



SBI MUTUAL FUND
A PARTNER FOR LIFE

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

Nomination Form (Registration / Addition / Cancellation)

This form can be used to assign a nominee to your investment or cancell the nomination previously made by you.

I / We and * do hereby
nominate the person more particularly described hereunder / and / cancel the nomination, made by me / us on
in respect of the units in the folio no(s) (* Strike out which is not applicable)

Name of the Nominee	<input type="text"/>	Percentage	<input type="text"/>
Name of the Guardian	<input type="text"/>		
Relationship	<input type="text"/>	Date of Birth*	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Address of Nominee/ Guardian	<input type="text"/>		
City	<input type="text"/>	Pin	<input type="text"/>
State	<input type="text"/>		
Signature of Nominee/ Guardian (*Mandatory in case of Minor nominee)	<input type="text"/>		

Name of the Nominee	<input type="text"/>	Percentage	<input type="text"/>
Name of the Guardian	<input type="text"/>		
Relationship	<input type="text"/>	Date of Birth*	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Address of Nominee/ Guardian	<input type="text"/>		
City	<input type="text"/>	Pin	<input type="text"/>
State	<input type="text"/>		
Signature of Nominee/ Guardian (*Mandatory in case of Minor nominee)	<input type="text"/>		

Name of the Nominee	<input type="text"/>	Percentage	<input type="text"/>
Name of the Guardian	<input type="text"/>		
Relationship	<input type="text"/>	Date of Birth*	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Address of Nominee/ Guardian	<input type="text"/>		
City	<input type="text"/>	Pin	<input type="text"/>
State	<input type="text"/>		
Signature of Nominee/ Guardian (*Mandatory in case of Minor nominee)	<input type="text"/>		

SIGNATURE(S)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

In case of multiple holders in the folio, all holders must sign the request for registration / addition / cancellation of nomination irrespective of mode of holding

Date	<input type="text"/>	Place	<input type="text"/>
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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 1st ECS/Direct Debit Clearing date)

ARN & Name of Distributor 0032	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	Reference No. (To be filled by Registrar)
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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 17)

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.

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)

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 5th 10th 15th 20th 25th 30th (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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1st Account Holder/ Guardian / Authorised Signatory	2nd Account Holder	3rd Account Holder

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

SBI CHOTA SIP DIRECT DEBIT FACILITY : REGISTRATION CUM MANDATE FORM

Investors subscribing to the scheme through SIP Direct Debit Facility must complete this form compulsorily alongwith Common Application Form (Only for Growth Plans of Magnum Balanced Fund, MMP5 93, MSFU Contra Fund and SBI Blue Chip Fund with minimum 60 installments under Monthly frequency)

(Application should be submitted atleast 30 days before the 1st Direct Debit Clearing date)

ARN & Name of Distributor 0032	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	Reference No. (To be filled by Registrar)
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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 17)

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.

Please (✓) SIP Registration - by New Investor SIP Cancellation SIP
 SIP Registration - by Existing Investor SIP Renewal MICRO SIP

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

SIP DETAILS (Direct Debit with select Banks)

SIP with Cheque SIP without Cheque

Scheme Name _____

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

SIP Date 5th 10th 15th 20th 25th 30th (For February, last business day) Frequency **M O N T H L Y** Enrolment Period NO. OF MONTHS _____

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

DECLARATION : I/We hereby, authorize the AMC and their authorised service providers, to debit my / our following bank account directly 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 common Equity KIM.

SIGNATURE(S) Applicants must sign as per mode of holding	<input type="checkbox"/> 1st Account Holder	<input type="checkbox"/> 2nd Account Holder	<input 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 D D M M Y Y Y Y

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. 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 2nd Account Holder 3rd Account Holder

SBI MUTUAL FUND ACKNOWLEDGEMENT SLIP 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



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 0032	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	Reference No. (To be filled by Registrar)
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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 17)

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)

Are you first time Mutual Fund investor (please (✓)) Yes No

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 _____

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



ACKNOWLEDGEMENT SLIP

APPLICATION NO.

