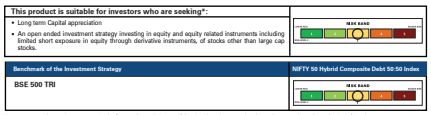
MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

MAGNUM EQUITY EX-TOP 100 LONG SHORT FUND

(An open ended investment strategy predominantly investing in equity and equity related instruments including limited short exposure in equity through derivative instruments, of stocks other than large cap stocks)



*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

Application No.

APPLICATION FORM FOR MAGNUM EQUITY EX-TOP 100 LONG SHORT FUND

(Please fill in BLOCK Letters only)

FOR NEW INVESTORS - FRESH PURCHASE ONLY

(Please use financial transaction form for additional purchase)

Name & ARN Code / RIA Code** / PMRN	Branch Code (for SBI Bank)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Employee/ Reference No.

Declaration for "Execution-only" transaction (where the above EUIN box is left blank & no investment advice is solicited) / Registered Investment Advisor (RIA) Transaction:

* 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.

** By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA), the details of my / our transactions in the Investment Strategy of Magnum SIF.

SIGNATURE (S)	1st Holder/Authorised Signatory/Guardian	2nd Holder/Authorised Signatory	3rd Holder/Authorised Signatory

SECTION I - INDIVIDUAL INVESTOR / SOLE PROPRIETOR

Investor Details	1st Applicant/Minor	2nd Applicant	3rd Applicant
Investor Name (As per Income Tax)			
PAN Number			
Date of Birth (As per Income Tax)	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Guardian Details (In case of Minor) (Please fill details as per Income Tax)	Guardian Name	Relationship with Minor: ☐ Father ☐ Mother ☐ Legal Guardian	Relationship Proof attached: ☐ Birth Certificate ☐ Passport ☐ Aadhar Card ☐ Court Order
	Guardian PAN	Guardian Date of Birth D D / M M / Y Y Y Y	
Mode of Holding	☐ Single ☐ Joint	☐ Anyone or Survivor(s)	*(Joint applicants not allowed in case of Minor investment)*
CKYC Number (KIN)			
Tax Status	☐ Resident Individual ☐ Resident Minor	☐ Resident Individual ☐ PIO	☐ Resident Individual ☐ PIO
	☐ NRI (Repatriable) ☐ NRI (Non Repatriable)	☐ NRI (Repatriable) ☐ NRI (Non Repatriable)	☐ NRI (Repatriable) ☐ NRI (Non Repatriable)
	☐ NRI - Minor (Repatriable) ☐ NRI - Minor (Non Repatriable)		
	☐ PIO ☐ Sole Proprietor *(Please attach GST Certificate)*		
Power of Attorney (POA) Details - If applicable			
POA Holder Name			
PAN of POA Holder			
POA copy attached	☐	☐	☐

SECTION II NON - INDIVIDUAL INVESTOR

Investor Name (As per Income Tax)					
PAN Number		Date of Incorporation (As per Income Tax) D D / M M / Y Y Y Y		CKYC Number (KIN)	
Contact Person Name					
Legal Entity Identifier (LEI Copy to enclosed)	LEI No.	Validity D D / M M / Y Y Y Y		**Note: LEI code mandatory if investment value is equal to or exceeds ₹ 50 crore limit.**	
Tax Status of Entity	☐ Partnership Firm	☐ Private Limited Company	☐ AOP	☐ NPO*	☐ Bank & Institutions
	☐ HUF	☐ Public Limited Company	☐ BOI	☐ NGO*	☐ Gratuity Fund
	☐ LLP	☐ Government Body	☐ FOF	☐ Trust*	☐ Body Corporate
	☐ FII/FPI	☐ Pension & Retirement Fund	☐ Society*	☐ NPS Trust*	☐ Others _____

***NPO Declaration: (Mandatory for Trust & Society)**

(Please attach Darpan Certificate)

***I/We are Non-profit organisation (NPO)** ☐ **Yes** ☐ **No.** **If yes, please quote registration number of Darpan Portal** _____

We are falling under "Non-Profit organisation (NPO) which has been constituted for religious or charitable purpose referred to in clause (15) of section of 2 of 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 Company Registered under the section 8 of the Companies Act,2013 (18 of 2013).

If not registered, 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 any fines or consequences as required under the respective statutory requirement and authorise you to deduct such fines/charges under intimation to us or collect such fines/charges in any other manner as might be applicable.

Other Details	Is the entity involved/providing any of the following service(s) :	YES	NO
	For foreign exchange/money changer services	☐	☐
	Money Lending/Pawning	☐	☐
	Gaming/Gambling/Lottery services (eg Casinos/betting syndicates)	☐	☐

Networth in Rs. (Not older than 1 year) Mandatory	Rs.	As on D D / M M / Y Y Y Y

Note: Non-Individual Investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.

Contd...

SECTION III - CONTACT & BANK DETAILS

Address for Communication	**Correspondence Address** (Address as per KRA records)		**Overseas Address** (Mandatory for NRI/PIO/FII applicant)	
	City/Town	Pin	City/Town	Zip
	State	Country	State	Country
	Tel. (Res.)	Tel. (Off.)	Tel. (Res.)	Tel. (Off.)
Bank Details (Please attach ank Account proof)	Bank Name		Bank Account No.	
	Branch Name		IFSC	MICR (9 Digit)
	Branch Address		City	Pin code
	A/C Type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others _____			

Contact Details	**1st Applicant/Minor**		**2nd Applicant**		**3rd Applicant**	
Mobile Number (Mandatory)	Country Code -		Country Code -		Country Code -	
Given Mobile Number Pertains to	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children
	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents
	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling
	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS
Email ID (Mandatory)						
Given Email ID Pertains to	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children
	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents
	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling
	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS

SECTION IV - INVESTMENT DETAILS

Investment Type	☐ **Lumpsum Investment**	☐ **Systematic Investment Plan (SIP)** (Please Attach SIP & OTM Form)	☐ **Lumpsum with SIP Investment** (Please Attach SIP & OTM Form)
Investment Strategy Name	**MAGNUM EQUITY EX-TOP 100 LONG SHORT FUND**		
Plan	☐ Regular ☐ Direct	**Option** ☐ Growth	☐ IDCW (Dividend)
IDCW Facility	☐ Payout ☐ Reinvest		
Accredited Investor Certificate Number & Validity **(Please submit copy of Registration certificate)**	☐ Yes ☐ No		
	Certificate No		
	Validity upto D D / M M / Y Y Y Y		
Payment Details (Cheque in favour of Investment Strategy Name)	Cheque No. / UTR No./ Reference No.		
	Cheque Date D D / M M / Y Y Y Y		
Amount in Rs. (Minimum application Amt. is Rs. 10 lakh & in multiples of Rs. 1 thereafter)	Amount in Rs.		
	Amount in Words		
Drawn on	Bank Name		
	Branch Name		
	Bank A/c No.		
Payment Mode	☐ Cheque ☐ RTGS/NEFT ☐ Fund Transfer ☐ OTM		

DEMAT Details (Please provide details ONLY if you wish to hold units in / under Demat)	Depository Participant Name	Proof Attached ☐ Latest Client Master ☐ Demat Account Statement
	☐ **National Securities Depository Limited (NSDL)**	☐ **Central Depository Securities (India) Limited (CDSL)**
	DP ID & Beneficiary Account No.	Beneficiary Account No.

Note: The sequence of names as mentioned in the SIF application form should be as per the sequence of names in Demat account.

Contd...

SECTION V - FATCA & CRS INFORMATION MANDATORY FOR INDIVIDUAL / SOLE PROPRIETOR

Non-Individual Investors should Mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.

FATCA & CRS	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Country of Birth				
Place/City of Birth				
Nationality				
Is the applicant(s) Country of Birth/ Nationality/Tax Residency other than India	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, Please provide following information:				
Country of Tax Residency 1				
Identification Type				
Tax Payer Ref ID No.				
Country of Tax Residency 2				
Identification Type				
Tax Payer Ref ID No.				
Country of Tax Residency 3				
Identification Type				
Tax Payer Ref ID No.				

