## SBI MUTUAL FUND

🔨 A PARTNER FOR LIFE	. •		_		_		_	-		-	_	_			-	_	_	_
A PAKINEK FUK LIFE		/	٨	n	•	D	т	N	г	п		г	Δ	n	- 1	1	г	г
			А	٢	A	К		IN	E	к		F.	υ	К	L	1	F.	E

TRANSACTION SLIP (Please fill in BLOCK Letters)           ARN & Name of Distributor         Branch Code         Sub-Broker ARN Code         Sub-Broker Code         EUIN*         Reference No.													
ARN & Name of Dis	stributor Branch Co	de Sub-Broker ARN	Code Sub-Broke	Code	EUIN* Reference No.								
	(only for SBG	)		(Employee U	Inique Identification Number)								
Declaration for "execution-or	nly" transaction (only where EUIN	box is left blank) (Refer Instru	uction 1 (p))	nteraction or advice by the e	mployee/relationship manager/sales person of the above								
distributor or notwithstanding the	advice of in-appropriateness, if any, pro	vided by the employee/relationship	manager/sales person of th	e distributor and the distribut	or has not charged any advisory fees on this transaction.								
SIGNATURE(S)													
1st App	icant / Guardian / Authorised S	ignatory 2nd Applic	ant / Authorised Signa	tory 3ı	d Applicant / Authorised Signatory								
					s including the service rendered by the distributor								
	RGES FOR APPLICATION				6) irst time mutual fund investor) or Rs. 100/- (for								
					e issued against the balance amount invested.								
INVESTOR DETAILS	(MANDATORY)												
EXISTING FOLIO NO	o.												
Name													
(Mr/Ms/M/s)													
Email ID													
Mobile No.													
Telephone No.													
· ·													
PAN DETAILS First Applie	cant / Guardian	Secor	nd Applicant		Third Applicant								
Mandate	ory Enclosures	Mandat	ory Enclosures		Mandatory Enclosures								
PAN Proof	KYC Acknowledgement	PAN Proof	KYC Acknowledger	nent 🗌 PAN Pro									
PAN Exempt KYC Ref no		PAN Exempt KYC Ref no (PEKRN for Micro investme		PAN Exempt	KYC Ref no /icro investments) -								
(PEKRN for Micro investme ADDITIONAL PURCH	,												
Scheme Name													
Plan (Please ✓ )	Regular	Direct	In case of Div	idond Transfor facility, pla	acc montion target scheme along with plan/ontion								
Option (Please ✓ )		Dividend			ase mention target scheme along with plan/option.								
Dividend Facility (Please			Transfer	an / Option									
Cheque	/DD Amount (Rs.)	D	rawn on Bank and Brai	ich	Cheque / D.D. No. & Date								
Investment /	Amount (Rs. in Figures)		Inves	ment Amount (Rs. in	Words)								
	ETAILS –( Please ensure that the sequent of the sequence of t	ence of names as mentioned in the ap	If Yes, please provide		epository Participant).								
	curities Depository Limite		.,,,		s (India) Limited (CDSL)								
Depository		, ,	epository	cpository ocrvice.									
Participant Name		Pa	articipant Name ——										
DP ID No.	I N		rget ID No.										
Beneficiary Account No.													
THE APPLICATION FORM SI	HOULD MANDATORILY ACCOMPA	ANY THE LATEST CLIENT INVE	STOR MASTER/DEMAT	ACCOUNT STATEMENT									
SWITCH REQUEST													
Amount		OR	Number of Units		OR All units (Please ✓)								
From Scheme			To Scheme										
Plan (✔)	Option (🖌)		Plan (🗸 )	Option	✓ Dividend Facility(✓)								
Regular	Growth		Regular	Growth	Reinvestment Payout								
Direct	Dividend		Direct	Dividend	nention target scheme along with plan/option.								
			Scheme / Plan /										
REDEMPTION REQU	EST												
Scheme													
Plan (✓) 🔲 Regular	Direct		Option (🗸)	Growth	Dividend								
		1											
Amount		OR Number		OR	All units (Please ✓)								
		— — — — TEAR H											
SBI MUTUAL	FUND TRANS	ACTION SLIP - ACK	NOWLEDGEME	Investment	State Bank of India, Manager : SBI Funds Management Pvt. Ltd.								
