



APPLICATION NO. MS

March 2024

SBI MULTI SELECT 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.

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)			
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory

EXISTING FOLIO NO. NAME

1. FIRST APPLICANT DETAILS

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

(Name should be as per PAN)

Name of Guardian (As per PAN)
(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. Date of Birth / Incorporation
(Enclose PAN Card Copy) (As per PAN) (Mandatory)

Legal Entity Identifier (LEI) for Non-Individuals Validity

KIN
(CKYC Identification No.) (Enclose KYC Acknowledgement)

Email ID

Email ID pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Mobile No. Country Code Telephone (O) Telephone (R)

Mobile No. pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

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 / R)

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.

IFS Code (Please provide a copy of CANCELLED cheque leaf)

9 digit MICR Code

Account Type (Please ✓)
☐ Savings ☐ NRO ☐ FCNR
☐ Current ☐ NRE ☐ Others

TEAR HERE

MULTI SELECT

Sponsor : State Bank of India
Investment Manager : SBI Funds Management Ltd.
(A Joint Venture between SBI & AMUNDI)

ACKNOWLEDGEMENT SLIP
To be filled in by the Investor

APPLICATION NO. MS

(To be filled in by the First applicant/Authorized Signatory) :
Received from :

Signature, Date & Stamp

Selected Plan	Plan (✓)	Option (✓)	IDCW Facility(✓)	IDCW Frequency	Cheque/DD No. & Date	Cheque/ DD Amount (Rs.)	Bank and Branch
<input type="checkbox"/> Plan A <input type="checkbox"/> Plan C <input type="checkbox"/> Plan UniDiverse	<input type="checkbox"/> Plan B <input type="checkbox"/> Plan D <input type="checkbox"/> Plan Trinity	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout			
Attachments					All purchases are subject to realisation of cheque / demand draft		

5. INVESTMENT DETAILS (Minimum investment as per respective scheme is applicable. Total minimum investment amount for lumpsum should be Rs. 20,000)

<input type="checkbox"/> Lumpsum		<input type="checkbox"/> Monthly Systematic Investment Plan (SIP) (Please enclose SBI Multi Select SIP Enrolment cum One Time Debit Mandate (OTM) form)	
Plan A <input type="checkbox"/>		Plan B <input type="checkbox"/>	
<input type="checkbox"/> SBI Focused Equity Fund ₹ _____	<input type="checkbox"/> SBI Flexicap Fund ₹ _____	<input type="checkbox"/> SBI Contra Fund ₹ _____	<input type="checkbox"/> SBI Equity Hybrid Fund ₹ _____
<input type="checkbox"/> SBI Credit Risk Fund ₹ _____	<input type="checkbox"/> SBI Short Term Debt Fund ₹ _____	<input type="checkbox"/> SBI Equity Savings Fund ₹ _____	<input type="checkbox"/> SBI Savings Fund ₹ _____
TOTAL ₹ _____	TOTAL ₹ _____		
Plan C <input type="checkbox"/> (Default)		Plan D <input type="checkbox"/>	
<input type="checkbox"/> SBI Bluechip Fund ₹ _____	<input type="checkbox"/> SBI _____ ₹ _____	<input type="checkbox"/> SBI Conservative Hybrid Fund ₹ _____	<input type="checkbox"/> SBI _____ ₹ _____
<input type="checkbox"/> SBI Balanced Advantage Fund ₹ _____	<input type="checkbox"/> SBI _____ ₹ _____	<input type="checkbox"/> SBI Savings Fund ₹ _____	<input type="checkbox"/> SBI _____ ₹ _____
TOTAL ₹ _____	TOTAL ₹ _____		
Plan UniDiverse <input type="checkbox"/>		Plan Trinity <input type="checkbox"/>	
<input type="checkbox"/> SBI Contra Fund ₹ _____	<input type="checkbox"/> SBI Magnum Global Fund ₹ _____	<input type="checkbox"/> SBI Large and Midcap Fund ₹ _____	<input type="checkbox"/> SBI Infrastructure Fund ₹ _____
<input type="checkbox"/> SBI Focused Equity Fund ₹ _____	<input type="checkbox"/> SBI Banking & Financial Services Fund ₹ _____	<input type="checkbox"/> SBI Magnum Midcap Fund ₹ _____	TOTAL ₹ _____
TOTAL ₹ _____			
Plan (Please ✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> IDCW	Frequency _____	IDCW Facility (Please ✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout
● ONLY ONE PLAN can be selected at a time. Minimum 2 and maximum 4 schemes can be selected from any ONE plan. ● If investor selects one plan and does not specify any scheme, amount would be invested equally in four schemes under that plan. ● If investor selects scheme/s from multiple plans, amount would be invested equally in four schemes of the default plan i.e. "Plan C". ● If investor does not specify the IDCW frequency, then the default frequency of the respective scheme/s would be considered. ● This facility is designed only for convenience to make investments in multiple schemes and should not be construed		as an investment advice in any respect. Please consult your financial advisor before making any investment. ● Plan D can be selected by the investor based on his/her choice. ● Minimum Investment in a scheme would be as per the existing details pertaining to SIP as stated in SID/KIM. ● This facility of Multi Select SIP, will be only applicable for SIPs under monthly frequency. ● If the total amount mentioned in the application and instrument does not match then such application will be rejected. ● Top UP facility will not be applicable under this facility.	

