer point no. 3 or mention the same scheme as SIP scheme)											
SWP Date: Same as SIP Date				SWP Frequency : Monthly (Default)								
SWP Amount (tick any one of the option below from A Or B)												
<input type="checkbox"/> A. As per below matrix basis SIP tenure												
	8 Years	10 Years	12 Years	15 Years								
SWP Amount	1 x SIP Instalment Amount	1.5 x SIP Instalment Amount	2 x SIP Instalment Amount	3 x SIP Instalment Amount								

OR

B. Any other Amount (Rs.) _____ (This amount should be less than or equal to SWP amount mentioned as per the matrix above)

Use Existing One Time Debit Mandate (if already registered in the Folio)


Bank Name _____ Bank A/c No _____

TOP-UP SIP

	1	2	3																		
Top-Up Amount Rs. (in multiples of Rs. 500 only)																					
Top-Up Frequency	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual																		
TOP-UP SIP CAP (Investor has to choose only one option)																					
Top-Up SIP CAP Amount ₹ (maximum SIP installment including Top-Up amount)																					
OR																					
Top-Up SIP CAP Month-Year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y																
M	M	Y	Y	Y	Y																
M	M	Y	Y	Y	Y																

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 hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

ONE TIME DEBIT MANDATE FORM (OTM)

 SBI MUTUAL FUND A PARTNER FOR LIFE	UMRN _____	Date _____									
Sponsor Bank Code _____	Utility Code _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">CREATE <input checked="" type="checkbox"/></td> <td style="width: 40%;">I/We, hereby authorize SBI Mutual Fund</td> <td style="width: 30%;">To debit (Please <input checked="" type="checkbox"/>)</td> </tr> <tr> <td>MODIFY</td> <td>Bank A/c No. _____</td> <td>SB / CA / CC / SB-NRE / SB-NRO / Other</td> </tr> <tr> <td>CANCEL</td> <td></td> <td></td> </tr> </table>	CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize SBI Mutual Fund	To debit (Please <input checked="" type="checkbox"/>)	MODIFY	Bank A/c No. _____	SB / CA / CC / SB-NRE / SB-NRO / Other	CANCEL				
CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize SBI Mutual Fund	To debit (Please <input checked="" type="checkbox"/>)									
MODIFY	Bank A/c No. _____	SB / CA / CC / SB-NRE / SB-NRO / Other									
CANCEL											
with Bank _____ Bank Name _____	IFSC _____	OR MICR _____									
an amount of Rupees _____	₹ _____										
FREQUENCY: <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE: <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount										
Folio No.: _____	Mobile No.: _____										
Appln No.: _____	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.											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">PERIOD</td> <td style="width: 30%;">From _____</td> <td style="width: 30%;">To _____</td> </tr> <tr> <td></td> <td>3 1</td> <td>1 2 2 0 9 9</td> </tr> <tr> <td>Or</td> <td colspan="2"><input type="checkbox"/> Until cancelled</td> </tr> </table>	PERIOD	From _____	To _____		3 1	1 2 2 0 9 9	Or	<input type="checkbox"/> Until cancelled		Signature of 1 st Bank Account Holder _____	Signature of 2 nd Bank Account Holder _____
PERIOD	From _____	To _____									
	3 1	1 2 2 0 9 9									
Or	<input type="checkbox"/> Until cancelled										
	Name as in Bank records	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 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

 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 Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI
Please tick as appropriate Trust Liquidator Limited Liability Partnership Artificial Juridical Person 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/(ies)	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 (CIN) or Global Entity Identification Number (GEIN) or GIIN, etc.

CIN _____ Global Entity Identification Number (GEIN) _____

 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 code⁸ 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: Financial institution¹ or Direct reporting NFE² GIIN

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

*if the entity is a FI & a tax resident outside India, please fill annexure A.1 below (additional CRS declaration)

(please tick as appropriate) Name of sponsoring entity _____

 GIIN not available (please tick as applicable) Applied for Not required to apply for - please specify 2 digits sub-category³ Not obtained - Non-participating FI Please provide with Form W8-BEN-E, duly filled in

Part A.1 (to be filled by Financial Institution that is a tax resident outside India)

- Whether CRS Jurisdiction: Yes No
 (Please refer to the list of signatories to CRS given in the following link <http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/>)
 (If no, please go to Qs.2)
- Whether FI is an 'Investment Entity'? Yes No
 (Please refer definition 1(iii) of Part D of the FATCA-CRS declaration)
 (If yes, please go to Qs. 3)
- The entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable[^] to investing, reinvesting, or trading in financial assets. Yes No
 (If Yes, please additionally fill Part C)

[^]Entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

- the three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- the period during which the entity has been in existence.

PART B (please fill any one as appropriate "to be filled by NFEs")

1.	Is the Entity a <i>publicly traded company</i> ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related <i>entity</i> ⁵ of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an <i>active</i> ⁶ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> (Mention code – refer 2c of Part D)
4.	Is the Entity a <i>passive</i> ⁷ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹Refer 1 of Part D | ²Refer 3(vii) of Part D | ³Refer 1A of Part D | ⁴Refer 2a of Part D | ⁵Refer 2b of Part D | ⁶Refer 2c of Part D | ⁷Refer 3(ii) of Part D | ⁸Refer 3(viii) of Part D

PART C UBO / Controlling Person Declaration (UBO details are not required for Listed Company / Subsidiary or Controlled by a Listed Company)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify _____)

Please list below details of each controlling person(s)¹⁰, confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary).