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

Scheme Name	Options (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date
Attachments		All purchases are subject to realisation of cheque / demand draft		

Stamp Signature & Date _____

7. 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)	

8. 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 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"/> <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 <input type="text"/> SIP Installment Amount (in figures) <input type="text"/> Cheque Nos <input type="text"/> Cheques drawn on <input type="text"/>

9. 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.

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)

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)

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 <input type="text"/>	DP ID No. <input type="text"/>	Depository Participant Name <input type="text"/>
Beneficiary Account No. <input type="text"/>	<input type="text"/>	Target ID No. <input type="text"/>

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

12A. 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 12 B.) (SEE NOTE 10)

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

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

12B. NOMINATION : I do not wish to nominate any person at the time of making the investment.

Signature

13. 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="text"/>	<input type="text"/>	<input type="text"/>
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date	<input type="text"/>	Place	<input type="text"/>

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
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Sponsor : State Bank of India
 Investment Manager : SBI Funds Management Pvt. Ltd.
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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)
0032			

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 17)

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)

Are you first time Mutual Fund investor (please (✓)) Yes No

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 _____

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

TEAR HERE



Sponsor : State Bank of India
 Investment Manager : SBI Funds Management Pvt. Ltd.
 (A Joint Venture between SBI & AMUNDI)

ACKNOWLEDGEMENT SLIP
 To be filled in by the Investor

APPLICATION NO.

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

Scheme Name	Options (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date
Attachments	All purchases are subject to realisation of cheque / demand draft			

Stamp Signature & Date _____

7. 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)	

8. 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 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"/> <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

9. 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.

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) _____

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)

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	DP ID No.	Depository Participant Name
Beneficiary Account No.		Target ID No.

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

12A. 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 12 B.) (SEE NOTE 10)

Name of the Nominee	Percentage	Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
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		

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

12B. NOMINATION : I do not wish to nominate any person at the time of making the investment.

Signature _____

13. 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

COMMON APPLICATION FORM FOR DEBT AND LIQUID 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)
0032			

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 16)

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)

Are you first time Mutual Fund investor (please (✓)) Yes No

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
---	---	---	---	---	---	---	---

 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"/> Professional
<input type="checkbox"/> Trust	<input type="checkbox"/> FII	<input type="checkbox"/> Minor through Guardian	<input type="checkbox"/> PIO	<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"/> Student
<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Others _____	<input type="checkbox"/> Housewife
			<input type="checkbox"/> Single	<input type="checkbox"/> Retired
			<input type="checkbox"/> Joint	<input type="checkbox"/> Service
			<input type="checkbox"/> Any one or Survivor	<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

(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 <input type="checkbox"/> Bonus	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
Attachments				All purchases are subject to realisation of cheque / demand draft	

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

Scheme Name		
Plans / Sub Plans		
Options (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Bonus <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	
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 & 14)

<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"/> <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 (xiii) on page no.23.
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) _____

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). (SEE NOTE 16)

Do you want Units in Demat Form (Please ✓) Yes 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. <input type="text"/>	Target ID No. <input type="text"/>
Beneficiary Account No. <input type="text"/>	<input type="text"/>

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

12. ONLY FOR 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 ✓) : Required Not Required

REDEMPTION OPTION (Please ✓) Lump-sum Staggered

Nomination of an alternate child: (Please ✓) Required Not Required

Name of Alternate Child

Date of Birth of alternate child Relationship to the Magnum Holder _____

13. ONLY FOR MAGNUM INCOME PLUS 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 avowment 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 _____

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	Percentage
Name of the Guardian	
Relationship	Date of Birth* <input type="text"/>
Address of Nominee/Guardian	

Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)

(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 15) : 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

TRANSACTION SLIP (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBI and Associate Banks)	Sub-Broker	Reference No. (To be filled by Registrar)
0032			

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 16)

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.

