



Sponsor : State Bank of India
 Investment Manager : SBI Funds Management Pvt. Ltd.
 (A Joint Venture between SBI & SGAM)
 191, Maker Towers 'E',
 Cuffe Parade, Mumbai - 400 005.
 Tel.: 022-22180221-27, www.sbimf.com & www.sbfunds.com



SWITCH REQUEST FORM

ARN & Name of Distributor	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	Reference No. (To be filled by Registrar)	Time Stamping

EXISTING FOLIO NO.

Name of 1st Applicant
 (Mr./Ms./M/s.)

PAN Attached PAN Proof [Are you KYC Compliant Please (✓) Yes No]

Name of 2nd Applicant
 (Mr./Ms./M/s.)

PAN Attached PAN Proof [Are you KYC Compliant Please (✓) Yes No]

Name of 3rd Applicant
 (Mr./Ms./M/s.)

PAN Attached PAN Proof [Are you KYC Compliant Please (✓) Yes No]

SWITCH OVER DETIALS

From Scheme Name & Plan			
To Scheme Name & Plan			
Amount		(OR) No. of Units	

DEMAT ACCOUNT DETAILS – (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

Do you want Units of SDFS in Demat Form (Please (✓)) Yes No If Yes, please provide the below details

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name <input style="width: 90%;" type="text"/>	Depository Participant Name <input style="width: 90%;" type="text"/>
DP ID No. <input style="width: 90%; text-align: center; font-family: monospace;" type="text" value="I N"/>	Target ID No. <input style="width: 90%;" type="text"/>
Beneficiary Account No. <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

SIGNATURE(S) All applicants must sign here	⊗	⊗	⊗
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date			Place