

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



KEY INFORMATION MEMORANDUM



Product Labeling

This product is suitable for investors who are seeking*:	Riskometer
<ul style="list-style-type: none"> Income and capital appreciation Investment primarily in Debt and Money Market Instruments for regular returns & Equity and equity related instruments for capital appreciation. 	

*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 DURING THE NEW FUND OFFER PERIOD

SCHEME	TENURE	NEW FUND OFFER OPENS	NEW FUND OFFER CLOSSES
SBI Dual Advantage Fund - Series XXVIII	1100 Days	May 14, 2018	May 28, 2018

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.

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

This product is suitable for investors who are seeking*:

- Income and capital appreciation
- Investment primarily in Debt and Money Market Instruments for regular returns & Equity and equity related instruments for capital appreciation.

Riskometer


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APPLICATION NO.

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

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

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.

1. PARTICULARS OF FIRST APPLICANT

☐ I confirm that I am a **First time** investor across Mutual Funds

☐ I confirm that I am an **existing** investor in Mutual Funds

EXISTING FOLIO NO.

(For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)

Name (Mr./Ms./M/s.)

(Name should be as per PAN / Aadhaar Card)

Gender ☐ Male ☐ Female ☐ Other (Third Gender) **Date of Birth**

Father's Name

Spouse's Name

Name of Guardian / Name of Contact Person (in case of Minor) (in case of Institutional Investor)

Relationship of Guardian in case of Minor [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h)] ☐ Father ☐ Mother ☐ Legal Guardian

(In case of Minor, please fill the following details of Guardian)

Email ID

Mobile No.

County Code

Please register your E-mail address & Mobile number to get alerts & communication via E-mail & SMS.

Telephone (O)

County Code

Telephone (R)

County Code

Mandatory Enclosures ☐ PAN Proof ☐ KYC Acknowledgement

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.

PAN

PAN Exempt KYC Ref no (PEKRN for Micro investments) -

Type of Identification Document given at KRA

AADHAAR No. #

Identification Document No.

Document Issuing Country

KIN (CKYC Identification No.)

Occupation ☐ Professional ☐ Business ☐ Government Service ☐ Private Sector Service ☐ Public Sector Service ☐ Agriculturist

(Please (✓)) ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Doctor ☐ Others [Please specify]

Gross Annual Income in Rs. (Please tick (✓)): ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 Cr. ☐ > 1 Cr. **OR**

Networth in Rs. **as of (date)**

Politically Exposed Person [PEP]: ☐ Yes ☐ No ☐ Related to PEP

For Non-individuals: Is the entity involved / providing any of the following services ☐ Yes ☐ No

- For Foreign Exchange / Money Changer Services ☐ Yes ☐ No - Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) ☐ Yes ☐ No

- Money Lending / Pawning ☐ Yes ☐ No

NOTE: Non-individual applicants should mandatorily fill Annexure - I alongwith this form.

2. PARTICULARS OF SECOND APPLICANT

Name Mr./Ms./M/s.

(Name should be as per PAN / Aadhaar Card)

Gender ☐ Male ☐ Female ☐ Other (Third Gender) **Date of Birth**

Father's Name

Spouse's Name

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.

SBI MUTUAL FUND		Sponsor : State Bank of India		Investment Manager : SBI Funds Management Pvt. Ltd.		ACKNOWLEDGEMENT SLIP		APPLICATION NO.	
A PARTNER FOR LIFE		(A Joint Venture between SBI & AMUNDI)				To be filled in by the Investor			
(To be filled in by the First applicant/Authorized Signatory) :									
Received from : <input type="text"/>									
Scheme Name	Plan (✓)	Option (✓)	Dividend Facility(✓)	Cheque/DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	Signature, Date & Stamp		
SBI Dual Advantage Fund - Series - XXVIII	<input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Payout <input type="checkbox"/> Transfer						
Attachments									
All purchases are subject to realisation of cheque / demand draft									

PAN		Mandatory Enclosures	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Acknowledgement							
AADHAAR No. #		PAN Exempt KYC Ref no (PEKRN for Micro investments) -									
KIN		Type of Identification Document given at KRA									
(CKYC Identification No.)		Identification Document No.									
Occupation	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Government Service	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Agriculturist					
(Please (✓))	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Doctor	<input type="checkbox"/> Others [Please specify]					
Gross Annual Income in Rs. (Please tick (✓)):	<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					
Networth in Rs.		as of (date)		<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Politically Exposed Person [PEP] :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Related to PEP								

3. PARTICULARS OF THIRD APPLICANT

Name												
Mr./Ms./M/s.												
(Name should be as per PAN / Aadhaar Card)												
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other (Third Gender)	Date of Birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Father's Name												
Spouse's Name												
Type of address given at KRA	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> 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.												
PAN		Mandatory Enclosures	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Acknowledgement								
AADHAAR No. #		PAN Exempt KYC Ref no (PEKRN for Micro investments) -										
KIN		Type of Identification Document given at KRA										
(CKYC Identification No.)		Identification Document No.										
Occupation	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Government Service	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Agriculturist						
(Please (✓))	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Doctor	<input type="checkbox"/> Others [Please specify]						
Gross Annual Income in Rs. (Please tick (✓)):	<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					
Networth in Rs.		as of (date)		<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	
Politically Exposed Person [PEP] :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Related to PEP									

4. FATCA & CRS RELATED INFORMATION (Only for Individuals/Proprietor)

DETAILS OF FIRST APPLICANT

Country of Birth		Place of Birth	
Nationality			
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Identification Numbers below:			
Country/ (ies)	Tax Payer Identification Number *	Identification Type	
(also include USA, where the individual is a citizen/ green card holder of USA)		(TIN or Other, please specify)	
* 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.			
(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)			

