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|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| ARN & Name of Dis  | stributor Branch Co  | ANSACTION SLIP (   |  |  | de   | EUIN*  | Reference No.   |  |  |  |  |  |  |  |  |
|  | (only for SBG  | Sub-blokel AR  | 11 00de 30   | IN-DIOKEL CO   | (Employee l  | Jnique Identification N  | umber) Reference NO.  |  |  |  |  |  |  |  |  |
| ARN-48012  | alv" transaction (anh. where EUV)  | hov is left blank /Pefer land  | ruction 1 (=\)   |  | E-0530   | 00   |   |  |  |  |  |  |  |  |  |
| * I/We hereby confirm that the EU  | nly" transaction (only where EUIN<br>IIN box has been intentionally left blant<br>advice of in-appropriateness, if any, pr | c by me/us as this is an "execution  | <ul> <li>only" transaction</li> </ul>  |  |  |  |   |  |  |  |  |  |  |  |  |
| SIGNATURE(S)   |  |  | · · · · · / A · · · · ·  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | icant / Guardian / Authorised S<br>paid directly by the investor to the  |  |  | ised Signatory<br>vestors' assessme  |  | rd Applicant / Authrs including the serv   |   |  |  |  |  |  |  |  |  |
|  | RGES FOR APPLICATION   |  |  |  | ·  | - /  | ad investory on Do. 100/ /for   |  |  |  |  |  |  |  |  |
| investor other than first time   | nount is Rs. 10,000/- or more an<br>e mutual fund investor) will be d  | educted from the subscription  | on amount and  | paid to the distri   | outor. Units will b  | pe issued against th   | ne balance amount invested.   |  |  |  |  |  |  |  |  |
| INVESTOR DETAILS   | (MANDATORY)  |  | <br>   |  |  |  |   |  |  |  |  |  |  |  |  |
| EXISTING FOLIO NO  | D  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Name<br>(Mr/Ms/M/s)  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Email ID   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Mobile No.   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Telephone No.  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| PAN DETAILS First Applie   | cant / Guardian  | Sec  | ond Applicant  |  |  | Third Ap   | olicant   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | ory Enclosures   |  | atory Enclosu  |  |  | Mandatory E  |   |  |  |  |  |  |  |  |  |
| PAN Proof  PAN Exempt KYC Ref no   | KYC Acknowledgement  | PAN Proof PAN Exempt KYC Ref no  |  | nowledgement   | PAN Pr   | t KYC Ref no   | KYC Acknowledgement   |  |  |  |  |  |  |  |  |
| (PEKRN for Micro investme  |  | (PEKRN for Micro investn   | nents)   |  | (PEKRN for   | Micro investments)   | )   |  |  |  |  |  |  |  |  |
| ADDITIONAL PURCH Scheme Name   | ASE HEQUEST  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Plan (Please ✓ )   | Regular  |  | Ir   | case of Dividend   | Fransfer facility, ple   | ease mention target so   | cheme along with plan/option.   |  |  |  |  |  |  |  |  |
| Option (Please 🗸 )   | ☐ Growth  ✓) ☐ Reinvestment  | Dividend   |  | cheme / Plan / O   | ption  |  |   |  |  |  |  |  |  |  |  |
| Dividend Facility (Please Cheque   | /DD Amount (Rs.)   |  | Transfer   | k and Branch   |  | Cheque   | e / D.D. No. & Date   |  |  |  |  |  |  |  |  |
| 55440  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Investment A   | Amount (Rs. in Figures)  |  |  | Investment   | Amount (Rs. in   | Words)   |   |  |  |  |  |  |  |  |  |
|  | , , , , , , , , , , , , , , , , , , ,  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| DEMAT ACCOUNT DE   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| Do you want Units in Der   |  | anne of names or moutlewed in the o  | mulication form me   | dahaa widh dhad af dha a   | a a a coma la alla collata di a F  | Damanitamu Dautinimant\  |   |  |  |  |  |  |  |  |  |
| Do you want only in Der  | TAILS –(Please ensure that the sequent form (Please (✓)) Yes   | ence of names as mentioned in the a  | pplication form ma   | tches with that of the a   | ccount held with the Delow details   | Depository Participant).   |   |  |  |  |  |  |  |  |  |
| National Sec   | mat Form (Please ensure that the sequent form (Please (🗸)) Yes curities Depository Limite                                  | No ed (NSDL)   | If Yes, plea   | ase provide the b  | elow details   | Depository Participant).  s (India) Limite   | ed (CDSL)   |  |  |  |  |  |  |  |  |
|  | mat Form (Please (✓)) Yes  | No ed (NSDL)   | If Yes, plea   | ase provide the b  | elow details   |  | ed (CDSL)   |  |  |  |  |  |  |  |  |
| National Sec<br>Depository   | mat Form (Please (✓)) Yes  | ed (NSDL)  | If Yes, plea   | ase provide the b  | elow details   |  | ed (CDSL)   |  |  |  |  |  |  |  |  |
| National Sec<br>Depository<br>Participant Name<br>DP ID No.<br>Beneficiary Account No.   | nat Form (Please (/)) Yes curities Depository Limite   | ed (NSDL)  | If Yes, ple.  Depository Participant Nar arget ID No.  | ase provide the b  | elow details itory Service   | s (India) Limite   | ed (CDSL)   |  |  |  |  |  |  |  |  |
