South Gujarat ARN: 5485	54	СКҮ	C & KRA KYC Form	SBIMUTUAL FUND											
Know Your Client Application Form ( <u>for</u> (Please fill the form in English and Fields marked with <sup>**</sup> are mandator	d in BLOCK Lett	ters)	New Update KYC Number* Normal (PAN is mandatory) PAN Exempt Investors (Reference)	r instruction K)											
1. Identity Details (Please re	efer instruction			,											
PAN			se a duly attested copy of your PAN Card												
	Prefix	First Name	Middle Name	Last Name											
Name* (same as ID proof)															
Maiden Name (If any*)															
Father / Spouse Name*															
Mother Name*															
Date of Birth*		M - Y Y Y Y		Photo											
Gender*	M- Male		F-Female T-Transgender												
Marital Status*	Married		Unmarried Others												
Citizenship*	IN- India	an	Others – Country Count	de 💷											
Residential Status*	_	t Individual	Non Resident Indian												
Occupation Type*	Foreign      S-Service		Person of Indian Origin     Public Sector     Government Sector												
	O-Others		Self Employed Retired Housewife	Student Signature/											
	B-Busine	ess	X-Not Categorised	Thumb Impression											
2. Proof of Identity (Pol)* (for	or PAN exemp	ot Investor or if PAN card	copy not provided) (Please refer instruction C & K at the end)												
(Certified copy of <u>any one</u> of th	ne following Pro	oof of Identity [Pol] needs													
A- Passport Number			Passport Expiry Date												
B- Voter ID Card			Debuien Lineare Funite Debu												
D- Driving Licence			Driving Licence Expiry Date												
F- NREGA Job Card															
$\Box$ Z- Others			Identification Number												
_	any docume	nt notified by the centr													
3. Proof of Address (PoA)*	any document	in notified by the cent													
3.1 Current / Permanent /	Overseas Ad	ldress Details (Please se	e instruction D at the end)												
Address															
Line 1*															
Line 2			City / Town / Village*												
District*		Zip / Post C													
State/UT*				as per Indian Motor Vehicle Act, 1988											
	esidential / B		idential Business Registered C												
(Certified copy of <u>any one</u> of															
Proof of Address*			Passnort Evniry Date	D - M M - Y Y Y											
Passport Number			Passport Expiry Date												
Driving Licence			Driving Licence Expiry Date	р —   м   м   —   ү   ү   ү   ү											
Aadhaar Card															
NREGA Job Card															
Z- Others			Identification Number												
	any docume	ent notified by the cent													
3.2 Correspondence / Loc			<b>č</b> ,												
Same as Current / Permanent	t / Overseas A	ddress details (In case of m	ultiple correspondence / local addresses, please provide the same in a separate	annexure withrelevant documentary proof)											
Line 1*															
Line 2															
Line 3			City / Town / Village*												
District*		Zip / Post C		as per Indian Motor Vehicle Act, 1988											
State/UT*			Country* Cour	ntry Code as per ISO 3166											