Note: In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is available or has not yet been issued, please provide an Explanation and attach this to the form. (Please attach additional sheet if necessary and mention all countries in which applicant is a tax resident and provide relevant details)

SECTION VI - OTHER PERSONAL INFORMATION

Other Information	1st Applicant/Minor	2nd Applicant	3rd Applicant	Guardian
Gender	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other
Father's Name				
Spouse Name				
Occupation	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector
	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor
	☐ Business ☐ Professional	☐ Business ☐ Professional	☐ Business ☐ Professional	☐ Business ☐ Professional
	☐ Agriculturist ☐ Retired	☐ Agriculturist ☐ Retired	☐ Agriculturist ☐ Retired	☐ Agriculture ☐ Retired
	☐ Student ☐ House Wife	☐ Student ☐ House Wife	☐ Student ☐ House Wife	☐ Student ☐ House Wife
	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____
Gross Income Range (in Rs.)	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs
	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs
OR	☐ 25 lacs - 1 Cr ☐ 1-5 Cr	☐ 25 lacs - 1 Cr ☐ 1-5 Cr	☐ 25 lacs - 1 Cr ☐ 1-5 Cr	☐ 25 lacs - 1 Cr ☐ 1-5 Cr
	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr
Networth in Rs. (Not older than 1 year)	Rs.	Rs.	Rs.	Rs.
	As on D D / M M / Y Y Y Y	As on D D / M M / Y Y Y Y	As on D D / M M / Y Y Y Y	As on D D / M M / Y Y Y Y
Politically Exposed Person (PEP)	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP
Type of Address given at KRA	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office

Contd...

MAGNUM SIF OFFERED BY SBI MUTUAL FUND

ACKNOWLEDGMENT SLIP

Application No.:

Name of the Investor			**ARN No.:**	**EUIN No.:**
			Investment Strategy Name: MAGNUM EQUITY EX-TOP 100 LONG SHORT FUND	
Investment Details	**Date:** D D / M M / Y Y Y Y	**Amount:**	**Plan:** ☐ Regular ☐ Direct	**Option:** ☐ Growth ☐ IDCW
	Cheque/UTR No.:			
	Bank & Branch Name:		Signature, Date & Stamp	

SECTION VII - NOMINATION

Nomination (Applicable for individual Investors except Minor)

☐ **I/We wish to Nominate the following person(s). (ALL THE BELOW FIELDS ARE MANDATORY)**

OR

☐ **I/We do not wish to Nominate - Nominee OPT Out** (Please sign Declaration for No Nomination) **#**

Nominee Details	**Nominee 1**	**Nominee 2**	**Nominee 3**
Name of the Nominee			
PAN of Nominee (Optional)			
Allocation% (Total of allocation% should be 100%)			
Relationship of Nominee with investor			
Nominee Date of Birth (Mandatory if Nominee is Minor)	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Guardian Name (In case Nominee is Minor)			
Nominee/Guardian Address			
Nominee/Guardian Contact Details	Mobile No.	Mobile No.	Mobile No.
	Email Id	Email Id	Email Id
Identification Details of Nominee/Guardian (in case of Minor)- Please tick any one Option	☐ PAN Card ☐ Aadhar (last 4 Digits)	☐ PAN Card ☐ Aadhar (last 4 Digits)	☐ PAN Card ☐ Aadhar (last 4 Digits)
	☐ Passport(NRI/PIO/OCI) ☐ Driving Licence	☐ Passport(NRI/PIO/OCI) ☐ Driving Licence	☐ Passport(NRI/PIO/OCI) ☐ Driving Licence
Please mention ID Number of the opted Option	Identification Number	Identification Number	Identification Number
# Declaration for No Nomination:	I/we hereby confirm that I/We do not wish to appoint any nominee(s) for my/our SIF 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 competent authority, based on the values of assets held in my/our SIF folio.		
***Signature(s)** (All Applicants must Sign)	1st Applicant	2nd Applicant	3rd Applicant

***If the account holder affixes thumb impression instead of signature, Please use separate nomination form.**

I / We want the details of my / our nominee to be printed in the Statement of Account, provided to me / us by the AMC as follows; (please tick, as appropriate)

☐ Name of Nominee(s) with Details and Percentage ☐ Nomination without Details and Percentage (Default Option)

Go Green Initiative

All communications related to your investment, Investment Strategy wise Annual Report or Abridged Summary will be sent to your registered email id. However, if you don't have Email ID, you could view and download Investment Strategy wise Annual Report or Abridged Summary from our Website, www.sbimf.com/magnumsif. In case you still wish to receive the above in physical form, please tick box given below.

☐ **I wish to receive Investment Strategy wise annual report or abridged summary through physical mode.**

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 Investment Strategy 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 Investment Strategy of Magnum SIF ("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/us in the Investment Strategy 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 Investment Strategy of various SIFs from amongst which a Investment Strategy 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 these form, including the tax payer identification number is true, correct and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and accept the same. **(xii)** I/We understand that, a penalty shall be levied on every inaccurate reportable account as provided under the Income Tax Act, 1961. The MF/AMC has the right to recover this penalty from the unit holder(s) or retain out of any money in its possession, due to inaccurate information or false self-certifications provided by unit holders. **(xiii)** If the name/date of birth/date of incorporation given in the Application is not matching with 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 favour of the Investment Strategy which will be invested as per the option selected/mentioned under clause (Section IV) of the form. **$Applicable to other than Individuals/HUF; @Applicable to NRI**

I/We have read, understood & agree to the terms & conditions mentioned in the ISID & KIM of the respective Investment Strategy along with the above declaration. I/We hereby confirm that the information provided by me/us on this form is true, correct and complete.

Signature(s) (All Applicants must Sign)	**1st Applicant/Guardian/ Authorised Signatory - Affix Rubber Stamp**	**2nd Applicant Authorised Signatory - Affix Rubber Stamp**	**3rd Applicant Authorised Signatory - Affix Rubber Stamp**

Date: / /

Place:

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, Crescenzo, C-38 & 39,G Block, Bandra Kurla Complex,
Bandra (East), Mumbai - 400 051.

Registrar:
Computer Age Management Services Ltd.,
(SEBI Registration No. : INR000002813)
Rayala Towers, 158, Anna Salai,Chennai - 600 002.
Email: enq_sbisif@camsonline.com • Website: www.camsonline.com

Toll Free	**Email ID**	**Website**
1800 425 5425 / 1800 209 3333 +91-22-62511600/+91-80-25512131 (for overseas investors)	customer.delight@sbimf.com	www.sbimf.com/magnumsif

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

SYSTEMATIC INVESTMENT PLAN (SIP) FORM

(Please fill in BLOCK Letters only)

FOR REGISTRATION / RENEWAL / MODIFICATION ONLY

Please refer to terms & conditions and ISID of respective Investment Strategy for minimum investment criteria

Name & ARN Code / RIA Code**	Branch Code (for SBI Bank)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Employee/ Reference No.

Declaration: I/We hereby confirm that the EUIN box has been intentionally left blank as this is an "execution-only" transaction carried out without any interaction or advice from the distributor's employee/relationship manager or notwithstanding the advice received regarding the inappropriateness of the transaction, if any. Further, no advisory fees has been charged by the distributor. **By providing the RIA code, I/We authorize Magnum SIF to share the details of my/our transactions in its Investment Strategy with the SEBI Registered Investment Adviser (RIA).

SIGNATURE (S)	1st Holder/Authorised Signatory/Guardian	2nd Holder/Authorised Signatory	3rd Holder/Authorised Signatory
Folio No. (For Existing Investor)		**PAN No.** (For New Investor)	
Name of the Investor			

PART I - SIP- REGISTRATION / RENEWAL

Investment Strategy Name			
Plan	☐ Regular ☐ Direct	☐ Regular ☐ Direct	☐ Regular ☐ Direct
Option	☐ Growth ☐ IDCW (Dividend)	☐ Growth ☐ IDCW (Dividend)	☐ Growth ☐ IDCW (Dividend)
IDCW Facility	☐ Payout ☐ Reinvest	☐ Payout ☐ Reinvest	☐ Payout ☐ Reinvest
Investment Via	☐ Instant Debit (CHQ) ☐ Future Debit	☐ Instant Debit (CHQ) ☐ Future Debit	☐ Instant Debit (CHQ) ☐ Future Debit
(A) Instant Debit -	Cheque No. / Cheque Date	Cheque No. / Cheque Date	Cheque No. / Cheque Date
(1st SIP Cheque Details)	Bank Name	Bank Name	Bank Name
(B) Future Debit - (Starting Next month)	☐ Existing OTM ☐ New OTM	☐ Existing OTM ☐ New OTM	☐ Existing OTM ☐ New OTM
	A/c. No.	A/c. No.	A/c. No.
(Please fill below OTM form in case of New OTM)	Bank Name	Bank Name	Bank Name
SIP Amount (Minimum Rs. 10,000) Subject to threshold Balance of Rs. 10 lakhs	Rs._____	Rs._____	Rs._____
SIP Frequency (Default Monthly)	☐ Daily ☐ Weekly ☐ Monthly ☐ Quaterly ☐ Half yearly ☐ Annual	☐ Daily ☐ Weekly ☐ Monthly ☐ Quaterly ☐ Half yearly ☐ Annual	☐ Daily ☐ Weekly ☐ Monthly ☐ Quaterly ☐ Half yearly ☐ Annual
SIP Date (Other than Weekly SIP)	____ (Default 10th)	____ (Default 10th)	____ (Default 10th)
Weekly SIP Date	☐ Fixed Dates (1,8,15,22) ☐ Any Day SIP Please Specify (Monday to Friday)	☐ Fixed Dates (1,8,15,22) ☐ Any Day SIP Please Specify (Monday to Friday)	☐ Fixed Dates (1,8,15,22) ☑ Any Day SIP Please Specify (Monday to Friday)
SIP Period - (Please Select Next month Date) (Date mandatory & Max period 40 years)	From _____ To _____ **OR** No.of Years: ____ years	From _____ To _____ **OR** No.of Years: ____ years	From _____ To _____ **OR** No.of Years: ____ years