A PARTNER FO	RLIFE	To be filled in by	the Investor	(A Joint Ver	ture between SBI & AMUNDI)								
Folio No.													
	applicant/Authorized Signator	y):			Stamp								
Received from					Signature & Date								
Nature of Transaction	Change of Bank Particulars	Onunge	of Address	Nomina									
For Additional Purchase / Redemption	Scheme Name /Pla	an/Option/Dividend Facility		Amount	Units								
· · ·													
Systematic Investment / Withdrawal Plan	Scheme Name /Plan/O	ption/Dividend Facility	Amount (Rs.)	Frequency									
,					5 <sup>th</sup> 10 <sup>th</sup> 15 <sup>th</sup> 20 <sup>th</sup>								
I					25th 20th (For February last business day)								
Systematic Transfer	Scheme Name /P	lan/Option/Dividend Facility	STPCor		Amount Units								
Systematic Transfer Plan / Switch Over	Scheme Name /P From	Plan/Option/Dividend Facility To		mencement Date									

SYSTEMATIC I	SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through ECS/Direct Debit must fill up the Registration cum Mandate form)          SIP with Cheque       In case this application is for Micro SIP (Please tick (<))       MICRO SIP																											
			In some this complication is for Minor OID (Discoss tick ( ()))														N		SIP									
				<u> </u>		_			440																<u> </u>			
1. Payment Mech (Please ✓ any one		1					<b>S</b> provide	the det	ails belo	ow)								CS/ Dire complete			act Dat	nit Facil	ity Rogi	etration	cum Ma	ndata I	Form)	
	(only)			SI	P Date		5 <sup>th</sup>		10 <sup>th</sup>		5 <sup>th</sup>	7 20	th	05th				ary, last bus			eer bei		lo of S					
					ease 🗸						<b>5</b>	20		25 <sup>th</sup>		<b>30</b> (FC	or rebrua	ary, last dus	siness da	y)				nents				
2. Frequency (Ple	ease 🗸	any one	e only)		М	onthly	/ SIP (	Defau	lt)								Quart	terly SI	P									
4. SIP Period				Fro	m I	DD	М	М	y y	Y	Y																	
									· · ·				_							_								
				То		DD	M	M	ΥY	Y Y OR 3 years 5								10 ye	ears	ars	Perpetual (Select any one)							
4. Cheque(s) Det	ails					No. d	of Che	ques		SIP Installment Amount (in figu										Cheq	eque Nos							
Cheques draw	n on			Na	me of	Bank	& Brai	nch																				
TOP- UP SIP								I								(SEE NOTE 12, 13 &												
Top up Amount Rs (in multiples of Rs		a m la ch									-up Fr ease ✓				Half - '	Yearly				Annu	al							
			FOLIE	те								any t	Jile)			-												
SWP / STP FACILITY REQUEST										SW	P inst	allmei	nt amo	unt (F	s)		An	nount (ir	n word	ds)			Frequency					
Systematic Withdu											u (.						,			(Plea	e only	y)						
(SWP transactions on first business da																							Monthly Qua			Quart	erlv	
			1	1		1								1	1 1		1											
					P From			Y	Y	Y Y SWP							Μ	Y	Y	Y	(							
				STP	Facili	ty Req	uest (						Regula	Ir STP		CAST	P			Flex		(See Note 8)						
Systematic Trans		From (Scheme)													<u>To (S</u>	cheme	me)											
		ι	,	Sche	-											-							Direct					
				Plan	<b>(</b> ✓)			Reg	ular	Direct							<b>(</b> ✓)				gular							
				Option (🗸 )							Dividend									Gro	owth							
																		acility(	·		nvest			Payou	_	Trar		
																		idend Trai			olease	mentior	n target	scheme	along w	ith plar	n/option.	
