

**COMMON APPLICATION FORM**

ARN & Name of Distributor	Branch Code	Sub-Broker/ Subagent Code	Reference No. (To be filled by Registrar)
<b>ARN-23258</b>			

**1. PARTICULARS OF FIRST APPLICANT (SEE NOTE 1)**

**EXISTING FOLIO NO.**

(For Existing unitholders please mention your Folio number and proceed to Investment and Payment details- 8)

**NEW UNITHOLDERS INFORMATION (Please fill in BLOCK Letters)**

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

Date of Birth\*           Email ID

\*Mandatory field in case of Minor

Telephone No.           Mobile No.

Name of Father/  
Guardian in case of Minor

Name of Contact Person (In case of Institutional Investor)

**2. PARTICULARS OF SECOND APPLICANT (SEE NOTE 2)**

Name  Mr./Ms./M/s.

**3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 2)**

Name  Mr./Ms./M/s.

**4. PAN & UIN DETAILS (Mandatory, as per SEBI Regulations) (SEE NOTE 1f)**

PAN / Form 60 / 61 for investments of Rs. 50,000 and above. Application without this information will be rejected.

	PAN	Pan Proof attached (please ✓)	Unique Identification Number (UIN) (if applicable)
First Applicant / Guardian	<input type="text"/>	<input type="checkbox"/> or Form 60 / 61 attached <input type="checkbox"/>	<input type="text"/>
Second Applicant	<input type="text"/>	<input type="checkbox"/> or Form 60 / 61 attached <input type="checkbox"/>	<input type="text"/>
Third Applicant	<input type="text"/>	<input type="checkbox"/> or Form 60 / 61 attached <input type="checkbox"/>	<input type="text"/>

**5. GENERAL INFORMATION - Please (✓) wherever applicable (SEE NOTE 1 L & m)**

Status	Individual <input type="checkbox"/>	Minor through Guardian <input type="checkbox"/>	NRI <input type="checkbox"/>	Repatriation basis <input type="checkbox"/>	File <input type="checkbox"/>	HUF <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>
	Trust/Society <input type="checkbox"/>	Company/Body Corporate/PSU <input type="checkbox"/>		Non-repatriation basis <input type="checkbox"/>	AOP / BOI <input type="checkbox"/>		Others <input type="checkbox"/>
Mode of Holding	Single <input type="checkbox"/>	Joint <input type="checkbox"/>		Either or Survivor <input type="checkbox"/>			Any one or Survivor <input type="checkbox"/>
Occupation	Self Employed <input type="checkbox"/>	Professional <input type="checkbox"/>		Housewife <input type="checkbox"/>		Retired <input type="checkbox"/>	Service <input type="checkbox"/>
Monthly Income	< Rs. 10,000 <input type="checkbox"/>	< Rs.25,000 <input type="checkbox"/>		< Rs.50,000 <input type="checkbox"/>		< Rs.1,00,000 <input type="checkbox"/>	> Rs.1,00,000 <input type="checkbox"/>

**6. CONTACT DETAILS (SEE NOTE 1)**

Local Address of 1st Applicant

Landmark

City  Pin

State

Address for Correspondence for NRI Applicants only (Please (✓) Indian by Default  Foreign

Foreign Address (NRI / FI Applicants)

City

Country  ZIP

**7. BANK PARTICULARS (Please note that as per SEBI Regulations it is mandatory for Investors to provide their bank account details) (SEE NOTE 3)**

Name of Bank

Branch Name and Address

City  Pin

Account No.

9 digit MICR Code  (This is 9 digit number next to the cheque number. Please provide a copy of cancelled cheque leaf from an ECS eligible bank)

Pay my dividend/redemption electronically through ECS / Direct Credit as and when available.  (please ✓)

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

Account Type (Please ✓)	
Savings <input type="checkbox"/>	NRO <input type="checkbox"/>
Current <input type="checkbox"/>	NRE <input type="checkbox"/>

Investors subscribing to the scheme through SIP Easy Pay Facility to complete Registration cum Mandate form compulsorily alongwith application form

TEAR HERE

**ACKNOWLEDGEMENT SLIP** Principal Trustee : State Bank of India,  
Investment Manager : SBI Funds Management Pvt. Ltd.  
(A Joint Venture between SBI & SGAM)

To be filled in by the Investor

APPLICATION NO.

