

TRANSMISSION REQUEST FORM

(Please fill the form in CAPITAL Letters)

	smission of units and register me / us as the beneficial owner(s) in respect of the investment			
1. F	olio Number/s:			
L				
2. C	eceased Unit Holder's Name/s / Karta's Name (Mr./ Ms./M/s):			
L				
3. N	ame of the Claimant / New Karta (Mr./ Ms./M/s):			
L				
4. D	ate of Birth (if Claimant is a Minor): DD/MM/YYYY			
5. 0	uardian details (if Claimant is a Minor) (Mr./ Ms./M/s):			
L				
<u>lr</u> F E <u>l</u>	elationship with Minor (attach any one proof): Mother Father Legal Gu_case of natural Guardian: Attested copy of relationship proof between the Minor and the natural Guard assport / School Leaving Certificate / Ration Card. (The attestation can be obtained from SBI Mutual Fuank Manager with bank stamp / seal and should clearly indicate the name and designation/employee of case of legal Guardian: Notarized copy of certified court order A Minor will be the sole holder. No Joint holders will be permitted.)	ian either Birth Certificate / PAN with Photo Card and Official under their stamp and seal OR by the		
7. F	equest in the Capacity of: _ Joint Holder _ Registered Nominee _ L	egal Heir(s)		
	Survivors of HUF Administrators of the Estate S	Successor(s) to the Estate		
8. P	articulars Of First Claimant			
а	PAN No.: (Attach Self-attested copy of PAN card and	KYC Acknowledgement)		
b	. Tax Status: Individual Resident Minor (through Guardian) NRI Others	(please specify)		
	Contact Details: Cell No.:	(
	mail ID:	Write in capital letters		
d	. Mode of Holding: Single Joint Anyone or Survivor Either or Survivor All claimants should sign, in case of "Joint" / "Anyone or Survivor" / "Either or Survivor")	(capital cate)		
е	Communication Address:			
Α	ddress 1:			
Α	ddress 2:			
C	ity:			
S	tate: Country:			
f.	Bank Particulars:			
Ν	ame of Bank:			
В	ranch Name and Address:			
L				
C	ity:	Pin Code:		
Sponsor: State B Investment mana: (A Joint Venture be:		Sponsor: State Bank of India Investment manager: SBI Funds Management Pvt. Ltd (A Joint Venture between SBI and AMUNDI)		
Transmission Request Form received from				
,				
(:	subject to verification of documents)	Signature, Date & Stamp of Receiving Branch of SBI Mutual Fund		

Account No.:			,	Account Type (Pie	ase√)
MICR Code (9 digit):			Savings	☐ NRO	Others
IFS Code (11 digit):			Current	☐ NRE	
Attach any one proof: Original Cancelled Cheque with Nan letterhead certifying the bank account information. Submit orig Authorized Official of the Bank with name, designation/employed	jinals of any or	ne of the documer	nts mentioned or co	py of the document	-
g. Other Details:					
Occupation Professional Business Government S (Please✓) Housewife Student Gross Annual Income In Rs. (Please✓) Below 1 Lakh		vate Sector Service ex Dealer 5-10 Lakhs	Public Sector Doctor 10-25 Lakhs		(Please specify)
Networth in Rs.	as	of (date)			
Politically Exposed Person(PEP): Yes No	Related	I to PEP			
9. Particulars of Second Claimant					
Name (Mr./ Ms./M/s):	1 1 1				
	self-attested c	opy of PAN card	and KYC Acknov	vledgement)	
40.5					
10. Particulars of Third Claimant	1 1 1	1 1 1 1	1 1 1 1		
Name (Mr./ Ms./M/s):					
PAN: (Attach S	self-attested c	opy of PAN card	d and KYC Acknov	vledgement)	
I/We confirm that the details mentioned above are true a on transmission case as applicable to me/us, in support of any delay in transmission due to inadequacy of the doc a right to call for any additional details and / or document	of my / our cla cuments or d	im for the said i	nvestments. I/W	e will not hold the	Fund / AMC / RTA for
First Claimant/Guardian	Second	d Claimant		Third	Claimant
Form should be signed by the surviving joint holder(s)/legal	heir(s)/nomin	ee/succeeding K	arta/Guardian on b	ehalf of the minor	as the case may be)
12. Signature Verification from Banker					
(Signature of the Branch Manager/Authorized Official with t	heir 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.: INR000002813

Rayala Towers, 158, Anna Salai, Chennai - 600 002

Tel: 044-28435797

Email: enq_L@camsonline.com Website: www.camsonline.com