STP Frequency &						STP	Installment Amount (Rs.)							STP F	Plan / O	ption					STP -	To						
Period					aily		Month	iiy	•						- 1	1			1	1			11	1		1		
(Please 🗸 any one				Weekly Quarterly NON-KYC FOLIOS (Identity							D D						M	ΥΥ	Y	Y			IVI	M	Y Y	Y	Y	
	DDR	IESS	FOR	NO	N-KY	C FC		(Ide	entity	and	Add	ress	proc	of ma	indat	ory)												
Local Address of																												
1st Applicant																												
Landmark						i							<u> </u>		i	i i			- i						İ			
						<u> </u>							<u> </u>		I													
City						<u> </u>									<u> </u>						Pin							
State																												
	Addre	ss for (	Corres	ponde	nce for	r NRI A	pplicar	ts onl	y ( Plea	ase (✔) ) Indian by Default							ign											
Foreign Address (Mandatory for																												
NRI / FII )																												
0												1			<u> </u>													
City						<u> </u>							<u> </u>		<u> </u>													
Country																Zip												
DECLARATION or indirectly, in making th																												
of any act, rules, regulation	ons or ar	ny statute	e or legis	slátion o	r any oth	er applic	able law	s or any	notificat	ions, dir	ections	ssued b	y any go	vernme	ntal or s	tatutory a	uthority	from time t	to time.	l/We c	ertify tha	t the fur	nds inves	sted do r	ot attract	the pro	visions	
of Foreign Contribution F from amongst which the	scheme	is being	recomn	nended	to me/us	s. * I/We	certify th	at as pe	r the Mei	morand	um and .	Articles	of Assoc	iation of	the Cor	npany, By	e laws.	Trust Dee	ed or Pa	rtnersh	ip Deed	l and res	solutions	passed	l by the C	ompan	y/Firm	
/ Trust, I/We am/are auth been remitted from abroa	orised to ad throu	o enter ir ah appro	nto the tr oved ba	ansactio nking ch	ons for a annels (	ind on be or from r	ehalf of th nv/our N	ne Com on Resi	oany/Fin dent Ext	m/Trust. ernal/O	** I/We rdinary a	confirm	that I/W	e am/ar .ccount.	e Non R *** I/We	esident of e hereby c	i Indian leclare t	Nationality that I/We c	//Origin to not h	and I/\ old a P	Ve here ermane	by confi nt Acco	irm that f unt Nurr	funds for hber and	the subs	criptior / a sing	ns have le PAN	
* Applicable to other tha	No. (PEł	KRN) iss	sued by I	<yc re<="" th=""><th>gistratior</th><th>n Agency</th><th>/ and als</th><th>o confiri</th><th>n that the</th><th>e aggreg</th><th>ate of lu</th><th>mp sum</th><th>n and SIF</th><th>installn</th><th>nents in</th><th>a rolling 12</th><th>2 month</th><th>is period oi</th><th>r financi</th><th>al year</th><th>does no</th><th>ot excee</th><th>d Rs. 50</th><th>,000/- (F</th><th>lupees Fi</th><th>fty Thoi</th><th>usand).</th></yc>	gistratior	n Agency	/ and als	o confiri	n that the	e aggreg	ate of lu	mp sum	n and SIF	installn	nents in	a rolling 12	2 month	is period oi	r financi	al year	does no	ot excee	d Rs. 50	,000/- (F	lupees Fi	fty Thoi	usand).	
		10015/11	ы, <i>г</i>	ipplicab		113, A	pplicable		10 111063		,																	
SIGNATURE(S Applicants must	)																											
sign as per mode	$\otimes$									$\otimes$									$\otimes$									
of holding	15	st App	licant	/Guar	dian//	Autho	orised	Signa	tory		2n	d App	licant	Auth	orised	l Signa	tory			3rd	Appli	cant/	Autho	orised	Signat	ory		
Date		-																		F	Place							
			_					_		TE	AR HE	RE 🗕					_											
All futur	e con	nmuni	icatior	n in c	onneo	ction	with th	nis ap	oplicat	tion s	hould	be a	ddres	sed t	o the	Regis	trars	to the	sche	me	or SI	BIMF	Corp	orate	Office			
Investmen	t Mai	nager	• :										gistra															
SBI Funds		•					、						•			•		Services		. Ltd	.,							
(A Joint Ve 9th Floor, 0							)							•				000028 alai,Ch		ui — f	500 N	02						
Bandra Ku	rla Co	omple					nbai -	400	051			Τe	el: 044	l – 30	04072	236, Fa	ax: 04	44 – 30										
Tel: 022- 6 Email: cus			اء@ht	bimfic	om											msonl												
Website :												W	ebsite	: ww	w.ca	msonli	ne.co	om										

## SBIMUTUAL FUND

	TRANSACTION SLIP (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 Net																							
ARN & Name of Dis	stributor	Bra (or	nch Co	de	Sub-Broker ARN C				de Sub-Broker			Code	; (E	mplove	e Unia	EUI	N* entificat	ion Nu	mber)	Refer	enc	e No.		
