



Account No.: \_\_\_\_\_  
 MICR Code ( 9 digit): \_\_\_\_\_  
 IFS Code (11 digit): \_\_\_\_\_

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

**Attach any one proof:**  Original Cancelled Cheque with Name and Account pre-printed  Bank Statement / Pass Book  Letter from the bank on its letterhead certifying the bank account information. Submit originals of any one of the documents mentioned or copy of the document should be attested by Authorized Official of the Bank with name, designation/employee code with branch seal or SBI Mutual Fund Official under their stamp and seal.

**g. Other Details:**

Occupation (Please✓)  Professional  Business  Government Service  Private Sector Service  Public Sector Service  Agriculturist  
 Retired  Housewife  Student  Forex Dealer  Doctor  Others (Please specify) \_\_\_\_\_  
 Gross Annual Income In Rs. (Please✓)  Below 1 Lakh  1-5 Lakhs  5-10 Lakhs  10-25 Lakhs  25-Lakhs - 1 Cr.  > 1 Cr. OR  
 Networth in Rs. \_\_\_\_\_ as of (date) \_\_\_\_\_  
 Politically Exposed Person(PEP):  Yes  No  Related to PEP

**9. Particulars of Second Claimant**

Name (Mr./ Ms./M/s): \_\_\_\_\_  
 PAN: \_\_\_\_\_ (Attach Self-attested copy of PAN card and KYC Acknowledgement)

**10. Particulars of Third Claimant**

Name (Mr./ Ms./M/s): \_\_\_\_\_  
 PAN: \_\_\_\_\_ (Attach Self-attested copy of PAN card and KYC Acknowledgement)

**11. Declaration and Signatures**

I/We confirm that the details mentioned above are true and correct. I / We hereby submit the documents mentioned on following page, based on transmission case as applicable to me/us, in support of my / our claim for the said investments. I / We will not hold the Fund / AMC / RTA for any delay in transmission due to inadequacy of the documents or due to verification of any claim in detail and agree that the Fund reserves a right to call for any additional details and / or documents.

First Claimant/Guardian

Second Claimant

Third Claimant

Form should be signed by the surviving joint holder(s)/legal heir(s)/nominee/succeeding Karta/Guardian on behalf of the minor as the case may be)

**12. Signature Verification from Banker**

(Signature of the Branch Manager/Authorized Official with their Seal and Bank Stamp)

Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Employee Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

All future communication in connection with this application should be addressed to the Registrars of the scheme or SBI Mutual Fund Corporate Office.

**Investment Manager:**  
 SBI Funds Management Pvt. Ltd.  
 9th Floor, Crescenzo, C-38 & 39, G Block,  
 Bandra-Kurla Complex, Bandra (East), Mumbai - 400 051  
 Tel: 022 - 61793537  
 Email: customer.delight@sbimf.com  
 Website: www.sbimf.com

**Registrar:**  
 Computer Age Management Services Pvt. Ltd.  
 SEBI Registration No. : INR00002813  
 Rayala Towers, 158, Anna Salai, Chennai - 600 002  
 Tel: 044-28435797  
 Email: enq\_L@camsonline.com  
 Website: www.camsonline.com