4. Contact Details (/	All comr	nunica	tions w	vill he s	ent on	nrovi	ded	Mohile	no /	Fr	nail-II	ום <i>)</i> (ח	2256	o refe	r inst	truc	tion	Fa	at th		nd)										
																		 					1		T	1	I.	L			
Email ID					Te	I. (Off	)			L —L							Tel.	(Re	es)					_L _L							
5. FATCA/CRS Info	mation	(Tick i	f Appli	cable)			Res	idence	for T	ax	Purp	oses	in Ju	urisdi	ction	(s)	Oute	side	e Inc	dia (	Plea	ase	refer	r ins	struc	tion	<b>B</b> a	it the	e en	d)	
Additional Details I	Require	d* (M	andato	ory onl	y if at	ove	optic	on (5) i	s tic	ke	d)																				
Country of Jurisdic	tion of	Resid	ence*										С	ounti	ry Co	ode	of 、	Juri	isdi	ctic	n o	f Re	eside	enc	e [			as p	er IS	SO 31	66
Tax Identification N	lumber	or eq	uivale	nt (If is	sued	by ju	risdi	iction)	k																						
Place / City of Birth	ו*							Counti	y of	Bi	rth*											Со	untry	, C	ode			as p	er IS	SO 31	66
Address Line 1*	1 1	1	I I			1	1	I I		1	1	I.	1	1			I.	I.		1					1	1	1	T		T	1
Line 2							1		-	+		-	 	1		L 	÷	+	+	+					1	1	+			╈	-
Line 3						+	+		+	╈	+	+		+	Ci	tv /	Το\		/ Vi	llac	ie*				+	+	+			+	-
District*		1				Zip /	Post	t Code	*	╈		+	-	+	1		UT				"										
State/UT*									∟ oun:	try	*		1									Coui	ntry		1	an Mc				60 31	
6. Details of Related	l Perso	<b>n</b> (Opt	ional) (	(please	refer i	nstruc	tion	G at the	e end	l) (i	in cas	e of a	dditi	onal	relate	ed p	perso	ons,	, ple	ease	pro	vide	e the	sar	ne ir	nas	ера	rate	ann	exu	re)
Related Person		🗌 De	eletion	of Rela	ted Pe	erson		KY	C Nu	mt	per of	Relat	ed F	Perso	n (if	ava	ilabl	le*)													
Related Person Type'		🗌 Gu	uardiar	of Min	or		[	Assi	gnee	•					norize	ed F	Repr	ese	enta	tive											_
Prefix				Firs	t Nam	e I			1	1		Middle	Naı	me I		1	Т	I	1	1	1	1	1	_ L	ast l. I	Name I	э I		1	1	I
Name*		(If KY	C numb	ber and n	ame ai	re prov	rided,	below d	etails	of s	sectior	1 6 are	optio	 onal)					L												
Proof of Identity	[Pol] of													,																	
(Certified copy of <u>any</u>		he follo	wing P	roof of I	dentity	[Pol]	need	s to be	subm	itte	ed)																				
A- Passport Num	ber												Pa	sspo	rt Ex	cpir	y Da	ate			E		D -	-L	M	M	Ľ	Y		Y	Y
B- Voter ID Card																															
C- PAN Card																															
D- Driving Licent	e												Dri	ving	Lice	nce	e Ex	pir	y D	ate	E		D -	-L	M	M	-Ľ	Y		Y	Y
E- Aadhaar Card																															
F- NREGA Job C	ard																														
Z- Others												ld	enti	ficat	ion N	lun	nbei	r													
	(an	y docı	ument	notifie	d by t	he ce	entra	l gove	rnme	ent	)																				
7. Remarks (If any)										1	I		1		1																
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<ul> <li>8. Applicant Declar.</li> <li>I hereby declare that the therein, immediately. In cliable for it. I hereby declegislation or any notification.</li> <li>I hereby consent to receive the thereby the the thereby the the thereby the thereby the the the the the the the the the the</li></ul>	details furr ase any o dare that l ions/direct ving inform	f the abo I am not ions issu ation fro	ve inforn making ied by ar	nation is f this appl ny governi	ound to ication f mental c gistry th	be false for the p or statute rough S	e or ur purpos ory au	ntrue or n se of con thority fro	nislead traven om time	ling tion e to	or misr of any time.	eprese Act, R	nting, Jules,	I am a Regu	aware l lations	that l or a	l may	be h	neld				[Signa								
Date:	MM	1-0	Y	YY	Pla	ce L				_										SI	gna	ture	/ Th	um	ni di	pre	3510	n oi	Ар	plica	int
9. Attestation / For Documents Rec			-	nies																											
	Verificat				efer In:	structic	on I)											In	nstit	utio	n De	tails									
Date	DD	- M	м. –	YY	ΥŊ						Na	ame																			Ì.
Emp. Name											Cc	ode [																			
Emp. Code											En	np. Br	ancł	ו																	
Emp. Designation								1								_	-	-	-	-	-	-	-	-	-		-	-		-	1
			[Empl	loyee Signa	ature]																[lr	istitu	ition	Star	mp]						
In-Person	/erificati	ion (IP\	/) Carri	ied Out I	by (Re	fer Insi	tructic	on J)										In	nstit	utio	n De	tails									
Date	DD	— м	M  -	YY	YY	/					Na	ame																			
Emp. Name			I								Сс	ode												T		$\square$					
Emp.											En	np.Br	ancł	ו																	
Emp. Designation																		-	-		-	-	-		-						]
			[Emplo	oyee Signa	ture]									[Institution Stamp]																	