			.,	.,										pioji		do lac	, minout			-				
Declaration for "execution-or																								
* I/We hereby confirm that the EU distributor or notwithstanding the	IN box has been advice of in-app	intentional ropriatenes	ly left blank s, if any, pr	by me/ ovided b	us as this i by the emp	is an "ex oloyee/re	ecution- lationsh	only" tran	saction er/sale	n without s person	any inte of the c	eraction listributo	or advi r and t	ce by th he distr	ie empl ibutor h	oyee/ı as not	elation charge	ship ma ed any a	anager/s advisory	ales pers fees on t	son of this tra	the above nsaction.		
								- 0																
SIGNATURE(S) 1st Appl	icant / Guard	ian / Aut	horised S	Signat	ory			3rd /	Appli	cant/	Auth	orised	Signat	ory										
Upfront commission shall be																nclud	ing the	e servio	ce rend	ered by	the d	listributor		
TRANSACTION CHAP In case the subscription am	ount is Rs. 10	0,000/- or	more an	d if yo	ur Distrib	outor ha	as opte	ed to rec	eive 1	Fransac	tion C	harges.	Rs.	150 (fo	or first	time	mutua	al func	l invest	or) or !	Rs. 1	00/- (for		
investor other than first time	e mutual fund	investor)	will be d	educte	d from tl	he sub	scriptio	n amour	nt and	l paid to	the o	distribut	or. U	nits wi	ll be i	ssued	d agair	nst the	e balan	ce amo	ount i	nvested.		
INVESTOR DETAILS	(MANDAT	ORY)	1 1		1		1																	
EXISTING FOLIO NO	).																							
Name (Mr/Ms/M/s)																								
Email ID																								
Mobile No.				1																				
					++		1	1																
Telephone No.																								
PAN DETAILS First Applic				Seco	ond App	licant				1				Thire	d App	licant								
																		Ì						
	ory Enclosure						Manda	atory En								М	andat		nclosu					
PAN Proof PAN Exempt KYC Ref no	KYC Ackn	owledger	ment		PAN Pr Exempt		efno	K)	YC Acl	knowled	dgeme	ent			Proof npt K		fno	K	YC Acł	nowled	dgem	ent		
(PEKRN for Micro investm	,				RN for N			ents)							or Mic			ents)						
ADDITIONAL PURCH Scheme Name	ASE REQL	JEST																						
Plan (Please ✓ )		gular			Direct				l.	n case o	f Divid	and Tra	oofor I	ooility	nlaaaa	mont	ion tor	act col		ong with		/ontion		
Option (Please ✓ )		owth			Dividend			Bonus		cheme				aciiity,	piease	mem		yer su	ienie ai	Jig witt	i pian			
Dividend Facility (Please	🗸 ) 📘 Rei	investmen	ıt	E F	Payout			Transfe						Cheque / D.D. No. & Date										
Cheque	/DD Amount	t (Rs.)					I	Drawn o	on Bar	nk and I	Branc	h					Ch	eque	/ D.D.	No. & C	Date			
Investment A	mount (Rs.	in Figure	s)							In	vestm	ent An	noun	t (Rs.	in Wo	ords)								
DEMAT ACCOUNT DE Do you want Units in Den				ence of r		nentioned	i in the a			atches wit ase pro					ne Depo	sitory	Participa	ant).						
National Sec	urities Dep	pository	/ Limite	ed (N	SDL)				(	Centra	l De	posito	ory S	Servi	ces (	Indi	a) Liı	mited	d (CD	SL)				
Depository								Peposito				-	-				-		-					
Participant Name ——— DP ID No.	I N							articipa arget ID		ne —														
Beneficiary Account No.		İİ	1	i	İİ				110.	1	1					1	1		1	1		1 1		
THE APPLICATION FORM SH	HOULD MAND	ATORILY	ACCOMP	ANY TH	HE LATES	ST CLIE		ESTOR I	MAST	ER/DEN	I /IAT A	CCOUN	T STA	TEME	NT.					<u> </u>				
SWITCH REQUEST																								
Amount							OF	Numb	er of l	Units								OR	<b>A</b>	ll units	(Plea	ase 🗸)		
From Scheme								_	To So	cheme														
Plan (✔)			O	otion (	/)					Plan	· /		_		on (🗸 )			_		nd Fac				
Regular		Growt	h		Bonus					Regula Direct				Growt Divide	n 🗌 nd	Bon		_	einvesti ansfer	ment		ayout		
Direct		Divide	end							e of Div me/Pl	idend '					ntion t				with plar	n/optic	on.		
