

Form for Updation of Employee Unique Identification Number (EUIIN)

To

SBI Mutual Fund

I / We hereby request you to update the EUIIN for the following transaction:

| | |
|---------------------------|---|
| ARN Code | ARN - |
| Distributor Name | |
| Sub-Broker ARN Code | ARN - |
| EUIIN | |
| Application No / Folio No | |
| First Applicant Name | |
| Transaction Date | |
| Transaction Type | <input type="checkbox"/> Purchase registration <input type="checkbox"/> Switch – in <input type="checkbox"/> SIP/STP <input type="checkbox"/> Other (Please specify) _____ |
| Scheme & Plan | |
| Amount (Rs.) | |

Date:

Signature(s):

 1st Applicant /
 Authorised Signatory

 2nd Applicant /
 Authorised Signatory

 3rd Applicant /
 Authorised Signatory

Note:

Separate form to be submitted for each transaction.