## South Gujarat ARN: 54854

For Individuals Only

Date:

Place :

## Know Your Client (KYC) Application Form

## Supplementary CKYC Form

(To be additionally filled by customers using old KYC form)



(Please fill the form in English and in BLOCK Letters) Fields marked with \* are mandatory fields KYC Type: Normal (PAN is mandatory)

1. Identity Details (Please	refer instruction <b>A</b> at the end)														
PAN	Prefix     Presite a duly attested copy of your PAN Card       Prefix     First Name     Middle Name														
	Prefix First Name Middle Name Last Name														
Name* (same as ID proof)															
Maiden Name (If any*)															
Mother Name*															
Residential Status*	Resident Individual Non Resident Indian														
	Foreign National Person of Indian Origin														
Occupation Type*	S-Service Private Sector Dublic Sector Government Sector														
	O-Others       Professional       Self Employed       Retired       Housewife       Student         B-Business       X-Not Categorised														
<b>. FATCA/CRS Information</b> (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</b> at the end)															
Additional Details Required* (Mandatory only if above option is ticked)															
Country of Jurisdiction of Residence*															
Fax Identification Number or equivalent (If issued by jurisdiction)*															
Place / City of Birth*															
Address Line 1*															
Line 2															
Line 3	City / Town / Village*														
District*															
State/UT*	Country* Country* Country Code as per ISO 316														
B. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please provide the same in a separate annexure															
Related Person	Deletion of Related Person KYC Number of Related Person (if available*)														
Related Person Type*	Guardian of Minor Assignee Authorized Representative														
Prefix	First Name Middle Name Last Name Last Name														
Name*	(If KYC number and name are provided, below details of section 6 are optional)														
Proof of Identity [Pol] of	Related Person* (Please see instruction (H) at the end)														
(Certified copy of <u>any one</u> of	the following Proof of Identity[Pol] needs to be submitted)														
A- Passport Number	Passport Expiry Date														
B- Voter ID Card															
C- PAN Card															
D- Driving Licence	Driving Licence Expiry Date D D - M M - Y Y Y														
E- Aadhaar Card															
F- NREGA Job Card															
Z- Others															
(an	y document notified by the central government)														
4. Remarks (If any)															
5 Applicant Declaration															
<ul> <li>5. Applicant Declaration</li> <li>I hereby declare that the details fur</li> </ul>	nished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes														
therein, immediately. In case any o liable for it. I hereby declare that	of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of														
	tions issued by any governmental or statutory authority from time to time. nation from Central KYC Registry through SMS/Email on the above registered number/email address.														



ANNEXURE II - Additional KYC-FATCA & CRS Form for Individuals
(To be enclosed with purchase application which do not have provision for additional KYC/FATCA/CRS information)
(Please fill in BLOCK Letters)