REDEMPTION REQU	EST								Sche			ption_												
Scheme																								
Plan (✓) □ Regular		Direct							C	Option (	<b>√</b> )	🗌 Gro	wth		🗌 Di	vider	nd	Г	Bor	านร				
		- I I	1							· ·	<u> </u>								_					
Amount		2						of Units	s					OF		All L	inits (I	Please	e√)					
												- <b></b> -	s	ponso	≻⊚ r:Stat	e Ban	k of Ind	ia.						
SBI MUTUAL			RANS	ACT				the Inv		DGE		NI	- h	vestm	ent Ma Venture	inage	r:SBII	Funds	Manage UNDI)	ment Pv	/t. Ltd.			
Folio No.		1 1				Je ille	umby		65101										,					
(To be filled in by the Firs	t applicant/A	uthorized	Signator	y):														.		Star	mp			
Received from																			Si	gnature		ate		
Nature of Transaction	Change of							e of Add	dress					Nom	inatio									
For Additional Purchase / Redemption	:	Scheme I	Name /Pla	an/Opt	ion/Divid	dend Fa	acility		-+		4	Amount				Ur	nits	-						
Systematic Investment	Cohr	eme Nam	e /Plan/C	ntion/	Dividend	Facilit	'V			nount (F	201			reque					`omme	ncome	nt Do	to		
/ Withdrawal Plan	3016	ane Nam		γιση/Ι		i auiiil	y	_	AI	iount (F	15.)			reque	псу	┟	5 <sup>th</sup>		SIP Commencement Date					
																	25 <sup>th</sup>		<b>30<sup>th</sup></b> (For February, last business day)					
Systematic Transfer Plan / Switch Over		Scheme From	Name /F	Plan/Op	otion/Div		Facility To			STP	Comm Da	iencem te	ent		A	mour	nt			Units				
	1							20	-							1								

SYSTEMATIC IN		ENT F	T PLAN (SIP) REQUEST (Investors subscribing to SIP through ECS/Direct Debit must fill SIP without Cheque In c																		P (Pl	ease tic	:k (✔))	· [ ] ,	/ICB	O SIP	
1. Payment Mecha	anism		Г		heque	s		· · ·							_		CS/ Di							<u> </u>			
(Please ✓ any one	only)			P Dat	e	orovide		ails belo		5 <sup>th</sup>	20'	h 🔽	25 <sup>th</sup>			-	e comple ary, last t			rect Del		ility Regi No of S		cum Ma	Indate	Form)	
2. Frequency (Plea	ase 🗸 anv o	one only		lease √ M	,	J SIP (	Defau	lt)								Quar	Installments SIP										
4. SIP Period		, no only	Fro	<u> </u>				, v I v	V																		
			То			IVI	IVI		T I	ľ	or 🗆	7 0 1			-	_	7 10			15.00		<u> </u>					
4. Cheque(s) Deta	ails		10			of Che	anes	ΥΥ	Y				Amo		5 year	_		years 15 years Perpetual (Select any one) Cheque Nos									
					110. (		quoo		SIP Installment Amount (in figures)																		
Cheques drawr	non		Na	ime of	Bank	& Bra	nch																				
TOP- UP SIP																			(SEE NOTE 12, 13 & 14								
Top up Amount Rs. (in multiples of Rs.	500 only	)								-up Fre ease ✔				Half - `	Yearly				Annu	ıal							
SWP / STP FA						-							Frequency														
Systematic Withdra	awal Plar	(SWP	)—		Schen	ne / Pl	an		SW	'P insta	allmer	nt amo	unt (F	Rs.)		Ar	nount	(in wo	ords)			(Plea	ly)				
Systematic Withdrawal Plan (SWP) (SWP transactions will be processed on first business day of every month)																					Monthly Quarterl						
	on first business day of every month)           SWP From         M         Y         Y													SWP	То	и м	Y	Y	Y	Y							
SWP From M M Y Y Y STP Facility Request (Please ✓ any											- F	Regula	ar STP		CAST	P		Flex	STP		<u></u>						
Systematic Transfer Plan (STP)																			To (Scheme)								
		,,	Scheme Plan (✓) □ Regular						Direct							n (✔)			D Be	gular		Direct					
			Option (✓)     □ Growth						Dividend Donus							on (🗸 )			Gr	-			Divide		В	onus	
																	acility	(✓)	🗌 Re	invest	ment		Payou	ıt [	Tra	ansfer	
										In case of Dividend										please	mentic	on target	scheme	e along v	vith pla	an/option.	