DECLARATION: II/We confirm that the information provided in this mandate is accurate and authorizing the debit of my/our bank account via Direct Debit, NACH, or any other facility. I/We understand that Magnum SIF, its service providers, or the bank shall not be held liable for any delay or failure due to incorrect or incomplete details. I/We declare that this investment does not attract the provisions of the Foreign Contribution Regulation Act (FCRA). The ARN holder has disclosed all commissions received from various competing Investment Strategy of SIF, amongst which the Investment Strategy has been recommended. I/We have read and agree to the terms and conditions mentioned in the ISID, SAI, KIM and any applicable Addendum issued by Magnum SIF from time to time.

(For Registration/ Modification in SIP) ONE TIME MANDATE (OTM) FORM

(Applicable for Lumpsum/ Additional Purchases as well as SIP Registrations)

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

	SPONSOR CODE : _____ UMRN :	DATE : _____ UTILITY CODE :	
Mandate	☑ CREATE ☒ MODIFY ☒ CANCEL		
	I/ We hereby authorise SBI Mutual Fund to Debit my/our bank account with an amount of Rupees mentioned in the below instruction :		
Bank Name			
Bank Account Number		**MICR Code**	
IFSC Code		**Bank A/c Type**	☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others
Amt in words (Rupees)		**Amount (Rs.)**	
Frequency	☒ Weekly ☒ Monthly ☒ Quarterly ☑ As & when presented	**DEBIT TYPE**	☒ Fixed Amount ☑ Maximum Amount
Period (Max for 40 Years)	From _____ To _____	**Investor Details**	Folio No / PAN No
Email ID		**Mobile No.**	

I/We agree to pay the mandate processing charges and authorize the bank to debit my/our account as per the bank's latest fee schedule. I/We confirm that this declaration has been read, understood, and agreed upon. I/We authorize the user entity/corporate/service provider to debit my/our account as per the signed instructions. I/We understand that this mandate may be cancelled by submitting request to the user entity and/or the bank, as applicable.

Signature of 1st Bank Account Holder	Signature of 2nd Bank Account Holder	Signature of 3rd Bank Account Holder
Name as per Bank Record	**Name as per Bank Record**	**Name as per Bank Record**

FORM FOR CANCELLATION/ PAUSE/ MODIFICATION OF SIP

Name of the Investor		Folio No.	

PART II - SIP PAUSE / CANCELLATION

Investment Strategy Name		**Plan/Option**	
Request For	☐ SIP Pause ☐ SIP cancellation	**SIP Frequecy**	☐ Daily ☐ Weekly ☐ Monthly ☐ Quaterly ☐ Half yearly ☐ Annual
SIP Installment Amt. (Rupees)		**SIP Installment Amt. (Rupees)**	
Bank Name		**Bank Account No.**	
SIP Pause Period	Start Period _____ End Period _____	**SIP Date**	_____

PART III - CHANGE IN EXISTING SIP MANDATE

Modification Details	Existing Details	New Details (ONLY mention details to be changed)	
Existing Investment Strategy		**New Investment Strategy**	
Existing Investment Date		**New Investment Date**	
Existing Instalment Amount	Rs.	**New Investment Amount**	Rs.
Top up Amount	Rs.	**New Top Up Amount**	Rs.
End Date	_____	**New End Date**	_____

PART IV - CHANGE OF DEBIT BANK

Change of Debit Bank	New Bank Name	☐ OTM To be registered - (Please submit OTM form with cancelled cheque leaf of new bank)
	New Bank Account No.	☐ OTM Already Registered with the new Bank A/c

Signature(s) (All Applicants must Sign)	**1st Applicant**	**2nd Applicant**	**3rd Applicant**

TERMS & CONDITIONS

Instructions to fill One Time Debit Mandate (OTM)

- Investors who have already submitted One Time Debit Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account in the Folio. However, if such investors wish to add a new bank account towards OTM facility may submit the new OTM form.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned (as per bank records).
- Along with OTM, investors should enclose an original CANCELLED cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted.
- First applicant / unitholder must be one of the account holder in the bank account. Investor's cheque / bank account details are subject to third party validation.
- Investors are deemed to have read and understood the terms and conditions of Systematic Investment Plan mentioned in ISID, SAI & KIM of the respective Investment Strategy of Magnum SIF.
- UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
- Please mention OTM date and OTM "From date" in DDMMYYYY format.
- For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented".
- From date & to date is mandatory. However, the maximum duration for enrollment is 40 years.
- Please provide all the information / details in the OTM.

Mandatory information to be provided in One Time Debit Mandate (OTM):

- Date of Mandate
- Bank A/c Type
- Bank A/c No. (please enclose CANCELLED cheque leaf)
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Mandate From date
- Mandate To date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records

Minimum Investment:

- During NFO SIP can be registered only alongwith minimum subscription amount of Rs. 10 lakhs
- For ongoing basis, SIP can be registered by the existing investor who has 'Minimum Investment Threshold' of Rs. 10 lakhs.

Modification in SIP:

- Request should be submitted at least 10 days prior to the next applicable SIP instalment date.
- The units allotted for previous instalments will remain in the old plan/option. The change will be prospective and will be applicable from next applicable instalment.
- The new registration of SIP based on the change request would be subject to the minimum instalments.
- Modification in SIP shall be processed only if the OTM Debit Mandate is already registered in the folio. The total amount of all SIP instalments for a SIP date should not exceed the amount registered under the OTM Debit Mandate. Otherwise fill the OTM debit mandate with additional amount.
- If no broker code details are mentioned in the change request, the new registrations will be processed in Direct Plan of the said Investment Strategy.
- In case of request for change of bank mandate or enabling only TOP UP facility where TOP UP facility is not already registered; the changes will be processed in the existing broker code even if the new broker code details are mentioned.
- SIP cancellation request must be submitted 10 days in advance from the next SIP due date.
- Modification/Cancellation request shall be liable for rejection if the details mentioned are incorrect / incomplete.

SIP PAUSE:

- Investor can Pause SIP at any time by filling in the SIP Pause form and submitting the same at any branch of the AMC/CAMS. Pause request should be received 15 days prior to the subsequent SIP date.
- SIP Pause facility is available for SIP registration across all frequencies.
- SIP shall restart after the completion of Pause period.
- SIP Pause facility will allow investors to 'Pause' their existing SIP during the tenure of SIP across all frequencies for a period of one year. The actual number of instalments that will get paused will be as per the SIP frequency
- Investors can avail this facility multiple times during the tenure of the existing SIP.
- In case of multiple SIPs registered in a Investment Strategy, SIP Pause facility will be made applicable only for those SIP instalments whose SIP date, frequency, amount and Investment Strategy/Plan is specified in the form.
- Investor cannot cancel the SIP Pause once registered.
- The AMC reserves the right to terminate this facility or modify the conditions of the SIP Pause facility at its discretion.
- In case of discrepancies in the information provided in the SIP Pause Form and the details registered with the AMC, the details registered with the AMC shall be considered for processing or in case of ambiguity in the SIP Pause Form, the AMC reserves the right to reject the SIP Pause Form.

CHANGE OF DEBIT BANK (ONLY FOR SIP):

Please submit following document:

- Please submit "CANCELLED" original cheque leaf of the New bank account where the first unitholder / investor's name is printed on the face of the cheque.
- The existing default bank account in the folio will remain same.