<b>1. APPLICANT DE</b>	TAILS													Third Applicant																					
	First Applicant / Guardian										Second Applicant										Third Applicant														
Applicant's Name																																			
Applicant's PAN																																			
Gender	<b>i</b>																																		
Date of Birth																																			
Father's Name																																			
Spouse's Name	+																																		
· · · · · · · · · · · · · · · · · · ·	++																																		
Nationality																																			
Place of Birth	+																					_													
Country of Birth	Residential Registered Office										D									1.00		Residential Registered Office													
Type of address given at KRA		egist	ere	d Offic	e		Bus		entia	31		Registered Office							=		enti iess	ai			кес	giste	rea	Οπι	ce						
Type of Identification	Business										Du	31110	033											13111	033										
Document given at																																			
KRA																																			
Identification																																			
Document No.																-													-						
Country																																			
Address of tax reside				as av	vailab	ole in	KR/	A data	base.	. In c	ase	of a	any (	chai	nge p	lease	app	oro	ach	KRA	🗄 not	ify th	ne ch	ang	jes.										
	DITIONAL KYC INFORMATION																																		
Category					••	ant /	Gu	lardiar								econ	d Ap	opli											Applicant						
Gross Annual Incom	e in Rs.	[]	Below		kh	<u>_</u> [_	]	10-25							w 1 La	akh				0-25				]		-	1 La	kh	$\perp$	므		-	Lac	-	
OR		Ц	1-5 Lac			╧┼	_	25 La		Cr					.acs					5 Lac		Cr	┥└	_		5 Lao			+	닏				1 Cr	
			5-10 La	acs				> 1 Ci	rore				5	-10	Lacs				>	1 Cro	ore				5-1	10 La	acs				> '	1 Cr	rore		
Net Worth in Rs.							/	24	14			-				1.	_	14						-					_		<u> </u>				
Net Worth as of		D	D	M	M			Y etired	Ŷ		Y	D	Profe	D	M	N	Г	Y	 Retir	Y	Y	Y		D D		sion	M	M		Y	Retire		Y	Y	
Occupation [Please tick any one	(✓)]		isiness	ai		┼╞	_	ousewif				_	Busi					_		sewife			┼╞	_	usine		a		╶┼╴	_	louse				
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		Pı	blic Sec	tor S	ervice	e 🗌	Dc	octor					Publ	ic Se	ector \$	Servic	e		Doct	or				Ρι	ublic	Sec	tor S	ervice	e		Docto	r			
		🗌 Aç	griculturis	st				hers			[		Agric	cultu	ırist				Othe					A	gricu	Ilturis	st		[		Others				
Politically Exposed F	Demen							lease sp	Decity										[Piea	ise sp	ecityj		_	_						[Please specify]					
[PEP]	Person Yes No Related							ted to	D PE	P		Yes	6	l	No			Ш	Relat	ed to	PEP Yes No Related to PEP											PEP			
Any other information		[Plea	ase sp	ecit	fy]							ſΡΙ	leas	se s	spec	ify]							[F	Ple	ase	e sp	eci	fy]							
relating to KYC if app															-															_					
3. FATCA INFORM			( ) .	114			t al a		41.					_	X			_																	
Is your Country of B If Yes, please provid					·			ency ou	ier tr	ian ii	nula	? —			Yes		L		No																
			inionna		inand		<u> </u>																												
	Catego	ory						First /	Appli	cant	/ Gι	lar	dian	1		Second Applican							nt Third Applican									ant			
Country of Tax Resid	,																																		
Tax Identification Null Identification Type (T		hor pla		oif ()		—																			-										
Country of Tax Resid		iei, pie	ase spe	(Ciry)	)																														
Tax Identification Nu						+																			-										
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Country of Tax Resid				,,		+									+																				
Tax Identification Nu	mber#																																		
Identification Type (T	IN or Ot	ner, ple	ase spe	ecify)	)																														
(Please attach addition																									- 11 - 1			4		h					
# It is mandatory to supprovide an explanation						nt if tr	ne c	country	in wi	nicn	you a	are	tax	resi	denti	ssues	suc	cn I	aent	itiers.	IT NO	TIN	is ye	tav	alla	ble c	or na	s not	yet	bee	en iss	uec	a, pie	ease	
* To also included US	SA, wher	e the in	dividual	is a	citize	en/gre	en	card h	older	of th	ne US	SA																							
4. DECLARATION	J																																		
I/We confirm that the in the AMC/Trustee/Mutu																																			
be liable for the conse																																			
as may be required by certain certifications ar																																			
the Fund does not rece	eive a vali	d self-c	ertificatio	on fro	om me	e) the I	Fun	d may	be ob	liged	to sh	nare	e info	orma	tion o	n my a	iccol	unt	with	releva	ant tax	x autł	noritie	es; (	c) I/\	Ne a	m/ar	e awa	are th	hat t	he Fi	und	may	also	
be required to provide be required by domest																																			
(e) I/We understand th																			Jul d	iiy su	13 110		yroui	200	oull		.038	51 50	oper	nu II	iiy at	JUU		, and	
SIGNATURE(S)		-																																	
(ALL Applicants	0									$\sim$												$\sim$	0												
must sign)	$\otimes$						$\otimes$															$\otimes$	$\otimes$												
		1	st Applie	cant/	/Guar	dian			+					2	nd Ap	plicar	nt				+						3rd	Appli	cant	t					
Dut																	-			1								1.16.1.							
Date																		Pla	ce																