STP Frequency &	aily		Mont	hlv	STP II	nstal	Iment	Amou	unt (Re	s.)		Sch	STP I		Optic	on				STP	То						
Period (Please ✓ any one	only)		Veekly	,	Quar	-		D						M C	М	Y	Y	Y Y	D	D	M	M	Y Y	Y	r y		
CHANGE OF A	DDRES	S FO					-	ntity	and Address proof mandatory)																		
Local Address of																											
1st Applicant																											
Landmark																											
City																				Pin							
State																											
1	Address fo	r Corre	sponde	nce foi I	r NRI A	pplica I	nts only	y ( Pleas	se (🗸 )	) Indiar	n by De	fault			Fore	eign		l				1	1	l			
Foreign Address (Mandatory for NRI / FII )																										<u> </u>	
City			<u> </u>																							<u> </u>	
Country																	Zip										
DECLARATION indirectly, in making this in act, rules, regulations or a Contribution Regulations / the scheme is being recorr to enter into the transactio approved banking channe by KYC Registration Ager ** Applicable to NRIs; ***	ivestment. IA ny statute or l Act (FCRA). 1 mmended to n ons for and or els or from my ncy and also	Ve hereby egislation "he ARN I ne/us. * I/V behalf of /our Non I confirm th	y declare to or any ot holder has Ve certify f the Com Resident I nat the ag	that the a her appl s disclos that as p pany/Fir External gregate	amount i licable lav ed to me er the Me rm/Trust. /Ordinary	nvested ws or an /us all th emorand . ** I/We y accour	/to be inv y notifica e commis lum and / confirm t nt/FCNR/	rested by i tions, dire ssions (in Articles of that I/We a Account.	me/us i ections i the forr Associa am/are *** I/We	in the sch issued b m of trail ation of the Non Re whereby	neme(s) y any go commiss ne Comp sident of declare	of SBI M wernme sion or a bany, By f Indian I that I/We	flutual F ntal or s ny other e laws, Nationa e do not	und is de tatutory a mode), p rust Dee lity/Origir hold a Pe	erived thr authority bayable t ed or Pari n and I/W ermanen	ough leg from tim o him/he nership /e hereb t Accour	pitimate s e to time. er for the Deed an y confirm at Numbe	ources I/We ce different d resolut n that fut er and ho	and is no ertify that competitions pase nds for the old only a	ot held or the func- ing sche sed by the subsc single F	r desigr ls inves mes of he Corr criptions PAN Exe	ned for the sted do no various M spany / Fir s have be empt KYC	e purpos t attract lutual Fu m / Trus en remit Refere	e of cont the provi Inds from t, I/We ar ted from nce No. (	raventions of among am	on of any of Foreign gst which uthorised d through N) issued	
SIGNATURE(S) Applicants must sign as per mode of holding	$\otimes$	oplican	t/Guar	dian//	Autho	orised	Signa	itory	⊗ 2nd Applicant/Authorised Signa							Signatory 3rd Applicant							t/ Authorised Signatory				
Date																			Γ	Place							
							_		TE	AR HE	RE 🗕		— -								_				-		
All future Investment SBI Funds	t Manag	er:			ction	with t	his ap	plicati	on s	hould	Re	gistra	ar:	to the							BIMF	Corp	orate	Office	e.		

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

SEBI Registration No. : INR000002813) Rayala Towers, 158, Anna Salai,Chennai – 600 002 Tel: 044 – 30407236, Fax: 044 – 30407101 Email: enq\_L@camsonline.com Website: www.camsonline.com