| National Sec<br>Depository<br>Participant Name<br>DP ID No.<br>Beneficiary Account No.   | nat Form (Please (🗸)) Yes  | ed (NSDL)  | If Yes, ple.  Depository Participant Nar arget ID No.  | ase provide the b  | elow details itory Service   | s (India) Limite   | ed (CDSL)   |  |  |  |  |  |  |  |  |
| National Sec Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SI   | nat Form (Please (/)) Yes curities Depository Limite   | ed (NSDL)  F T ANY THE LATEST CLIENT INV   | If Yes, ple.  Depository Participant Nar arget ID No.  | ne ER/DEMAT ACCO   | elow details itory Service   | s (India) Limite   |   |  |  |  |  |  |  |  |  |
| Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SI SWITCH REQUEST   | nat Form (Please (/)) Yes curities Depository Limite   | ed (NSDL)  F T ANY THE LATEST CLIENT INV   | If Yes, pleating of the American Marget ID No.  //ESTOR MAST   | ne ER/DEMAT ACCO   | elow details itory Service   | s (India) Limite   |   |  |  |  |  |  |  |  |  |
| National Sec Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SI SWITCH REQUEST Amount From Scheme Plan (✓)  | nat Form (Please (/)) Yes curities Depository Limite   | ed (NSDL)  F T ANY THE LATEST CLIENT INV   | Depository Participant Nar arget ID No.  //ESTOR MAST  R Number of U   | Dentral Depos  The Provide the because in the becau | elow details itory Service  JNT STATEMENT Option   | s (India) Limite   | ☐ All units (Please ✓)  Dividend Facility(✓)  |  |  |  |  |  |  |  |  |
| National Secondary Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SI SWITCH REQUEST Amount From Scheme   | nat Form (Please (/)) Yes curities Depository Limite   | ed (NSDL)  F T ANY THE LATEST CLIENT INV   | Depository Participant Nar arget ID No.  //ESTOR MAST  | Dentral Depos  The provide the because provide | itory Service  JNT STATEMENT  Option  Growth  Dividend   | s (India) Limite   | ☐ All units (Please ✔)  Dividend Facility(✔) Reinvestment ☐ Payout  |  |  |  |  |  |  |  |  |
| National Secondary Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SI SWITCH REQUEST Amount From Scheme Plan ( Regular  | nat Form (Please (/)) Yes curities Depository Limite   | ed (NSDL)  F T ANY THE LATEST CLIENT INV   | Depository Participant Nar arget ID No.  //ESTOR MAST  R Number of U  In cas   | Dentral Depos  The provide the because provide | Unit Statement  Option Growth Dividend for facility, please  | s (India) Limite   | ☐ All units (Please ✔)  Dividend Facility(✔)  Reinvestment ☐ Payout   |  |  |  |  |  |  |  |  |
| National Secondary Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SI SWITCH REQUEST Amount From Scheme Plan ( Regular  | Option (/) Yes  Option (/) Growth Dividend   | ed (NSDL)  F T ANY THE LATEST CLIENT INV   | Depository Participant Nar arget ID No.  //ESTOR MAST  R Number of U  In cas   | Dentral Depos  The provide the because provide | Unit Statement  Option Growth Dividend for facility, please  | s (India) Limite   | ☐ All units (Please ✔)  Dividend Facility(✔) Reinvestment ☐ Payout  |  |  |  |  |  |  |  |  |
| National Secondary Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SI SWITCH REQUEST Amount From Scheme Plan (/) Regular Direct  REDEMPTION REQUEST   | nat Form (Please (/)) Yes curities Depository Limite  I N  | ed (NSDL)  F T ANY THE LATEST CLIENT INV   | Depository Participant Nar arget ID No.  //ESTOR MAST  R Number of U  In cas   | Dentral Depos  The provide the because provide | Unit of the provided and the provided an | s (India) Limite   | ☐ All units (Please ✔)  Dividend Facility(✔) Reinvestment ☐ Payout  |  |  |  |  |  |  |  |  |
| National Second Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SISSWITCH REQUEST Amount From Scheme Plan (✓) Regular Direct  REDEMPTION REQUEST  | Option (/) Yes  Option (/) Growth Dividend   | ed (NSDL)  F T ANY THE LATEST CLIENT INV   | Depository Participant Nar arget ID No.  //ESTOR MAST  R Number of U  In cas   | Dentral Depos  The Central Depos | UNT STATEMENT  Option Growth Dividend fer facility, please   | s (India) Limite   | ☐ All units (Please ✔)  Dividend Facility(✔) Reinvestment ☐ Payout  |  |  |  |  |  |  |  |  |
| National Sec Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SI SWITCH REQUEST Amount From Scheme Plan (*/) Regular Direct  REDEMPTION REQUEST  | Option (/) Growth Dividend  Direct   | OR Numbe   | If Yes, pleated and the please of Units If Yes, pleated and the pleated and th | Dentral Depos  The Central Depos | UNT STATEMENT  Option Growth Dividend fer facility, please   | S (India) Limite  OR  (/)  mention target schem  | □ All units (Please ✓)  Dividend Facility(✓)  Reinvestment □ Payout Fransfer  Be along with plan/option.                |  |  |  |  |  |  |  |  |
