



# HDFC Bank Investment Services Account



We understand your world

Application No.: \_\_\_\_\_

I/We request you to open an investment services account to transact in Mutual Funds and link the same to the existing / new Bank account mentioned below: (The holding pattern of Investment Service Account should be similar to the Bank Holding pattern and cannot be changed later)

Name of the bank account holder

1st / sole holder	
2nd holder	
3rd holder	
Guardian Name (in case the first Applicant is a Minor)	
Karta Name (in case the first Applicant is a HUF)	

	PAN No*	Cust ID*
1st / sole holder		
2nd holder		
3rd holder		
Guardian		
Karta		

Email Id\*:

(The product offering covers, product information, research reports / statement (if any) which would be sent regularly to this ID)

Contact Number\*: (R)  (O)  (Mobile)

HDFC Bank Account Number (in case of existing customer):

AOF Application Number (in case of new account)

Nomination : I/We  do hereby nominate the person on the  day of  in respect of units held by me/ us.

Name and Address of Nominee

Date of Birth (in case nominee is a minor)  Relationship with Applicant:

**Declaration**  
I/ We have read and understood the Terms and Conditions (a copy of which is in my/ our possession) applicable to Investment Services Account. I/ We agree to abide by the same. I/ We declare that the particulars given above are true to the best of my/ our knowledge as on the date of making such applications. I/ We undertake to inform, in writing, of any change in the particulars furnished above. I/ We further agree that any false/ misleading information given by me/ us or suppression of any material fact will render my/ our account liable for termination. I/ We declare that all the details in my/ our relationship record are true and correct and any instruction given to you to transact business on my/ our behalf shall be in due conformity with the applicable laws as may for the time being be in force. Any tax implication arising out of any transactions entered in to pursuant to these terms and conditions would be as per the provisions of the Income Tax Act, 1961, or any modification or re-enactment thereof. I/ We agree and declare that any and all tax liability will be my/ our sole responsibility. I/ We shall execute and deliver to the Bank, from time to time such other documents as may be specified by the Bank for compliance or updating of records if any. I/ We have read and understand the terms and conditions applicable to the bank's Investment Services Account and agreed to be bound by the said terms and conditions and including those excluding/limiting your Liability. I/We agree that the Bank A/c linked to the Investment Services Account will not be closed till the time all my investment holdings are either redeemed or transferred to physical form method. I/ We undertake to make the applicants to the investments aware of the provisions of the terms and conditions and the same will be binding on the applicants by use of the facility provided herein. I/ We will be jointly and severally bound by the terms and conditions of the Bank's Investment Services Account.

I/We agree to pay the quarterly maintenance charge for Investment Services Account

Mandate for Investment Service Account

I/ We authorize HDFC Bank Ltd to link the above mentioned HDFC Bank Account/ New account maintained/ being opened by me/ us to the Investment services account and to transfer funds in any form and manner including but not limited to by way of debit/ credit of my/ our account and issue pay-orders/ demand drafts/ bankers cheque, from my/ our account for the purchase, redemption, switch, receipt of dividends or any such acts for Mutual Fund units in pursuance of the Instructions given by me/ us from time to time. I/ We hereby state that all the acts, deeds and things done by the Bank based on such instructions shall be binding on me/ us. This mandate by me/ us is to be adhered to by the Bank in respect of actions permitted by the RBI and/ or relevant regulations as applicable train time to time.

I/ We, the second and third holders, irrevocably constitute the first holder as my/ our agent.

I/ We, the second and third holders agree that the instructions given by the first holder to purchase mutual funds will be funded through the Bank account mentioned herein.

I/ We, the second and third holders agree that the instructions may be given by the first holder in name of the first holder only or first jointly with any other persons to the exclusion of second & third holders.

The second and the third holders will not raise any objections to the bank acting on such Instructions

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of the Sole/ first Bank account holder                      Signature of the Second Bank account holder                      Signature of the Third Bank account holder

\*Mandatory  
All applicants needs to be KYC compliant for opening Investment Services Account.



For Office use

Signature Verified ☐ Yes

Bank Account E/S Account OR Single ☐ Yes

Customer Details Verified ☐ Yes

Net Banking / Phone Banking Activated ☐ Yes (Application for Net Banking/ Phone Banking to be signed by the **First holder**)

RM Name

RM Signature

RM Employee Code

Primary RM Name:	<input type="text"/>	Primary RM CAMS Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shadow RM Name:	<input type="text"/>	Shadow RM CAMS Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch Name:	<input type="text"/>	Branch Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LC Code (For use by Coex only):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date of form filling:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby confirm that all the documents have been seen and verified with originals.

