



Sponsor : State Bank of India  
 Investment Manager : SBI Funds Management Pvt. Ltd.  
 (A Joint Venture between SBI & AMUNDI)  
 191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005. Tel.: 022-22180221-27, www.sbimf.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 No. 2405			

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\* 

D	D	M	M	Y	Y	Y	Y
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 Email ID \_\_\_\_\_

\*Mandatory in case of Minor and please provide photocopy of supporting documents (See Note 1 h)

Telephone No. (O) \_\_\_\_\_  Please (✓) only in case you want paper based communication

Telephone No. (R) \_\_\_\_\_ Mobile No. \_\_\_\_\_

Relationship of Guardian in case of Minor  Father  Mother  Legal Guardian  
 Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h)

Name of Guardian in case of Minor \_\_\_\_\_

Name of Contact Person (in case of Institutional Investor) \_\_\_\_\_

PAN \_\_\_\_\_ Mandatory Enclosures  PAN Proof  KYC Acknowledgement

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

Name Mr./Ms./M/s. \_\_\_\_\_

PAN \_\_\_\_\_ Mandatory Enclosures  PAN Proof  KYC Acknowledgement

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

Name Mr./Ms./M/s. \_\_\_\_\_

PAN \_\_\_\_\_ Mandatory Enclosures  PAN Proof  KYC Acknowledgement

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

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"/> Housewife	
<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"/> Retired	
<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"/> Service	
<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Others _____		<input type="checkbox"/> Others _____		

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

Local Address of 1st Applicant \_\_\_\_\_

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

<p><b>SBI MUTUAL FUND</b> Sponsor : State Bank of India          Investment Manager : SBI Funds Management Pvt. Ltd.          (A Joint Venture between SBI &amp; AMUNDI)</p>				<p><b>ACKNOWLEDGEMENT SLIP</b> APPLICATION NO.          To be filled in by the Investor</p>	
<p>(To be filled in by the First applicant/Authorized Signatory) :          Received from : _____</p>					
Scheme Name		Options (✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date
		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment			
Attachments				All purchases are subject to realisation of cheque / demand draft	

Stamp  
Signature & 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 (Please fill in your investment details below)	<input type="checkbox"/> Systematic Investment Plan (SIP) with cheque (Please fill in your investment details below and SIP details at Sr No. 9)	<input type="checkbox"/> Systematic Investment Plan (SIP) without cheque (Please complete enclosed SIP ECS/Direct Debit Facility Registration cum Mandate Form)
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)/ SBI CHOTA SIP/ MICRO SIP (THROUGH POST DATED CHEQUES) (SEE NOTE 12, 14 & 15)**

<input type="checkbox"/> SIP	In case this application is for Micro SIP (Please tick (✓))	<input type="checkbox"/> MICRO SIP
<input type="checkbox"/> SBI CHOTA SIP (Only for Growth Plans of Magnum Balanced Fund, MMPS 93, MSFU Contra Fund and SBI Blue Chip Fund with minimum 60 installments under Monthly frequency)		
1. SIP Date and No. of SIP Installments (Please ✓ any one only)	SIP Date (Please ✓) <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)	No of SIP Installments <input type="text"/>
2. Frequency (Please ✓ any one only)	<input type="checkbox"/> Monthly SIP (Default) <input type="checkbox"/> Quarterly SIP	
3. SIP Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Till further notice* * Refer point no. 13 (xii) on page no.25.
4. Cheque(s) Details	No. of Cheques	SIP Installment Amount (in figures)
		Cheque Nos
		Cheques drawn on

**10. DOCUMENT DETAILS (in case of Micro SIP) (please note that investors have to provide address proof in addition to photo identification) (SEE NOTE 14)**

Document Description \_\_\_\_\_  
Document Number (if any) \_\_\_\_\_

**11A. NOMINATION : I wish to nominate the following person/s to receive the proceeds in the event of my death. (With effect from 01/04/2011, for individual investors applying with single holding, Nomination is mandatory. However, in case you do not wish to nominate please sign point 11 B.) (SEE NOTE 10)**

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

**11B. NOMINATION : I do not wish to nominate any person at the time of making the investment.**

Signature \_\_\_\_\_

**12. DECLARATION & SIGNATURE (SEE NOTE 1)** "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 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) Applicants must sign as per mode of holding	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 & AMUNDI)  
191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005.  
Tel.: 022-22180244/22180221, Fax : 022 -22180244  
E-mail : customer.delight@sbimf.com  
Website : www.sbimf.com