| National Secondary Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SI SWITCH REQUEST Amount From Scheme Plan (/) Regular Direct  REDEMPTION REQUEST  | Option (/) Growth Dividend  Direct   | OR Numbe   | Depository Participant Nar arget ID No.  //ESTOR MAST  R Number of U  In cas Sche  Optio  or of Units  HERE — —  | Asse provide the backers as a provide the backers are provide the backers are provided as a provided | Option Growth Dividend fer facility, please n  OR  | OR  OR  OR  OR  All units (Plea  | □ All units (Please ✓)  Dividend Facility(✓)  Reinvestment □ Payout Fransfer  Be along with plan/option.                |  |  |  |  |  |  |  |  |
| National Second Personal Name Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SISTEM SWITCH REQUEST Amount Plan (*/) Regular Direct  REDEMPTION REQUEST  Amount REQUEST  REDEMPTION REQUEST  Amount REQUEST  Amount FOR SISTEM SECOND REQUEST  A PARTNER FOO  | Option (/) Growth Dividend  TRANS  | OR Numbe   | If Yes, pleating of Yes, pleating of Units  HERE ——  (Depository Participant Nararget ID No.  (Depository Participant N | Asse provide the backers as a provide the backers are provide the backers are provided as a provided | Option Growth Dividend fer facility, please n  Sponsor: Investmen  | S (India) Limite  OR  (/)  | Dividend Facility(  Reinvestment Payout ransfer le along with plan/option.  |  |  |  |  |  |  |  |  |
| National Second Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SISSWITCH REQUEST Amount Plan (*/) Regular Direct  REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  Amount Plan (*/) Regular  Amount From Scheme  Plan (*/) Regular  Plan (*/) Regular  Amount Folio No.   | nat Form (Please (/)) Yes curities Depository Limite   | OR Number — TEAR  ACTION SLIP - AC  To be filled in by   | If Yes, pleating of Yes, pleating of Units  HERE ——  (Depository Participant Nararget ID No.  (Depository Participant N | Asse provide the backers as a provide the backers are provide the backers are provided as a provided | Option Growth Dividend fer facility, please n  Sponsor: Investmen  | or Control of the Con | Dividend Facility(  Reinvestment Payout ransfer le along with plan/option.  |  |  |  |  |  |  |  |  |
| National Second Period Name Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SISTEM SWITCH REQUEST Amount Prom Scheme Plan (*/) Regular Direct  REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  Amount Plan (*/) Regular   | Option (/) Growth Dividend  TRANS  | OR Number — TEAR  ACTION SLIP - AC  To be filled in by   | If Yes, pleating of Yes, pleating of Units  HERE ——  (Depository Participant Nararget ID No. ——  (Depository P | Asse provide the backers as a provide the backers are provide the backers are provided as a provided | Option Growth Dividend fer facility, please n  Sponsor: Investmen  | or Control of the Con | Dividend Facility(✓) Reinvestment Payout Transfer the along with plan/option.  Base ✓)  Stamp                           |  |  |  |  |  |  |  |  |
| National Second Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SISSWITCH REQUEST Amount Plan (*/) Regular Direct  REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  Amount Plan (*/) Regular  Amount From Scheme  Plan (*/) Regular  Plan (*/) Regular  Amount Folio No.   | nat Form (Please (/)) Yes curities Depository Limite  I N  | OR Number — TEAR ACTION SLIP - | Depository Participant Nar arget ID No.  //ESTOR MAST  R Number of Units  In cas Sche  Optio  Ar of Units  HERE ———  KNOWLE  | Asse provide the backers as a provide the backers are provide the backers are provided as a provided | Option Growth Dividend fer facility, please n  Sponsor: Investmen  | OR  OR  OR  OR  OR  All units (Pleater Sels & All units (Pleater Sels  | Dividend Facility(✓) Reinvestment Payout ransfer realong with plan/option.  ase ✓)  S Management Pvt. Ltd. MUNDI)       |  |  |  |  |  |  |  |  |
| National Secondary Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SI SWITCH REQUEST Amount From Scheme Plan (/) Regular Direct  REDEMPTION REQUEST  Amount REDEMPTION REQUEST  Amount Compare Secondary Regular REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  Amount  REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  RECEIVED  REQUIAT  Amount  Amount  Nature of Transaction  For Additional   | Direct  TRANS  R L   FE  ct applicant/Authorized Signator  Change of Bank Particulars                                      | OR Number — TEAR ACTION SLIP - | If Yes, pleating of Yes, pleating of Units  HERE ——  (Depository Participant Nararget ID No. ——  (Depository P | Asse provide the backers as a provide the backers are provide the backers are provided as a provided | Option Option Growth Dividend fer facility, please n Sponsor: Investmen (A Joint Ver   | OR  OR  OR  OR  OR  All units (Pleater Sels & All units (Pleater Sels  | Dividend Facility(✓) Reinvestment Payout Transfer the along with plan/option.  Base ✓)  Stamp                           |  |  |  |  |  |  |  |  |