RM Name

RM Signature

RM Employee Code

BM Name

BM Signature

BM Employee Code

(To be verified either by RM/ BM or PBG Advisor)

	CHECKLIST	TICK HERE
1	Ensure that ----- <b>NAME/ PAN NO / CUST ID</b> of all the applicants are mentioned.	<input type="checkbox"/>
2	In case first applicant is <b>MINOR</b> ----- <b>NAME/ PAN NO / CUST ID</b> of Gaurdian is mentioned	<input type="checkbox"/>
3	In case applicant is <b>HUF</b> ----- <b>NAME/ PAN NO / CUST ID</b> of Karta is mentioned	<input type="checkbox"/>
4	HDFC Bank A/c. No is mentioned ----- In case of existing Bank Customers	<input type="checkbox"/>
5	<b>Signature</b> of all Bank Account Holder present on the form	<input type="checkbox"/>
6	Signatures Verified ----- Tick in Box – YES/NO	<input type="checkbox"/>
7	Customer Details Verified ----- Tick in Box – YES/NO	<input type="checkbox"/>
8	<b>RM Name/ RM Signature/ RM EMP Code</b> is present on the form	<input type="checkbox"/>
9	<b>Primary RM CODE/ Shadow RM CODE</b> (in case of shadow credit) is mentioned	<input type="checkbox"/>
10	Branch Name/ Branch Code of the RM is mentioned	<input type="checkbox"/>
11	Any alteration on the form is countersigned by all the applicants	<input type="checkbox"/>
12	Email ID & Contact Numbers of the Customers is mentioned	<input type="checkbox"/>
13	Application for Net banking / Phone banking to be signed by the <b>First holder</b> ( if not registered)	<input type="checkbox"/>
14	CVL Print out of KYC verification is attached with ISA form with proper attestation	<input type="checkbox"/>
15	Debit Mandate attached	<input type="checkbox"/>

(i) The ISA account Holding pattern has to be lines with the Bank account Holding pattern. **For example, For Bank Account with the A, B & C as holders the ISA Holding patterns can be (i) A, B & C.... (ii) A & B..... (iii) A & C only.** The holding pattern once registered cannot be changed in future.

(ii) **KYC certification for all the holders of the ISA account is mandatory.** Pls attach the KYC certification copies or duly filled KYC application froms for all the proposed holders.



CLIENT RISK PROFILE AND SUITABILITY FORM  
(For Offline Mutual Fund transactions )

Customer ID : Attach Barcode sticker (FTS)->

Customer Name : 1st Holder ,

2nd Holder

3rd Holder

Bank Account Number :

Pan No :

CLIENT RISK PROFILE QUESTIONNAIRE

1. What would you do if your investment falls 10%? (Please tick on any one option)

Sell Off		Hold On		Buy More	
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2. What shall be your priority for investments? (Please tick on any one option)

Preserve Money		Grow Money		Maximise Money	
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Your Risk Profile is (Please turn Overleaf to identify the same)

(Lumpsum \ SIP)

Sr No	I/We would like to invest in the following scheme/s	Plan/Option	Investment Amt	Recommended \ Non - Recommended	Product Risk Rating	Permissible Risk Rating
1						
2						
3						

(Switch)

Sr No	I/We would like to Switch from	Plan/Option	I/We would like to Switch in	Plan/Option	Switch Amt	Switch Units	Product Risk Rating	Permissible Risk Rating
1								
2								
3								

Declaration:

I/We agree with my/our risk profile as above and after taking into account the recommended asset allocation relevant to my risk profile, SEBI Risk-O-Meter of the fund and other suggestions mentioned overleaf I/We confirm that:

(Tick any one)

- ☐ The fund is appropriate for My/Our risk profile (Permissible Risk Rating >= Product Risk Rating)
- ☐ The fund is not appropriate for My/Our risk profile but I would like to still invest on “execution only basis”  
(Permissible Risk Rating < Product Risk Rating OR  
No Product Risk Rating assigned as the fund is not part of current Recommended list of HDFC Bank)

1st/Sole Holders Signature

2nd Holders Signature

3rd Holders Signature

(For Bank Use Only)

Signature Verified: Bank Account E/S Account or Single: Customer Details Verified:

Is the client Risk profile matching with the Investment (Yes / No)

RM Name: RM Signature RM Emp Code  
(Only AMFI certified RMs with valid EUIN can fill the same)

Application Receipt Date: DD /MM/YYYY

Time of Receipt: HH/MM

Primary RM Name		Primary RM CamsCode	
Shadow RM Name		Shadow RM CamsCode	
Branch Name		Branch Code	

Any offline transaction done without submission of this form to TPP Operations shall be highlighted as an exception



INSTRUCTIONS

1. This form needs to be filled up to complete the client profiling and suitability as required by SEBI guidelines.
2. This form should not to be submitted to the AMC.
3. To identify customer’s Risk Profile basis the response to questionnaire use below table:

Action	Priority	Risk Profile
Sell Off	Preserve money	Conservative
Sell Off	Grow Money	Conservative
Sell Off	Maximise Money	Moderate
Hold On	Preserve money	Conservative
Hold On	Grow Money	Moderate
Hold On	Maximise Money	Aggressive
Buy More	Preserve money	Moderate
Buy More	Grow Money	Aggressive
Buy More	Maximise Money	Aggressive