(To be filled in by the First applicant/Authorized Signatory) :					Stamp Signature & Date
Received from Name & address <input type="text"/>					
Scheme Name	Option (Please ✓) Dividend <input type="checkbox"/> Growth <input type="checkbox"/> Dividend mode (Please ✓) Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
Attachments <input type="text"/>					

**8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE NOTE 5)**

One time Investment <input type="checkbox"/>		Systematic Investment Plan (SIP) <input type="checkbox"/>		Both (One time & SIP) <input type="checkbox"/>	
(Please fill in your investment details below)		(Please fill in the SIP details at SR No.9 below)		(Please fill in your investment details below and SIP details at SR No. 9)	
Scheme Name	Option (Please ✓)	Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date	
	Dividend <input type="checkbox"/> Growth <input type="checkbox"/>				
	Dividend mode (Please ✓)				
	Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>				
A. Investment Amount (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount Paid (A-B) (Rs. in Figures)	Net Amount Paid (Rs. in Words)		

**9. SYSTEMATIC INVESTMENT PLAN (SIP) (SEE NOTE 11 & 12)**

1. Payment Mechanism (Please ✓ any one only)	Cheques <input type="checkbox"/> (Please provide the details below)		SIP EasyPay Facility ( Auto Debit - ECS) <input type="checkbox"/> (Please complete enclosed SIP EasyPay Facility Registration cum Mandate Form)		
	SIP Date (Please choose)	5 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/>	No of SIPs <input type="text"/>		
2. Frequency (Please ✓ any one only)	Monthly SIP (Default) <input type="checkbox"/>		Quarterly SIP <input type="checkbox"/>		
3. Enrolment Period (Please ✓ any one only)	6 months <input type="checkbox"/> 12 months <input type="checkbox"/>		Date of Commencement	D D	M M Y Y Y Y
4. Cheque(s) Details	No. of Cheques	SIP Amount (in figures)	Cheque Nos		
Cheques drawn on	Name of Bank & Branch				

**10. SWP / STP FACILITY (SEE NOTE 6 & 7)**

Systematic Withdrawal Plan (SWP)	Amount for each Cheque		Amount (in words)		
	Month & Year of Commencement of SWP M M Y Y Y Y (e.g. For April 2004, please indicate 0 4 2 0 0 4)				
Systematic Transfer Plan (STP)	From (Scheme) & Folio No.		To (Scheme)		Option (Please ✓)
	Scheme				Dividend <input type="checkbox"/> Growth <input type="checkbox"/>
					Dividend mode (Please ✓)
	Folio No.				Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>
Frequency (Please ✓ any one only)	Monthly (Default) <input type="checkbox"/>	Amount (Rs.) of STP		Date of STP	
	Quarterly <input type="checkbox"/>			Commencement From	To
				M M Y Y Y Y Y Y	M M Y Y Y Y Y Y

**11. NOMINATION : I wish to nominate the following person/body to receive the amount to my credit in the event of my death. (SEE NOTE 9)**

Name of the Nominee					
Name of the Guardian*					
Relationship/Body				Date of Birth*	D D M M Y Y Y Y
Address of Nominee/ Guardian*					⊗ Signature of Guardian* (*Mandatory in case of Minor nominee)

**12. SERVICES (SEE NOTE 4)**

I would like to receive a PIN form to view account information online (Please ✓)  I would like to receive statements by email (Please ✓)

**13. DECLARATION & SIGNATURE (SEE NOTE 10) :** I/We have read and understood the contents of the offer 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 transactions 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. \*\*\* I/We hereby confirm that I/We am/are in compliance with SEBI (Central Database of Market Participants) Regulations, 2003 and agree to comply with all circulars/notifications issued there under from time to time as and when applicable. \* Applicable to other than Individuals / HUF; \*\* Applicable to NRI; \*\*\* Applicable to persons mandated by SEBI to obtain Unique Identification Number :

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

-----TEAR HERE-----

All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

**Investment Manager :**  
 SBI Funds Management Pvt. Ltd.  
 (A Joint Venture between SBI & SGAM)  
 191, Maker Towers 'E', Cuffe Parade,  
 Mumbai - 400 005.  
 Tel.: 022-22180244/22180221, Fax : 022 -22180244  
 E-mail : partnerforlife@sbimf.com,  
 Website : www.sbimf.com & www.sbfunds.com

**Registrar:**  
 Computer Age Management Services Pvt. Ltd.,  
 (SEBI Registration No. : INR000002813)  
 178/10, Kodambakkam High Road, Opp. Hotel Palmgrove,  
 Chennai - 600034. Phone: 9144 - 28283606/7/8, 39115501/2/3  
 Fax : 044-28283610 E-mail : enq\_L@camsonline.com  
 Website : www.camsonline.com