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

FINANCIAL TRANSACTION FORM

(Use separate slips for each Financial Transaction)

FOR EXISTING INVESTOR ONLY
For Purchase/Redemption/Switch

Name & ARN Code / RIA Code / PMRN	Branch Code (for SBI Bank)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Employee/ Reference No.

Declaration for "Execution-only" transaction (where the above EUIN box is left blank & no investment advice is solicited) / Registered Investment Advisor (RIA) Transaction:
* 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.
By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA), the details of my / our transactions in the Investment Strategy of Magnum SIF Fund..

SIGNATURE (S)	1st Holder/Authorised Signatory/Guardian	2nd Holder/Authorised Signatory	3rd Holder/Authorised Signatory

Folio No.**		Name of Investor	
PAN	1st Holder/Guardian	2nd Holder	3rd Holder
KYC Status	1st Holder/Guardian	2nd Holder	3rd Holder

Any alterations / corrections to be countersigned by the unit holder(s).

PURCHASE/ADDITIONAL PURCHASE

Investment Strategy Name		
Plan	☐ Regular	☐ Direct
Option	☐ Growth	☐ IDCW (Dividend)
IDCW Facility	☐ Payout	☐ Reinvest
Accredited Investor Certificate Number & Validity (Please submit copy of Registration certificate)	☐ Yes ☐ No	Certificate No Validity upto D D / M M / Y Y Y Y
Mode of Payment	☐ Cheque ☐ RTGS/NEFT ☐ OTM	
Amount (Fresh investment - Minimum ₹10 Lakhs Additional investment - Minimum ₹10 Thousand)	(Amt. in Rs.)	Amount in Words
Cheque/RTGS/ NEFT/OTM Ref. No.		Date
Bank A/c No.		
Bank Name		
Branch Name		

SWITCH (Please check applicable Exit Load & Capital Gain Tax before Switch)

Investment Strategy Name		
Plan	☐ Regular	☐ Direct
Option	☐ Growth	☐ IDCW (Dividend)
No. of Units/ Amount - Minimum ₹ 1 Lakh	☐ Units **OR** ☐ All Units **OR**	
	☐ (Amt. in Rs.)	
	Amount in Words	
To Investment Strategy Name		
Plan	☐ Regular	☐ Direct
Option	☐ Growth	☐ IDCW (Dividend)
IDCW Facility	☐ Payout	☐ Reinvest

****DECLARATION** for capturing information based on the existing SBI Mutual Fund folio

☐ **I/We give my/our consent to retrieve all my/our information including joint holders, bank mandate, nomination and other personal information from my/our existing KYC complied SBI Mutual Fund folio Number._____.**

REDEMPTION (Please check applicable Exit Load & Capital Gain Tax before Redemption)

Investment Strategy Name		
Plan	☐ Regular	☐ Direct
Option	☐ Growth	☐ IDCW (Dividend)
No. of Units/ Amount - Min. ₹ 1 Lakh	☐ Units **OR** ☐ All Units **OR**	
	☐ (Amt. in Rs.)	
Redemption Payout Bank (Payment will be made only to the Registered Bank account)	☐ To my Default Bank account Registered in the Folio **OR** ☐ To the following other Bank account Registered in the Folio	
	Bank Name/Branch	
	Bank Account Number	

SIGNATURE(S) (Please sign as per mode of holding)

I/We have read & understood the contents of the Scheme Information Document, KIM and Addendum(s) of the respective Scheme(s) and agree to abide by the Terms & Conditions, Rules & Registrations as applicable from time to time.

Signature of 1st Applicant/Guardian/Authorised Signatory

Signature of 2nd Applicant

Signature of 3rd Applicant

Date: **Place:**

ACKNOWLEDGEMENT

Folio No.	**ARN No.:**	**EUIN No.:**
Investment Strategy Name		
Investment Strategy Name	**Plan** ☐ Regular ☐ Direct	**Option** ☐ Growth ☐ IDCW
☐ Additional Purchase	☐ Redemption	☐ Switch
Cheque Details	No of Units	To Investment Strategy Name
Amount (Rs.)	Amount (Rs.)	Units/Amount (Rs.)

This page has been left blank intentionally

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

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** D D / M M / Y Y Y Y
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	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 or Global Entity Identification Number or GIIN, etc.

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 code[8] 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:

Financial institution[1] ☐
or
Direct reporting NFE[2] ☐

(please tick as appropriate)

GIIN

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

Name of sponsoring entity

GIIN not available (please tick as applicable)
(Applicable only for Financial Institutions)

☐ Applied for
☐ Not required to apply for - please specify 2 digits sub-category[3]
☐ Not obtained – Non-participating FI

[1]**Refer 1 of Part D** | [2]**Refer 3(vii) of Part D** | [3]**Refer1A of Part D** | [8]**Refer 3(viii) of Part D**

PART B — Ultimate Beneficial Ownership [UBO] / Controlling Persons Declaration

Category

☐ Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company *[If this category is selected, no need to provide UBO details].*

Name of the Stock Exchange where it is listed#._____

Security ISIN# _____

Name of the Listed Company (applicable if the investor is subsidiary/associate): _____

#mandatory in case of Listed company or subsidiary of the Listed Company

☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust
☐ Private Trust ☐ Religious Trust ☐ Trust created by a Will ☐ Others [please specify]_____

PART C UBO / Controlling Person(s) details

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit?

☐ **Yes** ☐ **No**

If '**YES**' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below. **BEN2 form as downloaded from MCA portal is attached as documentary evidence of the UBO information or any other applicable supporting documents like shareholding pattern of the entity and its associates. Further, we hereby consent to submitting the appropriate documentary evidence substantiating this as and when required at AMC/RTA end.**

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#.			
UBO / SMO PAN# For Foreign National, TIN to be provided]			
% of beneficial interest#.	>10% controlling interest ☐ >15% controlling interest ☐ >25% controlling interest. ☐ NA. (for SMO) ☐	>10% controlling interest ☐ >15% controlling interest ☐ >25% controlling interest. ☐ NA. (for SMO) ☐	>10% controlling interest ☐ >15% controlling interest ☐ >25% controlling interest. ☐ NA. (for SMO) ☐
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	Yes – PEP. ☐ Yes – Related to PEP. ☐ N – Not a PEP. ☐	Yes – PEP. ☐ Yes – Related to PEP. ☐ N – Not a PEP. ☐	Yes – PEP. ☐ Yes – Related to PEP. ☐ N – Not a PEP. ☐
UBO / SMO Address *[include City, Pincode, State, Country]*	Address: City: Pincode: State: Country:	Address: City: Pincode: State: Country:	Address: City: Pincode: State: Country:
UBO / SMO Address Type	Residence ☐ Business ☐ Registered Office ☐	Residence ☐ Business ☐ Registered Office ☐	Residence ☐ Business ☐ Registered Office ☐
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	Male ☐ Female ☐ Others ☐	Male ☐ Female ☐ Others ☐	Male ☐ Female ☐ Others ☐
UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service ☐ Private Service ☐ Business ☐ Others ☐	Public Service ☐ Private Service ☐ Business ☐ Others ☐	Public Service ☐ Private Service ☐ Business ☐ Others ☐
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.
BEN2 Form or any other relevant supporting documents as applicable**	Attached ☐	Attached ☐	Attached ☐

Mandatory column.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

* Participating Mangum SIF/SBIFML/ RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

** Documentary proof for UBO.

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/Magnum SIF 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 Magnum SIF 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.

Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and SIF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Magnum SIF, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal

Authorized Signatory	Authorized Signatory	Authorized Signatory
Name:	Name:	Name:
Designation:	Designation:	Designation:

Place: _____

Date: __/ ___/ ____

PART D *FATCA and CRS Instructions & Definitions*

1 **Financial Institution (FI)** - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.

Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where it's income attributale to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-

(i) The three financial years preceding the year in which determination is made; or

(ii) The period during which the entity has been in existence, whichever is less.

Investment entity is any entity:

That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer

(I) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or

(ii) Individual and collective portfolio management; or

(iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

or

The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :

(i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or

(ii) The period during which the entity has been in existence.

The term “Investment Entity” does not include an entity that is an active non-financial entity as per codes 03, 04, 05 and 06 - refer point 2c.)

Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

A. FI not required to apply for *GIIN:*	
Reasons why FI not required to apply for GIIN:	
Code	*Sub-category*
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers& Executing Brokers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI (Please provide Owner Reporting Statement or Auditor’s Letter with required details as mentioned in Form W8 BEN E)

2. Non-financial entity (NFE) - Any entity that is not a financial institution

Types of NFEs that are regarded as excluded NFE are:

a.	*Publicly traded company (listed company)* A company is publicly traded if its stock are regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)
b.	*Related entity of a publicly traded company* The NFE is a related entity of an entity of which is regularly traded on an established securities market;

C. Active NFE : (is any one of the following):	
Code	*Sub-category*
01	Less than 50 percent of the NFE's gross income for the preceding financial yearis passive income and less than 50 percent of the assets held by theNFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank , or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFEconsist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE that fulfills all of the following requirements: It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; It is exempt from income tax in India; It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof. Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely:- (I) an Investor Protection Fund referred to in clause (23EA); (II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and (III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;

3. Other definitions

(i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

(ii) Passive NFE

The term passive NFE means

(i) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or

(ii) an investment entity defined in clause 1 of part D of these instructions

(iii) a withholding foreign partnership or withholding foreign trust;

(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

(iii) Passive income

The term passive income includes income by way of :

(1) Dividends,

(2) Interest

(3) Income equivalent to interest,

(4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE

(5) Annuities

(6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income

(7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,

(8) The excess of foreign currency gains over foreign currency losses

(9) Net income from swaps

(10) Amounts received under cash value insurance contracts

But passive income will not include,in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer

(iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005.In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide Prevention of Money-laundering (Maintenance of Records) Amendment Rules, 2023 dated March 7,2023, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

i. More than 10% of shares or capital or profits of the juridical person, where the juridical person is a company;

ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or

iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

(A) Controlling Person Type:	
Code	*Sub-category*
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement--trust-trustee
06	CP of legal arrangement--trust-protector
07	CP of legal arrangement--trust-beneficiary
08	CP of legal arrangement--trust-other
09	CP of legal arrangement—Other-settlor equivalent
10	CP of legal arrangement—Other-trustee equivalent
11	CP of legal arrangement—Other-protector equivalent
12	CP of legal arrangement—Other-beneficiary equivalent
13	CP of legal arrangement—Other-other equivalent
14	Unknown

(v) Specified U.S. person – A U.S person other than the following:

(i) a corporation the stock of which is regularly traded on one or more established securities markets;

(ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);

(iii) the United States or any wholly owned agency or instrumentality thereof;

(iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;

(v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;

(vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;

(vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;

(viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);

(ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;

(x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;

(xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;

(xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or

(xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005.In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Pursuant to guidelines on identification of Beneficial Ownership issued vide Prevention of Money-laundering (Maintenance of Records) Amendment Rules, 2023 dated March 7,2023, persons (other than Individuals) are required to provide details of Beneficial Owner(s) ('BO'). Accordingly, the Beneficial Owner means 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest of / entitlements to:

i. More than 10% of shares or capital or profits of the juridical person, where the juridical person is a company;

ii. More than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or

iii. More than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

Where the client is a trust, the financial institution shall identify the beneficial owners of the client and take reasonable measures to verify the identity of such persons, through the identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

(A) Controlling Person Type:	
Code	*Sub-category*
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement--trust-trustee
06	CP of legal arrangement--trust-protector
07	CP of legal arrangement--trust-beneficiary
08	CP of legal arrangement--trust-other
09	CP of legal arrangement—Other-settlor equivalent
10	CP of legal arrangement—Other-trustee equivalent
11	CP of legal arrangement—Other-protector equivalent
12	CP of legal arrangement—Other-beneficiary equivalent
13	CP of legal arrangement—Other-other equivalent
14	Unknown

(v) Specified U.S. person – A U.S person other than the following:

(i) a corporation the stock of which is regularly traded on one or more established securities markets;

(ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);

(iii) the United States or any wholly owned agency or instrumentality thereof;

(iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;

(v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;

(vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;

(vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;

(viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);

(ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;

(x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;

(xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;

(xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or

(xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

INSTRUCTIONS ON CONTROLLING PERSONS / ULTIMATE BENEFICIAL OWNER

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

(i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:

- more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
- more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership.
- more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

(ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.

(iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

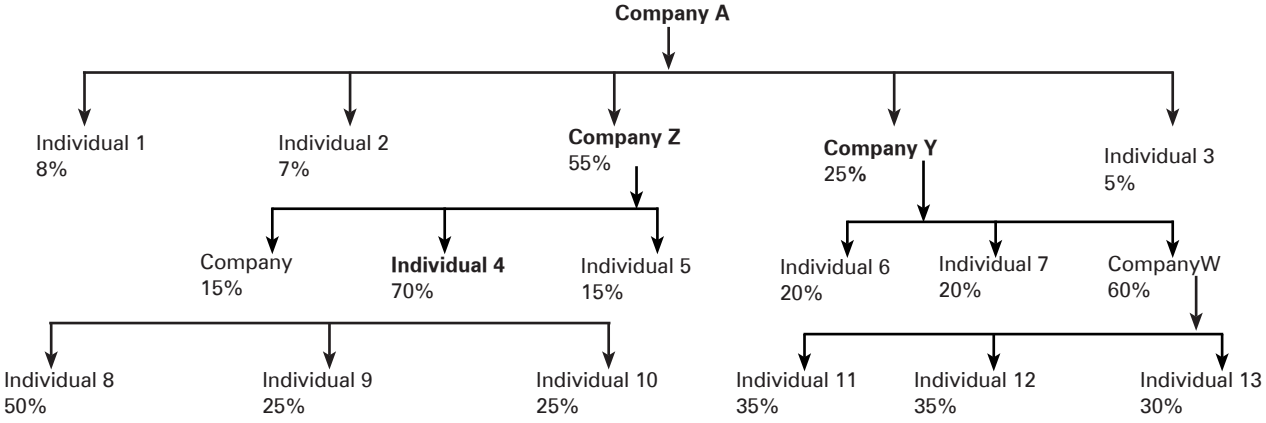
The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).

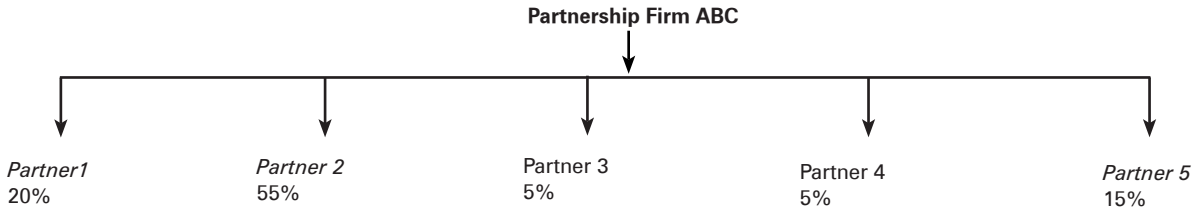
Sample Illustrations for ascertaining beneficial ownership:

Illustration No. 1 – Company A



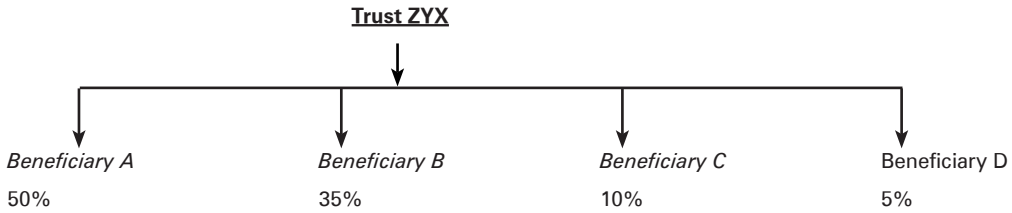
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 38.50% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

Illustration No. 2 – Partner ABC



For Partnership Firm ABC, Partners 1, 2 and 5 are considered as UBO as each of them holds >=10% of capital. KYC proof of these partners needs to be submitted including shareholding.

Illustration No. 3 – Trustee ZYX



For Trust ZYX, Beneficiaries A, B and C are considered as UBO as they are entitled to get benefitted for >10% of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust / Protector of Trust, relevant information to be provided along with the proof indicated.

This page has been left blank intentionally

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

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)

1. APPLICANT DETAILS

	First Applicant / Guardian		Second Applicant		Third Applicant	
Applicant's Name						
Applicant's PAN						
Gender						
Date of Birth						
Father's Name						
Spouse's Name						
Nationality						
Place of Birth						
Country of Birth						
Type of address given at KRA	☐ Residential ☐ Business	☐ Registered Office	☐ Residential ☐ Business	☐ Registered Office	☐ Residential ☐ Business	☐ Registered Office
Type of Identification Document given at KRA						
Identification Document No.						
Document Issuing Country						

Address of tax residences would be taken as available in KRA database. In case of any change please approach KRA & notify the changes.