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| National Secondary Depository Participant Name DP ID No. Beneficiary Account No. THE APPLICATION FORM SI SWITCH REQUEST Amount From Scheme Plan (/) Regular Direct  REDEMPTION REQUEST  Amount REDEMPTION REQUEST  Amount Compare Secondary Regular REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  Amount  REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  RECEIVED  REQUIAT  Amount  Amount  Nature of Transaction  For Additional   | Option (/) Growth Direct  TRANS R L   FE  ct applicant/Authorized Signator Scheme Name /Pl                                 | OR Number TEAR  ACTION SLIP - AC  To be filled in by Ty):  | Depository Participant Nar arget ID No.  //ESTOR MAST  R Number of I  To So  In cas Sche  Optio  Prof Units HERE  / the Investor   | DGEMENT  | Option Option Growth Dividend fer facility, please n Sponsor: Investmen (A Joint Ver   | OR  (/)    F   T   T   T   T   T   T   T   T   T   T   | Dividend Facility(/) Reinvestment Payout Transfer le along with plan/option.  Stamp Signature & Date  Commencement Date |  |  |  |  |  |  |  |  |
| Plan ( / ) Regular  Amount  Plan ( / ) Regular  Amount  Scheme  Plan ( / ) Regular  Amount  REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  REDEMPTION REQUEST  Amount  REDEMPTION REQUEST  REDEMP | Option (/) Growth Direct  TRANS R L   FE  ct applicant/Authorized Signator Scheme Name /Pl                                 | OR Number TEAR ACTION SLIP - AC To be filled in by an/Option/Dividend Facility   | Depository Participant Nar arget ID No.  //ESTOR MAST  R Number of I  To So  In cas Sche  Optio  Prof Units HERE  / the Investor   | ER/DEMAT ACCO  Jnits Plan (✓) Regular e of Dividend Transme / Plan / Optio   | Option Option Growth Dividend fer facility, please n Nomina  | oR  (/)    F   T   T   Tenention target schem    Dividend   All units (Please)   State Bank of India, the thing of the thi | Dividend Facility(/) Reinvestment Payout Transfer le along with plan/option.  Stamp Signature & Date  Commencement Date |  |  |  |  |  |  |  |  |

| SYSTEMATIC IN   | <b>NVES</b>                      | TMEN    | IT PL              | .AN (                                       | SIP)                | REQ      | JEST     | (Invest                         | ors sub  | cribin                       | to SIP   | through     | n ECS/D  | irect De  | bit mus | t fill up t                                 | he Reg | istratior | n cum N   | /landate    | form)  |            |                         |                            |         |                 |           |  |
|---|----------------------------------|---------|--------------------|---|---------------------|----------|----------|---------------------------------|----------|------------------------------|--|-------------|--|---|---------|---|--------|-----------|---|-------------|--------|------------|-------------------------|----------------------------|---------|-----------------|-----------|--|
| SIP with Cheq   | ue                               |         |                    | SIP without Cheque                          |                     |          |          |                                 |          |                              |  |             | II   | In case this application is for Micro SIP (Please tick (✓)) |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| 1. Payment Mecha<br>(Please ✓ any one   |                                  |         |                    | Cheques (Please provide the details below   |                     |          |          |                                 |          |                              | SIP ECS/ Dir<br>( Please complet                   |             |  |   |         |   |        |           | rect Debit<br>te SIP ECS/Direct Debit Facility Registration cum Mandate Form) |             |        |            |                         |                            |         |                 |           |  |
|   |                                  |         |                    | SIP Date 5 <sup>th</sup> 10 <sup>th</sup> □ |                     |          |          |                                 |          |                              | 15 <sup>th</sup> 20 <sup>th</sup> 25 <sup>th</sup> |             |  |   |         |   |        |           |   |             |        |            |                         | No of SIP nstallments      |         |                 |           |  |
