

COMMON APPLICATION FORM FOR DEBT AND LIQUID SCHEMES (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN - 25715				E044284	

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))
 * I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S) _____
 1st Applicant / Guardian / Authorised Signatory 2nd Applicant / Authorised Signatory 3rd Applicant / Authorised Signatory
 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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 15)
 In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

1. PARTICULARS OF FIRST APPLICANT (SEE NOTE 1)

I confirm that I am a **First time** investor across Mutual Funds I confirm that I am an **existing** investor in Mutual Funds
 (For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)

EXISTING FOLIO NO. _____

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

Gender Male Female Date of Birth* D D M M Y Y Y Y *Mandatory in case of Minor and please provide photocopy of supporting documents (See Note 1h)

Telephone No. (O) _____ Email ID _____

Telephone No. (R) _____ Mobile No. _____
 Please register your E-mail address & Mobile number to get alerts & communication via E-mail & SMS.

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 / Name of Contact Person (in case of Minor) (in case of Institutional Investor) _____

PAN _____ Mandatory Enclosures PAN Proof KYC Acknowledgement
 PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

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"/> 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(Repatriable)	<input type="checkbox"/> Any one or Survivor	<input type="checkbox"/> Retired
<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Government Body	<input type="checkbox"/> NRI(Non-Repatriable)		<input type="checkbox"/> Student
					<input type="checkbox"/> Service
					<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

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

Scheme Name	Plan (✓)	Option (✓)	Dividend Facility(✓)	Cheque/DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer			

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)

Scheme Name			
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option.	
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus	Scheme / Plan / Option	
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer		
Dividend Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date	
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)		

(Please see the Plans & Options and dividend policy details, in the Scheme specific information for Plans/Sub Plans/Options/dividend frequency and dividend mode details before filling the above details).
For third party cheques please see Note 3 vii.

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

<input type="checkbox"/> SIP with Cheque	<input type="checkbox"/> SIP without Cheque	In case this application is for Micro SIP (Please tick (✓)) <input type="checkbox"/> MICRO SIP	
1. Payment Mechanism (Please ✓ any one only)	<input type="checkbox"/> Cheques (Please provide the details below)	<input type="checkbox"/> SIP ECS/Direct Debit (Please complete enclosed SIP ECS/Direct Debit Facility Registration cum Mandate Form)	
	SIP Date (Please ✓) <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (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"/> DDMMYYYY OR <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetual (Select any one)		
4. Cheque(s) Details	No. of Cheques	SIP Installment Amount (in figures)	Cheque Nos
			Cheques drawn on

10. TOP- UP SIP (SEE NOTE 12 & 13)

Top up Amount Rs. (in multiples of Rs. 500 only)	Top-up Frequency (Please ✓ any one) <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual
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11. DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

Do you want Units in Demat Form (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide the below details
National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name	Depository Participant Name
DP ID No.	Target ID No.
Beneficiary Account No.	

THE APPLICATION FORM SHOULD MANDATORILY ACCOMPANY THE LATEST CLIENT INVESTOR MASTER/DEMAT ACCOUNT STATEMENT.

12. ONLY FOR SBI MAGNUM CHILDREN'S BENEFIT PLAN (SEE NOTE 1 k)

Name of Mother (Mrs/Ms)	
Name of Applicant (If different from Parent/Legal Guardian)	
LOCK IN (Please ✓) : <input type="checkbox"/> Required <input type="checkbox"/> Not Required	REDEMPTION OPTION (Please ✓) <input type="checkbox"/> Lump-sum <input type="checkbox"/> Staggered
Name of Alternate Child	Nomination of an alternate child: (Please ✓) <input type="checkbox"/> Required <input type="checkbox"/> Not Required
Date of Birth of alternate child <input type="text"/> DDMMYYYY	Relationship to the Magnum Holder

13. ONLY FOR SBI REGULAR SAVINGS FUND (SEE NOTE 1 k)

GOOD HEALTH DECLARATION : I declare that I am in sound health, do not have any physical defect/deformity, perform my routine activities independently and, that I have never suffered or have been suffering, or have been hospitalized for any critical illness* or a condition requiring medical treatment for a critical illness, as on date. I hereby declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information that may influence my admission into the Group Insurance Scheme of SBI Life Insurance Co. Ltd. I hereby agree that this declaration shall form the basis of my admission into the Group Insurance Scheme and if any untrue averment be contained therein, I, my heirs, executors, administrators and assignees shall not be entitled to receive any benefits under the Group Insurance Scheme. I hereby agree to your conveying the above particulars regarding my admission into the Group Insurance Scheme to SBI Life. I also permit SBI Life to approach me directly for any clarification and / or other purposes. * Critical illness is defined as follows: The life to be insured should not: i. have suffered or be suffering from cancer, ii. be taking treatment for heart disease, iii. have undergone or have been advised medically to undergo chest and/or heart surgery within the following six months, iv. have irreversible kidney and/or irreversible liver failure, v. have suffered or be suffering from paralysis, vi. have undergone or been advised to undergo, a major organ transplantation such as heart, lung, liver or kidney, vii. have suffered or be suffering from AIDS or venereal diseases.	Signature of Applicant
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14A. 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 14 B.) (SEE NOTE 10)

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

#(To nominate more than one person, please fill nomination form separately)

14B. NOMINATION : I do not wish to nominate any person at the time of making the investment.

Signature

15. DECLARATION & SIGNATURE (SEE NOTE 11) : 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 confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicants must sign as per mode of holding	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, Okkiyan 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