PAYMENT DETAILS CHEQUE/DD SHOULD BE IN FAVOUR OF "SBI MULTI SELECT"

Cheque/ DD Number		Date		Investment Amount	
Name & Branch of Bank				Branch City	

6. 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*_____
<input type="checkbox"/> NRI- Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	[Please specify]
<input type="checkbox"/> NRI – Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	<input type="checkbox"/> Others_____
<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	[Please specify]
<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	

*Non-Profit Organization [NPO] (Mandatory) ☒ Yes ☐ No

If yes, please quote Registration No. of Darpan portal

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

If not, please register immediately and confirm with the above information to avoid non processing of applications. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to us or collect such fines/charges in any other manner as might be applicable.

7. DEMAT ACCOUNT DETAILS (OPTIONAL)

If you wish to hold units in Demat mode, 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. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										I	N									Target ID No. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																			
I	N																																						
Beneficiary Account No. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																							

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned.

8. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form

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^			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No^			
Identification Type [TIN or Other, Please specify]			

^A 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)

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Any communication in connection with this application should be addressed to the Registrar or the Investment Manager

Investment Manager :

SBI Funds Management Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzco, C-38 & 39,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai – 400 051
Tel: 022- 61793537
Email: customer.delight@sblmf.com

TOLL FREE NO : 1800 425 5425/1800 2093333
ALTERNATE NON TOLL FREE NO. :
+91-22-62511600 / +91-80-25512131
Website : www.sbimf.com

Registrar:

Computer Age Management Services Ltd.,
SEBI Registration No. : INR000002813)
Rayala Towers, 158, Anna Salai, Chennai – 600 002
Email: enq_sbimf@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		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>					
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"/> 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.
OR Network in Rs.													
Network as of date		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>					
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/We wish to nominate the following person/s to receive the proceeds in the event of death. (For individual investors, 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) (Should not be in decimal)													
Relationship with Nominee													
Date of Birth* (Mandatory if Nominee is Minor)		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>					
Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee)													
		Signature of Nominee/Guardian			Signature of Nominee/Guardian			Signature of Nominee/Guardian					
11. NO NOMINEE DECLARATION : I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my/ our mutual fund units held in my / our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.													
Signature(s) (ALL Applicants must sign)		1 st Applicant / Guardian / Authorised Signatory			2 nd Applicant / Authorised Signatory			3 rd Applicant / Authorised Signatory					
12.INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION													
Name of Contact Person		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>											
Is the entity involved / providing any of the following services		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates)						<input type="checkbox"/> Yes	<input type="checkbox"/> No		
For Foreign Exchange / Money Changer Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Money Lending / Pawning						<input type="checkbox"/> Yes	<input type="checkbox"/> 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 money 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) 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; (ix) 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; (x) 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; (xi) 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. (xii) If the name given in the Application is not matching PAN, application may liable to get rejected or further transactions may be liable to get rejected. By using this application I/We agree to issue a cheque in favor of the facility 'SBI Multi Select' which will be invested as per the option selected/mentioned under clause (5) of the form. We can move the Nomination & No Nominee Declaration point after Declaration. So, that investor can give signature for application details as well as No Nominee declaration at one single place. Please explore if it is feasible.													
* Applicable to other than Individuals / HUF; ** Applicable to NRIs;													
SIGNATURE(S) (ALL Applicants must sign)		⊗			⊗			⊗					
		1 st Applicant / Guardian / Authorised Signatory			2 nd Applicant / Authorised Signatory			3 rd Applicant / Authorised Signatory					
Date						Place							