| 2. Frequency (Ple   | ase 🗸 a                          | any one | only)              |   |                     |          |          |                                 |          |                              |  |             |  |   | Quart   | erterly SIP                                 |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| 4. SIP Period   |                                  |         |                    | Fro   | m L                 | D D      | M        | M                               | YY       | YY                           |  |             |  |   |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |
|   |                                  |         |                    | To D D M M Y Y                              |                     |          |          |                                 |          |                              |  |             |  |   |         | year  |        | 10 )      | /ears   |             | 15 ye  | L          |                         | Perpetual (Select any one) |         |                 |           |  |
| 4. Cheque(s) Deta   | ails                             |         |                    |   |                     | No. o    | of Che   | ques                            |          | SIP Installment Amount (in t |  |             |  |   |         | figure                                      | s)     |           |   |             |        | Cheque Nos |                         |                            |         |                 |           |  |
| Cheques drawr   | n on                             |         |                    | Name of Bank & Branch                       |                     |          |          |                                 |          |                              |  |             |  |   |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| TOP- UP SIP   |                                  |         |                    |   |                     |          |          |                                 |          |                              |  |             |  |   |         |   |        |           |   |             |        | (SEE       | NOT                     | E 12                       | , 13    | <b>&amp; 14</b> | )         |  |
| Top up Amount Rs Top-up Frequency (Please ✓ any one) Half - Yearly Annual   |                                  |         |                    |   |                     |          |          |                                 |          |                              |  |             |  |   |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| SWP / STP FA  | CILII                            | Y HE    | QUE                | 51  | ST<br>Scheme / Plan |          |          |                                 |          |                              | D inet   | allmar      | nt amo   | unt (R  | e )     |   | Am     | nount (   | in wo   | rds)        |        |            | Frequency               |                            |         |                 |           |  |
| Systematic Withdr<br>(SWP transactions  | will be                          | proce   | ssed               | Scheme / Fidil                              |                     |          |          |                                 |          | SVV                          | r IIISte   | alli i le i | il allio   | uni (n  | 15.)    |   | 741    | iouni (   | (   | 140)        |        | -          | (Please ✓ any one only) |                            |         |                 |           |  |
| on first business day of every month)   |                                  | onth)   | SWP From M M Y Y Y |   |                     |          |          |                                 | / Y      | SWPT                         |  |             |  |   |         | TO M M Y Y Y Y                              |        |           |   |             |        |            |                         |                            |         |                 |           |  |
|   |                                  |         |                    | STP   | Facilit             | y Req    | uest     | (Pleas                          | e 🗸 an   | y one                        | only)  | F           | Regula   | rSTP  |         | CAST  | ГР     |           |   | Flex        | STP (S | See Not    | e 8)                    |                            |         |                 |           |  |
| Systematic Transf   | er Pla                           | n (STF  | <b>)</b>           | From (S                                     |                     |          |          |                                 |          | Schen                        | ne)  |             |  |   |         |   |        |           |   |             | To (S  | cheme      | e)                      |                            |         |                 |           |  |
