

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 (Please fill in your investment details below)
 Systematic Investment Plan (SIP) (Please fill in the SIP details at SR No.9 below)
 Both (One time & SIP) (Please fill in your investment details below and SIP details at SR No. 9)

Scheme Name _____

Options (Please ✓) Growth Dividend Payout Dividend Reinvestment

Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date

Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)

9. SYSTEMATIC INVESTMENT PLAN (SIP)/ MICRO SIP (SEE NOTE 12, 13, 14 & 15)

SIP **SBI CHOTA SIP** In case this application is for Micro SIP (Please tick (✓)) **MICRO SIP**

1. Payment Mechanism (Please ✓ any one only)

Cheques (Please provide the details below)
 SIP ECS/Direct Debit (Please complete enclosed SIP ECS/Direct Debit Facility Registration cum Mandate Form)

SIP Date (Please ✓) 5th 15th 25th No of SIPs

2. Frequency (Please ✓ any one only) **Monthly SIP (Default)** **Quarterly SIP**

3. Enrolment Period (Please ✓ any one only) 6 months 12 months **Date of Commencement**

4. Cheque(s) Details

No. of Cheques	SIP Amount (in figures)	Cheque Nos	Cheques drawn on

10. DOCUMENT DETAILS (In case of micro SIP) (SEE NOTE 14)

Document Name: _____

Document Number (if any) _____

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 10)

Name of the Nominee	<input type="text"/>	Percentage	<input type="text"/>	<input checked="" type="checkbox"/> Signature of Guardian* (**Mandatory in case of Minor nominee)
Name of the Guardian*	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	<input type="text"/>	Date of Birth*	<input type="text"/>	
Address of Nominee/ Guardian*	<input type="text"/>			
Name of the Nominee	<input type="text"/>	Percentage	<input type="text"/>	<input checked="" type="checkbox"/> Signature of Guardian* (**Mandatory in case of Minor nominee)
Name of the Guardian*	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	<input type="text"/>	Date of Birth*	<input type="text"/>	
Address of Nominee/ Guardian*	<input type="text"/>			
Name of the Nominee	<input type="text"/>	Percentage	<input type="text"/>	<input checked="" type="checkbox"/> Signature of Guardian* (**Mandatory in case of Minor nominee)
Name of the Guardian*	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	<input type="text"/>	Date of Birth*	<input type="text"/>	
Address of Nominee/ Guardian*	<input type="text"/>			

12. SERVICES (Please ✓) (SEE NOTE 4)

I would like to receive a PIN form to view account information online
 I would like to receive account statements by email

I would like to receive Annual Report by email

13. DECLARATION & SIGNATURE (SEE NOTE 1) *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. * Applicable to other than Individuals / HUF; ** Applicable to NRI; I/We do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable to Micro SIP investors only). 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

SIGNATURE(S) Applicants must sign as per mode of holding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	1st Applicant / Guardian / 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. : INR00002813)
 178/10, Kodambakkam High Road, Opp. Hotel Palmgrove,
 Chennai - 600034. Phone: 044 - 28283606/7/8, 39115501/2/3
 Fax : 044-28283610 E-mail : enq_L@camsonline.com
 Website : www.camsonline.com