2. ADDITIONAL KYC INFORMATION

Category	First Applicant / Guardian		Second Applicant		Third Applicant	
Gross Annual Income in Rs.	☐ Below 1 Lakh	☐ 10-25 Lacs	☐ Below 1 Lakh	☐ 10-25 Lacs	☐ Below 1 Lakh	☐ 10-25 Lacs
	☐ 1-5 Lacs	☐ 25 Lacs - 1 Cr	☐ 1-5 Lacs	☐ 25 Lacs - 1 Cr	☐ 1-5 Lacs	☐ 25 Lacs - 1 Cr
OR	☐ 5-10 Lacs	☐ > 1 Crore	☐ 5-10 Lacs	☐ > 1 Crore	☐ 5-10 Lacs	☐ > 1 Crore
Net Worth in Rs.						
Net Worth as of	D D M M Y Y Y Y		D D M M Y Y Y Y		D D M M Y Y Y Y	
Occupation [Please tick any one (✓)]	☐ Professional	☐ Retired	☐ Professional	☐ Retired	☐ Professional	☐ Retired
	☐ Business	☐ Housewife	☐ Business	☐ Housewife	☐ Business	☐ Housewife
	☐ Government Service	☐ Student	☐ Government Service	☐ Student	☐ Government Service	☐ Student
	☐ Private Sector Service	☐ Forex Dealer	☐ Private Sector Service	☐ Forex Dealer	☐ Private Sector Service	☐ Forex Dealer
	☐ Public Sector Service	☐ Doctor	☐ Public Sector Service	☐ Doctor	☐ Public Sector Service	☐ Doctor
	☐ Agriculturist	☐ Others [Please specify]	☐ Agriculturist	☐ Others [Please specify]	☐ Agriculturist	☐ Others [Please specify]
Politically Exposed Person [PEP]	☐ Yes ☐ No ☐ Related to PEP		☐ Yes ☐ No ☐ Related to PEP		☐ Yes ☐ No ☐ Related to PEP	
Any other information relating to KYC if applicable	*[Please specify]*		*[Please specify]*		*[Please specify]*	

3. FATCA INFORMATION

Is your Country of Birth / Citizenship / Nationality / Tax Residency other than India? – ☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Category	First Applicant / Guardian	Second Applicant	Third Applicant
Country of Tax Residency 1*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			
Country of Tax Residency 2*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			
Country of Tax Residency 3*			
Tax Identification Number#			
Identification Type (TIN or Other, please specify)			

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

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

* To also included USA, where the individual is a citizen/green card holder of the USA

4. DECLARATION

I/We confirm that the information provided in this form is true & accurate. In the event any of the above information is / are found to be false / incorrect and /or the declaration in not provided, then the AMC/Trustee/Mangum SIF/SBIFML shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Trustee/Mangum SIF/SBIFML shall not be liable for the same/I/We will be liable for the consequences arising therefrom. 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; Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the SIF may be required to seek additional personal, tax 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 SIF does not receive a valid self-certification from me) the SIF may be obliged to share information on my account with relevant tax authorities; (c) I/We am/are aware that the SIF 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 SIF 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.

SIGNATURE(S) (ALL Applicants must sign)	⊗	⊗	⊗
	1st Applicant/Guardian	**2nd Applicant**	**3rd Applicant**

Date		**Place**	

This page has been left blank intentionally

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

Annexure - III Declaration Form of Non-Profit Organization (NPO) (Mandatory for Trusts/Society)

Investor Name										
PAN										

☐ I/We hereby confirm that above stated entity / organization is 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).

☐ Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal	<Unique ID provided by DARPAN portal should be provided>

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

☐ I/We hereby confirm that the above stated entity / organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/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 me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission / update & for regulatory purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory

Place: _____

Date: __/ ___/ ____

This page has been left blank intentionally

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

ANNEXURE IV - Additional KYC Form for Power of Attorney [POA] Holder(s)

(Mandatory for POA Holder(s))
(Please fill in BLOCK Letters)

1. APPLICANT & POA HOLDER DETAILS

	First Applicant / Guardian	Second Applicant	Third Applicant
Applicant Name			
Applicant PAN			
POA Holder Name			
POA Holder PAN			
POA Holder Address			

2. ADDITIONAL KYC INFORMATION

Category	PoA Holder 1	PoA Holder 2	PoA Holder 3
Gross Annual Income in Rs. OR	☐ Below 1 Lakh ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 Cr ☐ > 1 Crore	☐ Below 1 Lakh ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 Cr ☐ > 1 Crore	☐ Below 1 Lakh ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 Cr ☐ > 1 Crore
Net Worth in Rs.			
Net Worth as of	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Occupation [Please tick any one (√)]	☐ Professional ☐ Business ☐ Government Service ☐ Private Sector Service ☐ Public Sector Service ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Doctor ☐ Others [Please specify] ________	☐ Professional ☐ Business ☐ Government Service ☐ Private Sector Service ☐ Public Sector Service ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Doctor ☐ Others [Please specify] ________	☐ Professional ☐ Business ☐ Government Service ☐ Private Sector Service ☐ Public Sector Service ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Doctor ☐ Others [Please specify] ________
Politically Exposed Person [PEP]	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP
Any other information relating to KYC if applicable	[Please specify]	[Please specify]	[Please specify]

3. DECLARATION

I/We confirm that the information provided in this form is true & accurate. In the event any of the above information is / are found to be false / incorrect and /or the declaration in not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and / or reverse the allotment of units and the AMC / Trustee / Mutual Fund shall not be liable for the same / I/We will be liable for the consequences arising therefrom. 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; Towards compliance 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 I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency.

SIGNATURE(S) Applicants must sign as per mode of holding	⊗	⊗	⊗
	POA Holder 1	POA Holder 2	POA Holder 3

Date		Place	

This page has been left blank intentionally

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

ASBA Application No. | | | | | | | | | | | | **Date** D D M M Y Y Y Y

INVESTORS MUST READ THE SCHEME INFORMATION DOCUMENT/KEY INFORMATION MEMORANDUM AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM

BROKER/AGENT INFORMATION				FOR OFFICE USE ONLY			
Name and AMFI Regn. No.	Sub Broker Name & Code	Sub-Broker ARN Code	EUIN* (Employee Unique Identification Number)	SCSB	SCSB IFSC Code	Syndicate Member Code	SL No.
4555 ARN				[Name & Code]	[11 digit code]	[Name & Code]	

Declaration for "execution-only" transaction (only where EUIN box is left blank)

* 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

1. PARTICULARS OF FIRST APPLICANT (Name should be as available in Demat Account)

Name Mr./Ms./M/s.

PAN

2. PARTICULARS OF SECOND APPLICANT

Name Mr./Ms./M/s.

PAN

3. PARTICULARS OF THIRD APPLICANT

Name Mr./Ms./M/s.

PAN

4. EXISTING FOLIO No. (If you have an existing folio number, please mention here)

Folio No.

5. DEMAT ACCOUNT DETAILS

Depository (Please) ☐ National Securities Depository Limited ☐ Central Depository Services [India] Limited

Depository Participant Name

DP - ID

Beneficiary Account Number

6. INVESTMENT DETAILS

Scheme Name

Plan (Please) ☐ **Regular** ☐ **Direct** **Option (Please)** ☐ IDCW _____ ☐ Growth

7. DETAILS OF BANK ACCOUNT FOR BLOCKING OF FUNDS

Bank Account Number

Bank Name

Branch Name

IFS Code

Total Amount to be blocked (Rs. In figures)

Rs. in words

Note : AMC, reserves the right to use any mode of payment as deemed appropriate. AMC shall not be responsible if transaction through ECS / Direct Credit could not be carried out because of incomplete or incorrect information provided by investor.