|   |                                  |         | İ                  | Plan  | <b>(</b> ✓)         |          | 1        | Regu                            | ular     |                              | □ Di   | rect        |  |   |         | Plar  | n (🗸)  |           |   | <b>√</b> Re | gular  |            |                         |                            |         |                 |           |  |
|   |                                  |         | ı                  | Option (✓) ☐ Growth                         |                     |          |          |                                 |          | Di\                          | ridend   |             |  |   | Optio   | on (🗸)                                      |        |           | Gro   | owth        |        |            | Divider                 | nd                         |         |                 |           |  |
|   |                                  |         | Ī                  | Option (* )                                 |                     |          |          |                                 |          |                              |  |             |  |   |         | Divi  | dend F | acility   | <b>'(√)</b>   | Re          | invest | ment       | □ F                     | ayou                       | t [     | Tra             | nsfer     |  |
|   |                                  |         |                    |   |                     |          |          |                                 |          |                              |  |             |  |   |         | In case of Dividend Transfer facility, plea |        |           |   |             | please | mention    | target s                | cheme                      | along v | vith pla        | n/option. |  |
| OTD 5   |                                  |         |                    |   |                     |          |          |                                 |          |                              |  |             |  |   |         | Scheme / Plan / Option                      |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| STP Frequency &<br>Period   |                                  |         |                    | Daily Monthly STP II                        |                     |          |          |                                 |          | nstail                       | ment   | Amou        | ınt (Ks  | <u> </u>  | -       | 1   | STP F  | -rom      |   | -           |        | 1          | STP To                  |                            |         |                 |           |  |
| (Please ✓ any one   | • •                              |         |                    |   | eekly/              |          | Quar     | -                               |          |                              |  |             |  |   | D D     |   | M      | Υ         | Υ   | Y Y         | D      | D          | M                       | M                          | Y Y     | Υ               | Υ         |  |
| CHANGE OF A   | DDR                              | ESS     | FOR                | 100   | N-KY                | C FO     | LIOS     | (lde                            | ntity    | and                          | Add  | ress        | proo   | f ma  | ndate   | ory)  |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| Local<br>Address of   |                                  |         |                    |   |                     |          |          |                                 |          |                              |  |             |  |   |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| 1st Applicant   |                                  |         |                    |   |                     |          |          |                                 |          |                              |  |             |  |   |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| Landmark  |                                  |         |                    |   |                     |          |          |                                 |          |                              |  |             |  |   |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| City  |                                  |         |                    |   |                     |          |          |                                 |          |                              |  |             |  |   |         |   |        |           |   |             | Pin    |            |                         |                            |         |                 |           |  |