**Registrar:**  
Computer Age Management Services Pvt. Ltd.,  
SEBI Registration No. : INR000002813)  
148, Old Mahabalipuram Road, Okkiyam Thuraipakkam,  
Adjacent to Hotel Fortune, Chennai 600097, Tamil Nadu  
Tel: 044-30407000 & 24587000, Fax: 044-24580982  
Email: enq\_L@camsonline.com, Website : www.camsonline.com



**SBI MUTUAL FUND**  
A PARTNER FOR LIFE

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Investment Manager : SBI Funds Management Pvt. Ltd.  
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191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005. Tel.: 022-22180221-27, www.sbfmf.com

**SIP ECS/DIRECT DEBIT FACILITY : REGISTRATION CUM MANDATE FORM**

Investors subscribing to the scheme through SIP ECS/Direct Debit Facility must complete this form compulsorily alongwith Common Application Form  
(Application should be submitted atleast 30 days before the 1<sup>st</sup> ECS/Direct Debit Clearing date)

ARN & Name of Distributor	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	Reference No. (To be filled by Registrar)
<b>ARN No. 2405</b>			

Upront 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

Please (✓)  SIP  MICRO SIP  SBI CHOTA SIP  SIP Registration - by New Investor  SIP Renewal  SIP Registration - by Existing  Change in Bank Details

**INVESTOR DETAILS**

Folio No./Application No. \_\_\_\_\_ (For Existing Investor please mention Folio Number / For New Applicants please mention the Common Application Form Number)  
Name of 1st Applicant (Mr/Ms/M/s) \_\_\_\_\_  
Name of Father/Guardian in case of Minor \_\_\_\_\_

**PAN DETAILS** (Furnishing of PAN together with an attested copy of PAN Card is mandatory)

First Applicant / Guardian	Second Applicant	Third Applicant

Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement

**SIP DETAILS** (ECS in select cities or Direct Debit in select banks only)

(SEE NOTE 12, 13, 14 & 15)

SIP with Cheque  SIP without Cheque

Scheme Name \_\_\_\_\_

Options (Please ✓)  Growth  Dividend Payout  Dividend Reinvestment

Each SIP Amount (Rs.) \_\_\_\_\_ First SIP Cheque No. \_\_\_\_\_  
(Note : Cheque should be drawn on bank account mentioned below)

SIP Date  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup>  30<sup>th</sup> (For February, last business day) No of SIP Installments \_\_\_\_\_ Frequency  Monthly SIP  Quarterly SIP

SIP Period From \_\_\_\_\_ To (Please ✓)  \_\_\_\_\_  Till further notice\*  
\* Please refer point no. 13 (xii) on page no.25.

**DOCUMENT DETAILS** (in case of Micro SIP) Document Description \_\_\_\_\_ Document Number (if any) \_\_\_\_\_

**DECLARATION** : I / We hereby , authorize the AMC and their authorised service providers , to debit my / our following bank account directly or by ECS for collection of payments.

**BANK PARTICULARS** (as per bank records)

Name of 1st Holder \_\_\_\_\_  
Name of 2nd Holder \_\_\_\_\_  
Name of 3rd Holder \_\_\_\_\_  
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

**DECLARATION & SIGNATURE** : I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in ECS. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. 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. I/We have read and agreed to the terms and conditions mentioned in SID/KIM.

**SIGNATURE(S)**  
Applicants must sign as per mode of holding

<input checked="" type="checkbox"/> _____ 1st Account Holder / Guardian / Authorised Signatory	<input checked="" type="checkbox"/> _____ 2nd Account Holder	<input checked="" type="checkbox"/> _____ 3rd Account Holder
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**BANKER'S ATTESTATION**

Certified that the signature of account holder and the Details of Bank account are correct as per our records.

Signature of authorised Official from Bank (Bank stamp and date)

Signature of authorised Official from Bank (Bank stamp and date)

The Branch Manager \_\_\_\_\_ Date \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Sub : Mandate verification for A/c. No. \_\_\_\_\_

This is to inform you that I/We have registered for making payment towards my investments in SBIMF by debit to my /our above account directly or through ECS. I/We hereby authorize you to honour such payments for which I/We have signed and endorsed the Mandate Form.

Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,  
Yours sincerely

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
1st Account Holder/ Guardian / Authorised Signatory 2nd Account Holder 3rd Account Holder



**ACKNOWLEDGEMENT SLIP**  
To be filled in by the Investor

Folio No. / Application No. \_\_\_\_\_

(To be filled in by the First applicant/Authorized Signatory) :

Received from \_\_\_\_\_  
an application for Purchase of Units alongwith 1st Cheque Number \_\_\_\_\_ For Rs. \_\_\_\_\_  
All purchases are subject to realisation of cheques.

Acknowledgement Stamp