



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

APPLICATION NO.

COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES (Please fill in BLOCK Letters)

| | | | |
|---------------------------|---|-----------------|---|
| ARN & Name of Distributor | Branch Code (only for SBI and Associate Banks) | Sub-Broker Code | Reference No. (To be filled by Registrar) |
| ARN - 2 5 6 8 2 | | | |

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

1. PARTICULARS OF FIRST APPLICANT (SEE NOTE 1)

EXISTING FOLIO NO. _____ (For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)

Name (Mr/Ms/M/s) _____

Date of Birth* _____ Email ID _____
 *Mandatory 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) _____

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

2. PARTICULARS OF SECOND APPLICANT (SEE NOTE 1 & 2)

Name Mr./Ms./M/s. _____

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

3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 1 & 2)

Name Mr./Ms./M/s. _____

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

4. GENERAL INFORMATION - Please (✓) wherever applicable (SEE NOTE 1 | & m)

| Status (Please (✓)) | | Mode of Holding (Please (✓)) | | Occupation (Please (✓)) | |
|-------------------------------------|--|---|-------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> PSU | <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Bank | <input type="checkbox"/> Single | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Trust | <input type="checkbox"/> FII | <input type="checkbox"/> Minor through Guardian | <input type="checkbox"/> PIO | <input type="checkbox"/> Joint | <input type="checkbox"/> Business |
| <input type="checkbox"/> Society | <input type="checkbox"/> HUF | <input type="checkbox"/> Company/Body Corporate | <input type="checkbox"/> NRI | <input type="checkbox"/> Any one or Survivor | <input type="checkbox"/> Student |
| <input type="checkbox"/> AOP/BOI | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Others | | | <input type="checkbox"/> Housewife |
| | | | | | <input type="checkbox"/> Retired |
| | | | | | <input type="checkbox"/> Service |

5. 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 / FII Applicants) _____

City _____

Country _____ Zip _____

6. BANK PARTICULARS (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)

IFS Code _____

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

7. DIRECT CREDIT OF DIVIDEND/ REDEMPTION (SEE NOTE 6)

Unit holders having core banking account with selected banks will receive their redemption/dividend proceeds (if any) directly into their bank account. Please attach a copy of a CANCELLED cheque leaf.

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.

Investors subscribing to the scheme through SIP must complete Registration cum Mandate form compulsorily alongwith application form

TEAR HERE

SBI MUTUAL FUND Sponsor : State Bank of India
 A partner for life. Investment Manager : SBI Funds Management Pvt. Ltd.
 (A Joint Venture between SBI & SGAM)

ACKNOWLEDGEMENT SLIP
 To be filled in by the Investor

APPLICATION NO.

| | | | | |
|--|---|---|-----------------|---------------------------|
| (To be filled in by the First applicant/Authorized Signatory) : Received from : _____ | | | | Stamp Signature & Date |
| Scheme Name | Options (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment | Cheque/ DD Amount (Rs.) | Bank and Branch | |
| Attachments | | All purchases are subject to realisation of cheque / demand draft | | |
| Cheque / DD No. & Date | | | | |

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

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> One time Investment <small>(Please fill in your investment details below)</small> | | | <input type="checkbox"/> Systematic Investment Plan (SIP) <small>(Please fill in the SIP details at SR No.9 below)</small> | | | <input type="checkbox"/> Both (One time & SIP) <small>(Please fill in your investment details below and SIP details at SR No. 9)</small> | | |
| Scheme Name | | | | | | | | |
| Options (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> 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)

| | | | | | | | | | |
|---|--|---|--|---|--|-------------------|--|-------------------------|--|
| <input type="checkbox"/> SIP <input type="checkbox"/> SBI CHOTA SIP (Only Monthly frequency, minimum 60 months) | | In case this application is for Micro SIP (Please tick (✓)) <input type="checkbox"/> MICRO SIP | | | | | | | |
| 1. Payment Mechanism <small>(Please ✓ any one only)</small> | | <input type="checkbox"/> Cheques <small>(Please provide the details below)</small> | | <input type="checkbox"/> SIP ECS/Direct Debit <small>(Please complete enclosed SIP ECS/Direct Debit Facility Registration cum Mandate Form)</small> | | | | | |
| SIP Date (Please ✓) <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th | | No of SIPs <input style="width:50px;" type="text"/> | | | | | | | |
| 2. Frequency (Please ✓ any one only) | | <input type="checkbox"/> Monthly SIP (Default) <input type="checkbox"/> Quarterly SIP | | | | | | | |
| 3. SIP Period | | From <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | | To <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> | | | | | |
| 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 Description _____
 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 | | Percentage | |
| Name of the Guardian* | | | |
| Relationship | Date of Birth* | | |
| Address of Nominee/ Guardian* | | | |
| | | | ⊗ Signature of Guardian* <small>(*Mandatory in case of Minor nominee)</small> |
| Name of the Nominee | | Percentage | |
| Name of the Guardian* | | | |
| Relationship | Date of Birth* | | |
| Address of Nominee/ Guardian* | | | |
| | | | ⊗ Signature of Guardian* <small>(*Mandatory in case of Minor nominee)</small> |
| Name of the Nominee | | Percentage | |
| Name of the Guardian* | | | |
| Relationship | Date of Birth* | | |
| Address of Nominee/ Guardian* | | | |
| | | | ⊗ Signature of Guardian* <small>(*Mandatory in case of Minor nominee)</small> |

12. SERVICES (Please ✓) (SEE NOTE 4)

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

13. DECLARATION & SIGNATURE (SEE NOTE) "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 SIP/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) <small>Applicants must sign as per mode of holding</small> | ⊗ | ⊗ | ⊗ |
| | 1st Applicant / Guardian / Authorised Signatory | 2nd Applicant / Authorised Signatory | 3rd Applicant / Authorised Signatory |
| Date | | | Place |

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

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|--|---|
| 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.sbifunds.com | Registrar: Computer Age Management Services Pvt. Ltd., (SEBI Registration No. : INR000002813) 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 |
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