| State   |                                  |         |                    |   |                     |          |          |                                 |          |                              |  |             |  |   |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |
|   | Addres                           | s for C | orresp             | onder                                       | nce for             | NRI A    | pplica   | nts onl                         | y ( Plea | se (🗸)                       | ) Indiar   | by De       | fault  |   |         | Fore  | eign   |           |   |             |        |            |                         |                            |         |                 | , ]       |  |
| Foreign Address<br>(Mandatory for   |                                  |         |                    |   |                     | <u> </u> | <u> </u> | <u> </u>                        |          |                              |  |             |  |   |         |   |        |           | ı   |             |        |            |                         |                            | 1       | <u></u>         | $\perp$   |  |
| NRI/FII)  |                                  |         | _                  |   |                     |          |          |                                 |          |                              |  |             |  |   |         |   |        |           |   |             |        |            |                         |                            |         | <u> </u>        | $\perp$   |  |
| City  |                                  |         |                    |   | 1                   |          |          | <u> </u>                        |          |                              |  |             |  | 1   |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| Country   |                                  |         |                    |   |                     |          |          | <u> </u>                        |          |                              |  |             |  |   |         |   |        | Zip       |   |             |        |            |                         |                            |         |                 |           |  |
| DECLARATION: We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We hereby declare that 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 the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA). 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 the scheme is being recommended to me/us.* 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 am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust.** I/We confirm that I/We am/are Non Resident of Indian Nationality/Origin and I/We hereby confirm 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.*** I/We hereby declare that 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).  *Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to Micro investments*; |                                  |         |                    |   |                     |          |          |                                 |          |                              |  |             | avention<br>ovisions<br>al Funds<br>ny / Firm<br>ons have<br>ale PAN |   |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| SIGNATURE(S) Applicants must sign as per mode   | )<br>⊗                           |         |                    |   |                     |          |          |                                 |          | $\otimes$                    |  |             |  |   |         |   |        |           | 8   |             |        |            |                         |                            |         |                 |           |  |
| of holding  | /Guardian// Authorised Signatory |         |                    |   |                     |          |          | 2nd Applicant/Authorised Signat |          |                              |  |             |  |   |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |
| Date  |                                  |         |                    |   |                     |          |          |                                 |          |                              |  |             |  |   |         |   |        |           |   |             |        |            |                         |                            |         |                 |           |  |

All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

\_TEAR HERE \_

## 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- 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 - 30407236, Fax: 044 - 30407101

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