

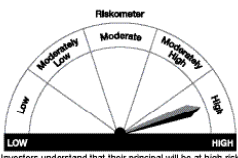
Asset Management Company :
SBI Funds Management Pvt. Ltd.
(A Joint Venture between State Bank of India & AMUNDI)

Mutual Fund :
SBI MUTUAL FUND
A PARTNER FOR LIFE

KEY INFORMATION MEMORANDUM

SBI ETF PRIVATE BANK

An open-ended scheme tracking Nifty Private Bank Index

Product Labeling	
<p>This product is suitable for investors who are seeking*:</p> <ul style="list-style-type: none"> Long term capital appreciation Investment in securities covered by Nifty Private Bank Index 	<p>Riskometer</p> 

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

Offer of Units of Rs. 10/- per unit issued at a premium approximately equal to the difference between face value and allotment price during the New Fund Offer Period and on applicable NAV during the Continuous offer

NEW FUND OFFER OPENS ON	NEW FUND OFFER CLOSSES ON	SCHEME RE-OPENS ON OR BEFORE
06 th October 2020	13 th October 2020	WITHIN 5 BUSINESS DAYS FROM THE DATE OF ALLOTMENT

Sponsor : State Bank of India

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

Asset Management Company : SBI Funds Management Pvt. Ltd., (CIN: U65990MH1992PTC065289)
Address : 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.

Disclaimer of NSE: "It is to be distinctly understood that the permission given by National Stock Exchange of India Ltd. should not in any way be deemed or construed that the SID has been cleared or approved by National Stock Exchange of India Ltd. nor does it certify the correctness or completeness of any of the contents of the Scheme Information Document. The investors are advised to refer to the Scheme Information Document for the full text of Disclaimer Clause of National Stock Exchange of India Ltd."

SBI ETF PRIVATE BANK APPLICATION FORM (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 - 48012				E053085	

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 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. (Enclose KYC Acknowledgement) Date of Birth

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 / 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.

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 : <input type="text"/>				Signature, Date & Stamp
Scheme Name	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
SBI ETF Private Bank				
Attachments	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 [^]			
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**

Scheme Name	SBI ETF Private Bank		
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 (MANDATORY)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. <u> I N </u>	Beneficiary A/c 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 Pvt. 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
Website : www.sbimf.com

Registrar:

Computer Age Management Services Ltd.,
 SEBI Registration No. : INR000002813)
 Rayala Towers, 158, Anna Salai, Chennai - 600 002
 Tel: 022 - 2778 6501/ 6551
 Email: enq_L@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" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
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" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
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)	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee)	<input type="text" value="⊗"/>	<input type="text" value="⊗"/>	<input type="text" value="⊗"/>

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. 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 monies 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) *** I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand); (ix) 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; (x) 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; (xi) 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; (xii) 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.

* Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to "Micro investments"

14. 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.

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

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 (please tick as appropriate)
 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)
 Name of sponsoring entity
 GIIN not available (please tick as applicable) (Applicable only for Financial Institutions) Applied for Not required to apply for - please specify 2 digits sub-category³ Please provide with Form W8-BEN-E, duly filled in Not obtained – Non-participating FI

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

 1. 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)
 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)
 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:
 (i) the three-year period ending on 31 March of the year preceding the year in which the determination is made; or
 (ii) 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			

⁹ Additional 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

¹⁰ 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

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 / / _____