S.No.	1	2	3
Name of Beneficial Owner / Controlling Person			
Percentage of Beneficial Interest			
Gender (Male/Female/Other)			
Date of Birth			
Father's Name			
Country of Birth			
Place of Birth			
Nationality			
PAN			
Country of Tax Residency *			
Tax ID No Or Equivalent for each country %			
Tax ID Type (TIN or Other)			
Type Code (CP/UBO Code) ⁹			
Occupation Type (Service/ Others/ Business/ Not categorised)			
Address Type (Residential/Business/Registered Office)			
Residence address for tax purpose			
ZIP			
State			
Country			

⁹Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

¹⁰It 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

⁹Refer 3(iv) (A) of Part D | ¹⁰Refer 3(iv) of part D

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.

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions and Definitions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name		
Designation		1st Authorised Signatory
Name		
Designation		2nd Authorised Signatory
Name		
Designation		3rd Authorised Signatory

Place _____

Date / / _____

8. DECLARATION & SIGNATURE

1) I/We hereby undertake that I/We am/are an ASBA Investor as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements), Regulations 2009 ('SEBI Regulations') as amended from time to time. 2) In accordance with ASBA process provided in the SEBI Regulations and as disclosed in this application, I/We authorize (a) the SCSB to do all necessary acts including blocking of application money towards the Subscription of Units of the Scheme, to the extent mentioned above in the "SCSB / ASBA Account details" or unblocking of funds in the bank account maintained with the SCSB specified in this application form, transfer of funds to the Bank account of the Scheme/SBI Mutual Fund on receipt of instructions from the Registrar and Transfer Agent after the allotment of the Units entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar and Transfer Agent to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the application, upon allotment of Units and to transfer the requisite money to the Scheme's account / Bank account of SBI Mutual Fund. 3) In case the amount available in the bank account specified in the application is insufficient for blocking the amount equivalent to the application money towards the Subscription of Units, the SCSB shall reject the application 4) If the DP ID, Beneficiary Account No. or PAN furnished by me/us in the application is incorrect or incomplete or not matching with the depository records, the application shall be rejected and the SBI Mutual Fund or SCSBs shall not be liable for losses, if any. All future communication in connection with NFO should be addressed to the SCSB/RTA/AMC quoting the full name of the Sole/First Applicant, NFO Application Number, ASBA Application Number, Depository Account details [if it has been provided], Amount applied for and the account number from where NFO amount was blocked.

"I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment." "I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual 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." * I/We certify that 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 are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account . * Applicable to other than Individuals / HUF; ** Applicable to NRI; 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 hereby confirm that I/We have not been offered/communicated any indicative portfolio and/or any indicative yield by SBI Mutual Fund/SBI Funds Management Limited/its distributor for this investment.**

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

INSTRUCTIONS FOR FILLING ASBA APPLICATION FORM

- An Application Supported by Blocked Amount (ASBA) investor shall submit a duly filled up **ASBA Application form, physically or electronically**, to the Self Certified Syndicate Bank (SCSB) with whom the bank account to be blocked, is maintained.
 - In case of ASBA application form in physical mode**, the investor shall submit the ASBA Application Form at the Bank branch of SCSB, which is designated for the purpose and the investor must be holding a bank account with such SCSB.
 - In case of ASBA application form in electronic form**, the investor shall submit the ASBA Application Form either through the internet banking facility available with the SCSB, or such other electronically enabled mechanism for subscribing to units of Mutual Fund scheme authorising SCSB to block the subscription money in a bank account.
- Investors shall correctly mention the Bank Account number in the ASBA Application Form and ensure that funds equal to the subscription amount are available in the bank account maintained with the SCSB before submitting the same to the designated branch.
- Upon submission of an ASBA Application Form with the SCSB, whether in physical or electronic mode, investor shall be deemed to have agreed to block the entire subscription amount specified and authorized the Designated Branch to block such amount in the Bank Account.
- On the basis of an authorisation given by the account holder in the ASBA Application Form, the SCSB shall block the subscription money in the Bank Account specified in the ASBA Application Form. The subscription money shall remain blocked in the Bank Account till allotment of units under the scheme or till rejection of the application, as the case may be.
- If the Bank Account specified in the ASBA Application Form does not have sufficient credit balance to meet the subscription money, the ASBA application shall be rejected by the SCSB.
- The ASBA Application Form should not be accompanied by cheque, demand draft or any mode of payment other than authorisation to block subscription amount in the Bank Account.
- All grievances relating to the ASBA facility may be addressed to the BANK/AMC / RTA to the Issue, with a copy to the SCSB, giving full details such as name, address of the applicant, subscription amount blocked on application, bank account number and the Designated Branch or the collection centre of the SCSB where the ASBA Application Form was submitted by the Investor.
- ASBA facility extended to investors shall operate in accordance with the SEBI guidelines in force from time to time.