TEAR HERE

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

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

ASBA Application Number_____ Date : _____/_____/_____

Plan (Please) ☐ **Regular** ☐ **Direct** **Option** (Please) ☐ IDCW _____ ☐ Growth

Received from : _____

Address _____

SCSB Account details:

A/c No. _____ Bank Name _____ Branch Name _____

Total Amount to be Blocked:

Rs. In figures _____ Rs. In words _____

Date & time of receipt _____

SCSB Stamp, Signature

8. DECLARATION & SIGNATURE

1) I/We hereby undertake that I/We am/are an ASBA Investor as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements), Regulations 2009 ('SEBI Regulations') as amended from time to time. 2) In accordance with ASBA process provided in the SEBI Regulations and as disclosed in this application, I/We authorize (a) the SCSB to do all necessary acts including blocking of application money towards the Subscription of Units of the Scheme, to the extent mentioned above in the "SCSB / ASBA Account details" or unblocking of funds in the bank account maintained with the SCSB specified in this application form, transfer of funds to the Bank account of the Scheme/SBI Mutual Fund on receipt of instructions from the Registrar and Transfer Agent after the allotment of the Units entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar and Transfer Agent to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the application, upon allotment of Units and to transfer the requisite money to the Scheme's account / Bank account of SBI Mutual Fund. 3) In case the amount available in the bank account specified in the application is insufficient for blocking the amount equivalent to the application money towards the Subscription of Units, the SCSB shall reject the application 4) If the DP ID, Beneficiary Account No. or PAN furnished by me/us in the application is incorrect or incomplete or not matching with the depository records, the application shall be rejected and the SBI Mutual Fund or SCSBs shall not be liable for losses, if any. All future communication in connection with NFO should be addressed to the SCSB/RTA/AMC quoting the full name of the Sole/ First Applicant, NFO Application Number, ASBA Application Number, Despository Account details [if it has been provided], Amount applied for and the accpunt number from where NFO amount was blocked.
"I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment." "I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual 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." * I/We certify that 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 are authorised to enter into this transaction s for and on behalf of the Company/Firm/Trust. ** I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account . * Applicable to other than Individuals / HUF; ** Applicable to NRI; The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. **I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/or any indicative yield by SBI Mutual Fund/SBI Funds Management Limited/its distributor for this investment.**

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

INSTRUCTIONS FOR FILLING ASBA APPLICATION FORM

1. An Application Supported by Blocked Amount (ASBA) investor shall submit a duly filled up **ASBA Application form, physically or electronically**, to the Self Certified Syndicate Bank (SCSB) with whom the bank account to be blocked, is maintained.

   In case of ASBA application form in physical mode, the investor shall submit the ASBA Application Form at the Bank branch of SCSB, which is designated for the purpose and the investor must be holding a bank account with such SCSB.

   In case of ASBA application form in electronic form, the investor shall submit the ASBA Application Form either through the internet banking facility available with the SCSB, or such other electronically enabled mechanism for subscribing to units of Mutual Fund scheme authorising SCSB to block the subscription money in a bank account.

2. Investors shall correctly mention the Bank Account number in the ASBA Application Form and ensure that funds equal to the subscription amount are available in the bank account maintained with the SCSB before submitting the same to the designated branch.

3. Upon submission of an ASBA Application Form with the SCSB, whether in physical or electronic mode, investor shall be deemed to have agreed to block the entire subscription amount specified and authorized the Designated Branch to block such amount in the Bank Account.

4. On the basis of an authorisation given by the account holder in the ASBA Application Form, the SCSB shall block the subscription money in the Bank Account specified in the ASBA Application Form. The subscription money shall remain blocked in the Bank Account till allotment of units under the scheme or till rejection of the application, as the case may be.

5. If the Bank Account specified in theASBA Application Form does not have sufficient credit balance to meet the subscription money, the ASBA application shall be rejected by the SCSB.

6. The ASBA Application Form should not be accompanied by cheque any mode of payment other than authorisation to block subscription amount in the Bank Account.

7. All grievances relating to the ASBA facility may be addressed to the BANK/AMC / RTA to the Issue, with a copy to the SCSB, giving full details such as name, address of the applicant, subscription amount blocked on application, bank account number and the Designated Branch or the collection centre of the SCSB where the ASBA Application Form was submitted by the Investor.

8. ASBA facility extended to investors shall operate in accordance with the SEBI guidelines in force from time to time.

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

Know Your Customer (KYC) Application Form | Individual

Important Instructions:

A. Fields marked with '*' are mandatory fields.
B. Tick '' wherever applicable.
C. Please fill the form in English and BLOCK letters.
D. Please fill the date in DD-MM-YY format.
E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
F. Please read section wise detailed guide
G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H. List of two character ISO 3166 country codes is available at the end.
I. CKYC number of applicant is mandatory for update application.
J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only
(To be filled by financial institution)

Application Type* ☐ New ☐ Update
CKYC Number (KIN) Number (Mandatory for KYC update request)
Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. Personal Details (Please refer instruction **A** at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name*				
Mother Name				

Date of Birth* D D - M M - Y Y Y Y

Gender* ☐ M- Male ☐ F- Female ☐ T- Transgender

PAN*

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others – Country _____ Country Code

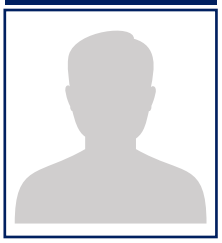
Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

☐ 2. PROOF OF IDENTITY AND PERMANENT ADDRESS* (Please refer instruction **B** at the end)

I Certified copy of Officially valid document (OVD)or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A-Passport Number Passport Expiry Date D D - M M - Y Y Y Y
☐ B-Voter ID Card
☐ C-Driving Licence Driving Licence Expiry Date D D - M M - Y Y Y Y
☐ D-NREGA Job Card
☐ E-National Population Register Letter
☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

PHOTO*



Signature /Thumb Impression across photo without covering the face

Address *[For other than resident Individual, please mention Overseas Address]*

Line 1*
Line 2
Line 3 City/Town/Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

☐ 3. CURRENT/CORRESPONDENCE ADDRESS DETAILS (Please refer instruction **B** at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A-Passport Number
☐ B-Voter ID Card
☐ C-Driving Licence
☐ D-NREGA Job Card
☐ E-National Population Register Letter
☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
IV ☐ Deemed Proof of Address – Document Type code

Address

Line 1*
Line 2
Line 3 City/Town/Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

4. Contact Details (All communications will be sent to Mobile number/Email-ID provided) (Please refer instruction **C** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

5. Remarks (If any)

6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address and to download the information from CKYCR.
- I am providing the consent to MF/RTA/SEBI registered intermediary to share this KYC data/ applicable Aadhaar XML data with KRA and share the data to other Participating intermediaries as mandated by PMLA Act/ Rules/ SEBI guidelines.

[Signature/Thumb Impression]

Signature/Thumb Impression of Applicant

Date: D D - M M - Y Y Y Y Place:

7. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document ☐ Video Based KYC

KYC documents verification carried out by (Refer instruction E)

Date: D D - M M - Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

In-Person Verification (IPV) carried out by (Refer instruction F)

Date: D D - M M - Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

[Institution Stamp]

Instruction / Check list / Guidelines for filling individual KYC Application Form

General instructions:

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [E].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
7. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
8. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

A. Clarification / Guidelines on filling 'Personal Details' section

1. Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

B. Clarification / Guidelines on filling 'Current Address details' section

1. In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
2. PoA to be submitted only if the submitted PoI does not have current address or address as per PoI is invalid or not in force.
3. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
4. In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
5. In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
6. List of documents for 'Deemed Proof of Address'

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.

7. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
8. "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
9. "Digital KYC process" has to be carried out as stipulated in the PML Rules, 2005.

C. Clarification / Guidelines on filling 'Contact details' section

1. Email/ Mobile is mandatory for upload into KRA system and please provide.
2. Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999)
3. Do not add '0' in the beginning of Mobile number.

D. Clarification on Minor

1. Guardian details are optional for minors above 10 years of age for opening of bank account only
2. However, in case guardian details are available for minor 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

E. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

F. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

G. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code
Andaman & Nicobar	AN
Andhra Pradesh	AP
Arunachal Pradesh	AR
Assam	AS
Bihar	BR
Chandigarh	CH
Chhattisgarh	CG
Dadra and Nagar Haveli	DN
Daman & Diu	DD
Delhi	DL
Goa	GA
Gujarat	GJ
Haryana	HR

State/U.T	Code
Himachal Pradesh	HP
Jammu & Kashmir	JK
Jharkhand	JH
Karnataka	KA
Kerala	KL
Lakshadweep	LD
Madhya Pradesh	MP
Maharashtra	MH
Manipur	MN
Meghalaya	ML
Mizoram	MZ
Nagaland	NL
Orissa	OR

State/U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil Nadu	TN
Telangana	TS
Tripura	TR
Uttar Pradesh	UP
Uttarkhand	UA
West Bengal	WB
Other	XX

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	M X	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	MZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcaim	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rica	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	OA	Virgin Islands, British	VG
Cote d'Ivoire | Code d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion |Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao | Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy | Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascensino and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals

Important Instructions:

A. Fields marked with '*' are mandatory fields.
B. Tick '✓' wherever applicable.
C. Please fill the date in DD-MM-YYYY format.
D. Please fill the form in English and in BLOCK letters.
E. CKYC number(KIN) of applicant is mandatory for update application.
F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
G. List of two-character ISO 3166 country codes is available at the end.
H. Please read section wise detailed guidelines/instructions at the end.
I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only
(To be filled by financial institution)

Application Type* ☐ New ☐ Update
CKYC number(KIN) (Mandatory for KYC update request)

☐ 1. Entity Details* (Please refer instruction **A** at the end)

☐ Name*

Entity Constitution Type* ☐ Others (Specify) (Please refer instruction A at the end)

Date of Incorporation/Formation* D D - M M - Y Y Y Y Date of Commencement of Business D D - M M - Y Y Y Y

Place of Incorporation/Formation* Country of Incorporation/Formation* TIN or Equivalent Issuing Country

PAN*

TIN/GST Registration Number

☐ 2. PROOF OF IDENTITY (POI)* (Please refer instruction **B** at the end)

☐ Officially valid document(s) in respect of person authorised to transact
☐ Certificate of Incorporation/Formation ☐ Registration Certificate Regn Certificate No.
☐ Memorandum and Articles of Association ☐ Partnership Deed ☐ Trust Deed
☐ Resolution of Board/Managing Committee ☐ Power of Attorney granted to its manager, officers or employees to transact on its behalf
☐ Activity proof – 1 (For Sole Proprietorship Only) ☐ Activity proof – 2 (For Sole Proprietorship Only)

☐ 3. ADDRESS (Please see instruction **C** at the end)

☐ 3.1 Registered Office Address/Place of Business*

Proof of Address* ☐ Certificate of Incorporation/Formation ☐ Registration Certificate ☐ Other Document

Line 1*
Line 2
Line 3 City/Town/Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

☐ 3.2 Local Address in India (If different from above)* (Proof to be enclosed) (Latest telephone bill/electricity bill/ bank statement/lease/sale agreement/any other proof)

Line 1*
Line 2
Line 3 City/Town/Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

☐ 4. Contact Details (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction **D** at the end)

Tel. (Off) - Fax -
Mobile - Email ID
Mobile - Email ID

☐ 5. Number of Related Persons (Please fill Annexure A-2 for each related persons & also refer instruction **E** at the end)

6. Remarks (If any)

7. Applicant Declaration (Please refer instruction **G** at the end)

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I am also providing consent to MF/AMC/KRA to share this KYC data with CKYCR,download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

[Signature/Thumb Impression]

Signature/Thumb Impression of Authorised Person(s)

Date: D D - M M - Y Y Y Y Place:

8. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC documents verification carried out by	Institution details
Identity Verification ☐ Done Date: D D - M M - Y Y Y Y	Name
Emp. Name	Code
Emp. Code	
Emp. Designation	
Emp. Branch	
[Employee Signature]	[Institution Stamp]

MAGNUM SIF
OFFERED BY SBI MUTUAL FUND

Annexure A2 I Legal Entity I Other than Individuals

Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

A. Fields marked with '*' are mandatory fields.
B. Tick '✓' wherever applicable.
C. Please fill the date in DD-MM-YY format.
D. Please fill the form in English and in BLOCK letters.
E. CKYC number(KIN) of applicant is mandatory for update application.
F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
G. List of two-character ISO 3166 country codes is available at the end.
H. Please read section wise detailed guidelines/instructions at the end.
I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only
(To be filled by financial institution)

Application Type* ☐ New ☐ Update ☐ Delete

CKYC number(KIN) _____ *(Mandatory for KYC update and delete request)*

1. Details of Related Person* (Please refer instruction **E** at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KIN of Related Person (if available*) _____ *(If KYC number is available, only 'Related Person Type' & 'Name' is mandatory*

Related Person Type* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)_____

DIN (Director Identification Number) _____ *(Mandatory if Related Person Type is Director)*

1.1 Personal Details (Please refer instruction **E** at the end)

	Prefix	First Name	Middle Name	Last Name
Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name*				
Mother Name				

Date of Birth* D D - M M - Y Y Y Y

Gender* ☐ M- Male ☐ F- Female ☐ T- Transgender

Nationality* ☐ IN- Indian ☐ Others (ISO 3166 Country Code ☐☐)

PAN* _____

1.2 Proof of Identity and Address* (Please refer instruction **E** at the end)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A-Passport Number _____
☐ B-Voter ID Card _____
☐ C-Driving Licence _____ Driving Licence Expiry Date D D - M M - Y Y Y Y
☐ D-NREGA Job Card _____
☐ E-National Population Register Letter _____
☐ F-Proof of Possession of Aadhaar XXXXXXXX____
II ☐ E-KYC Authentication XXXXXXXX____
III ☐ Offline verification of Aadhaar XXXXXXXX____

☐ PHOTO*

Address

Line 1* _____
Line 2 _____
Line 3 _____ City/Town/Village* _____
District* _____ Pin/Post Code* _____ State/U.T Code* ☐☐ ISO 3166 Country Code* ☐☐

1.3 Current Address Details (Please refer instruction **E** at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A-Passport Number _____
☐ B-Voter ID Card _____
☐ C-Driving Licence _____
☐ D-NREGA Job Card _____
☐ E-National Population Register Letter _____
☐ F-Proof of Possession of Aadhaar XXXXXXXX____
II ☐ E-KYC Authentication XXXXXXXX____
III ☐ Offline verification of Aadhaar XXXXXXXX____
IV ☐ Deemed PoA
V ☐ Self-Declaration

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

1.4 Contact Details (All communications will be sent on provided Mobile no. / Email-ID provided) (Please refer instruction **D** at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

2. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines

[Signature/Thumb Impression]

Signature/Thumb Impression of Applicant

Date: D D - M M - Y Y Y Y Place:

6. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document

KYC documents verification carried out by

Date: D D - M M - Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

Central KYC Registry | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form

A. Clarification / Guidelines on filling 'Entity Details' section

1. Entity Constitution Type

A – Sole Propreitorship	H – Trust	O – Artificial Juridical Person
B – Partnership Firm	I – Liquidator	P – International Organisation or
C – HUF	J – Limited Liability Partnership	Agency/Foreign Embassy or Consular Office, etc.
D – Private Limited Company	K – Artificial Liability Partnership	Q – Not Categorized
E – Public Limited Company	L – Public Sector Banks	R – Others
F – Society	M – Central/State Government Department or Agency	S – Foreign Portfolio Investors
G – Association of Persons (AOP)/Body of Individuals (BOI)	N – Section 8 Companies (Companies Act, 2013)	

2. In case of companies and partnerships, PAN of the entity is mandatory.

B. Clarification / Guidelines on filling 'Proof of Identity [POI]' section

A. Activity Proof – 1 and Activity Proof – 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.

B. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.

C. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.

D. 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.

E. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.

F. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C. Clarification/Guidelines for filling Proof of Address [PoA]' section

A. State/U.T Code and Pin/Post Code will not be mandatory for overseas addresses.

B. Certified copy of document or equivalent e-document to be submitted.

D. Clarification/Guidelines for filling 'Related Person Details' section

A. Please mention two-digit 'country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).

B. Do not add '0' in the beginning of Mobile number.

E. Clarification/Guidelines for filling 'Related Person Details' section

1. Personal Details
   - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. Proof of Address [PoA]
   - PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
   - State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.
   - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
   - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.

C. If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related' are required.

D. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

E. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

F. Provision for capturing signature of multiple authorised persons is to be made by the RE.

G. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

General instructions:

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
8. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code
Andaman & Nicobar	AN
Andhra Pradesh	AP
Arunachal Pradesh	AR
Assam	AS
Bihar	BR
Chandigarh	CH
Chhattisgarh	CG
Dadra and Nagar Haveli	DN
Daman & Diu	DD
Delhi	DL
Goa	GA
Gujarat	GJ
Haryana	HR

State/U.T	Code
Himachal Pradesh	HP
Jammu & Kashmir	JK
Jharkhand	JH
Karnataka	KA
Kerala	KL
Lakshadweep	LD
Madhya Pradesh	MP
Maharashtra	MH
Manipur	MN
Meghalaya	ML
Mizoram	MZ
Nagaland	NL
Orissa	OR

State/U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil Nadu	TN
Telangana	TS
Tripura	TR
Uttar Pradesh	UP
Uttarkhand	UA
West Bengal	WB
Other	XX

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	M X	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	MZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcaim	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rica	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	OA	Virgin Islands, British	VG
Cote d'Ivoire | Code d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion |Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao | Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy | Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascensino and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		