4. Product Risk Rating and Recommendations

Scoring of Recommended Funds		SEBI Riskometer					
No	SEBI Fund category	Low Risk	Low to Moderate Risk	Moderate Risk	Moderately High Risk	High Risk	Very High Risk
1	Overnight funds	1	2	3	4	5	6
2	Liquid funds	1	2	3	4	5	6
3	Ultra Short duration		2	3	4	5	6
4	Low duration		2	3	4	5	6
5	Money market		2	3	4	5	6
6	Floater fund		2	3	4	5	6
7	Short duration		2	3	4	5	6
8	Banking & PSU fund		2	3	4	5	6
9	Arbitrage fund		2	3	4	5	6
10	Medium duration fund			3	4	5	6
11	Medium to Long duration fund			3	4	5	6
12	Long duration fund			3	4	5	6
13	Dynamic Bond			3	4	5	6
14	Gilt funds			3	4	5	6
15	FMP's			3	4	5	6
16	Corporate Bond fund			3	4	5	6
17	Conservative Hybrid fund			3	4	5	6
18	Aggressive Hybrid fund				4	5	6
19	Gilt with 10 year constant duration				4	5	6
20	Dynamic Asset Allocation or Balanced Advantage fund				4	5	6
21	Equity Savings fund				4	5	6
22	Multi-Asset Allocation				4	5	6
23	Index funds				4	5	6
24	Large cap funds				4	5	6
25	Gold funds				4	5	6
26	ELSS				4	5	6
27	Multi Cap funds					5	6
28	Dividend Yield funds					5	6
29	Large & Mid cap funds					5	6
30	Value & Contra fund					5	6
31	Focussed funds					5	6
32	Credit Risk funds						6
33	Mid cap funds						6
34	Small Cap funds						6
35	Sectoral/Thematic funds						6
36	FOF- Overseas funds						6

		Asset Allocation				
Client Profile	Permissible Fund Score	Debt	Equity	Gold	Other Conditions	Suitability
Conservative	Upto 4	70%	25%	5%	Non Recommended Funds	Not suitable
Moderate	Upto 5	40%	55%	5%	Closed Ended funds / FMPs	Upto 15% of client portfolio
					Single Fund exposure	Upto 10% of client portfolio
Aggressive	All	20%	75%	5%	Single AMC exposure	Upto 25% of client portfolio



**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-0005					

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)			
1 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> 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 

 Email ID pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

 Mobile No.  Country Code  Telephone (O)  Telephone (R) 

 Mobile No. pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

 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 / FII)

 City 

 Zip  Country 

TIME STAMP HERE

**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. 

 IFS Code  (Please provide a copy of CANCELLED cheque leaf)

 9 digit MICR Code 
**Account Type (Please ✓)**
☐ Savings ☐ NRO ☐ FCNR  
☐ Current ☐ NRE ☐ Others

TEAR HERE

(To be filled in by the First applicant/Authorized Signatory) : Received from : <input type="text"/>							Signature, Date & Stamp
Scheme Name	Plan (✓)	Option (✓)	IDCW 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"/> IDCW	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments <input type="text"/> All purchases are subject to realisation of cheque / demand draft							



**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)	Second Applicant	Third Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "YES", please provide 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 <sup>^</sup>			
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]			

<sup>^</sup> 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**

<input type="checkbox"/> One time Investment <input type="checkbox"/> Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form)			
Scheme Name			
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 <input type="checkbox"/> Frequency	Scheme / Plan / Option _____	
Income Distribution cum Capital Withdrawal (IDCW) Facility (Please ✓ )	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer		
Please refer to Note 28 for details of IDCW renaming			
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 _____
<input type="checkbox"/> NRI- Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	[Please specify]
<input type="checkbox"/> NRI – Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	<input type="checkbox"/> Others _____
<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	[Please specify]
<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. <input type="text" value="I"/> <input type="text" value="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- 61793537  
Email: customer.delight@sbimf.com

TOLL FREE NO : 1800 425 5425/1800 2093333  
ALTERNATE NON TOLL FREE NO. :  
+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 (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	<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/We wish to nominate the following person/s to receive the proceeds in the event of death. (For individual investors, 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) (Should not be in decimal)			
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)			
	Signature of Nominee/Guardian	Signature of Nominee/Guardian	Signature of Nominee/Guardian

## 11. NO NOMINEE DECLARATION : I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my/ our mutual fund units held in my / our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature(s) (ALL Applicants must sign)			
	1 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> Applicant / Authorised Signatory

## 12.INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION

Name of Contact Person	<input type="text"/>
Is the entity involved / providing any of the following services <input type="checkbox"/> Yes <input type="checkbox"/> No	Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No
For Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS &amp; 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. 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 (5) of the form. We can move the Nomination & No Nominee Declaration point after Declaration. So, that investor can give signature for application details as well as No Nominee declaration at one single place. Please explore if it is feasible.

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

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