DETAILS OF SECOND APPLICANT

Country of Birth		Place of Birth	
Nationality			
Are you a tax resident of any country other than India?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:			
Country/ (ies)	Tax Payer Identification Number	Identification Type	
(also include USA, where the individual is a citizen/ green card holder of USA)		(TIN or Other, please specify)	
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.			
(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)			

TEAR HERE

Any communication in connection with this application should be addressed to the Registrar or the Invesment Manager	
Investment Manager :	Registrar:
SBI Funds Management Pvt. Ltd.	Computer Age Management Services Pvt. Ltd.,
(A Joint Venture between SBI & AMUNDI)	SEBI Registration No. : INR000002813)
9th Floor, Crescenzo, C-38 & 39,	Rayala Towers, 158, Anna Salai, Chennai – 600 002
G Block, Bandra Kurla Complex,	Tel: 044 – 28881101 / 36
Bandra (East), Mumbai – 400 051	Email: enq_L@camsonline.com
Tel: 022- 61793537	Website: www.camsonline.com
Email: customer.delight@sbimf.com	

DETAILS OF THIRD APPLICANT

Country of Birth

Place of Birth

Nationality

Are you a tax resident of any country other than India? ☐ Yes ☐ No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country/ (ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number	Identification Type (TIN or Other, please specify)

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.
(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

5. GENERAL INFORMATION – Please (✓) wherever applicable

Tax Status (Please (✓))

Mode of Holding (✓)

☐ Resident Individual

☐ Resident Minor (through Guardian)

☐ NRI (Repatriable)

☐ NRI (Non-Repatriable)

☐ NRI– Minor (Repatriable)

☐ NRI – Minor (Non-Repatriable)

☐ Pension and Retirement Fund

☐ Financial Institutions

☐ Sole-Proprietor

☐ Public Limited Company

☐ Private Limited Company

☐ Body Corporate

☐ Partnership Firm

☐ FII / FPI

☐ HUF

☐ Bank

☐ Government Body

☐ Society

☐ Trust

☐ NPS Trust

☐ Fund of Fund

☐ Gratuity Fund

☐ AOP

☐ BOI

☐ NGO

☐ LLP

☐ PIO

☐ NPO

Others

[Please specify]

[Please specify]

☐ Single

☐ Joint

☐ Any one or Survivor

6. CONTACT DETAILS

Local Address of 1st Applicant

City

State

Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default Foreign

Foreign Address
(Mandatory for NRI / FII)

City

Country

Pin

Zip

7. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details)

Name of Bank

Branch Name and Address

City

Account No.

9 digit MICR Code

IFS Code

(This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)

Account Type (Please ✓)

☐ Savings

☐ NRO

☐ FCNR

☐ Current

☐ NRE

☐ Others

8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund

Scheme Name

Plan (Please ✓)

Option (Please ✓)

Dividend Facility (Please ✓)

SBI Dual Advantage Fund - Series - XXVIII

☒ Regular

☐ Growth ☐ Dividend

☐ Payout ☐ Transfer

In case of Dividend Transfer facility, please mention target scheme along with plan/option.

Scheme / Plan / Option

Cheque / DD Amount (Rs.)

Investment Amount (Rs. in Figures)

Drawn on Bank and Branch

Investment Amount (Rs. in Words)

Cheque / D.D. No. & Date

9. SWITCH OUT (on maturity) : I wish to transfer entire corpus at the time of the maturity of the scheme to the below mentioned scheme/plan/option.

Scheme / Plan / Option

10. DEMAT ACCOUNT DETAILS

If you wish to hold units in Demat mode, please provide below details and enclose the latest Client Master / Demat Account Statement (Mandatory). Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

[illegible]

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned. Further allotment of units (through additional purchase / SIP) in the same scheme/plan will be allotted in Demat mode and investors can do further transactions through their Depository Participant only.

11A. 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 point 11 B.)

[illegible]

Name of the Nominee																				<p style="text-align: center;">⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)</p>
Name of the Guardian																				
Percentage																				
Relationship											Date of Birth*	D	D	M	M	Y	Y	Y	Y	
Address of Nominee/ Guardian																				

Name of the Nominee																			<div style="text-align: center;">⊗</div> Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)	
Name of the Guardian																				
Percentage																				
Relationship											Date of Birth*	D	D	M	M	Y	Y	Y		Y
Address of Nominee/ Guardian																				




11B. NOMINATION : I do not wish to nominate any person at the time of making the investment.

Signature	
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12. 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. (xiii) If the name given in the Application is not matching PAN/Aadhar card, application may liable to get rejected or further transactions may be liable to get rejected

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

I/we hereby provide my /our consent for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/we hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

SIGNATURE(S) (ALL Applicants must sign)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date			Place

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

Please tick as appropriate

☐ Partnership Firm

☐ HUF

☐ Private Limited Company

☐ Public Limited Company

☐ Society

☐ AOP/BOI

☐ 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:

GIIN

 Financial institution¹
☐

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

or

 Direct reporting NFE²
☐

*If the entity is a FI & a tax resident outside India, please fill annexure A.1 below (additional CRS declaration)

(please tick as appropriate)

Name of sponsoring entity

GIIN not available (please tick as applicable)

☐

Applied for

(Applicable only for Financial Institutions)

☐

 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)

- 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)
- 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)
- 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:

- the three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- 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> ⁴ (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			

⁹Additional 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

¹⁰It 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.

[illegible]

Place _____

Date / / _____