INVESTOR DETAILS (MANDATORY)

EXISTING FOLIO NO. _____

Name (Mr/Ms/M/s) _____

Email ID _____

Telephone No. _____ **Mobile No.** _____

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

ADDITIONAL PURCHASE REQUEST

Scheme Name _____

Options Growth Dividend Payout Dividend Reinvestment Bonus

Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
_____	_____	_____
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)	
_____	_____	

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 ✓) Yes 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.

BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details)

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"/> Other

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 the investor.

SWITCH REQUEST

Amount _____ **OR Number of Units** _____ **OR** All units (Please ✓)

From Scheme _____ **To Scheme** _____

Option (Please ✓) Growth Dividend Payout Dividend Reinvestment Bonus **Option (Please ✓)** Growth Dividend Payout Dividend Reinvestment Bonus

TEAR HERE

TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

Folio No. _____

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

Received from _____				Stamp Signature & Date
Nature of Transaction	<input type="checkbox"/> Change of Bank Particulars	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Nomination	
For Additional Purchase / Redemption	Scheme Name & Plan	Amount	Units	
Systematic Investment / Withdrawal Plan	Scheme Name & Plan	Amount (Rs.)	Frequency	SIP Commencement Date
				<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)
Systematic Transfer Plan / Switch Over	Scheme Name & Plan	STP Commencement Date	Amount	Units
	From _____ To _____			

REDEMPTION REQUEST

Scheme <input type="text"/>	Option (Please ✓)
Amount <input type="text"/> OR Number of Units <input type="text"/> OR <input type="checkbox"/> All units (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Dividend Reinvestment

SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through ECS/Direct Debit must fill up the Registration cum Mandate form)

<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
	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	SIP From <input type="text"/> SIP To <input type="text"/>	<input type="checkbox"/> Till further notice* <small>* Refer point no. 13 (xii) on page no.23.</small>
4. Cheque(s) Details	No. of Cheques	SIP Installment Amount (in figures)
	Cheque Nos	
Cheques drawn on	Name of Bank & Branch	

DOCUMENT DETAILS (in case of Micro SIP)	Document Description <input type="text"/>
	Document Number (if any) <input type="text"/>

SWP / STP FACILITY REQUEST

Systematic Withdrawal Plan (SWP) (SWP transactions will be processed on first business day of every month)	Scheme /Plan	SWP installment amount (Rs.)	Amount (in words)	Frequency (Please ✓ any one only)
				<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
	SWP From <input type="text"/>	SWP To <input type="text"/>		
Systematic Transfer Plan (STP)	From (Scheme)		To (Scheme)	
	Scheme			
STP Frequency & Enrolment Period (Please ✓ any one only)	Option	STP Installment Amount (Rs.)	STP From	STP To
	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		<input type="text"/>	<input type="text"/>

SERVICES (Please ✓)

I/We would like to receive the application form for obtaining PIN to view my/our account information online

CHANGE OF ADDRESS

Local Address of 1st Applicant	<input type="text"/>
Landmark	<input type="text"/>
City	<input type="text"/> Pin <input type="text"/>
State	<input type="text"/>
Foreign Address (NRI / FII Applicants)	Address for Correspondence for NRI Applicants only (Please ✓) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>
City	<input type="text"/>
Country	<input type="text"/> Zip <input type="text"/>

DECLARATION & SIGNATURE : 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 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	⊗	⊗	⊗
	1st Applicant/Guardian// Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory

Date <input type="text"/>	Place <input type="text"/>
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----- TEAR HERE -----

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

<p>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</p>	<p>Registrar: Computer Age Management Services Pvt. Ltd., SEBI Registration No. : INR000002813) 148, Old Mahabalipuram Road, Okkiyam Thurai Pakkan, Adjacent to Hotel Fortune, Chennai 600097, Tamil Nadu Tel: 044-30407000 & 24587000, Fax: 044-24580982 Email: enq_L@camsonline.com, Website : www.camsonline.com</p>
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IMPORTANT NOTES - PLEASE READ BEFORE FILLING UP THE FORM

1. This Application Form is meant to enable a person to comply with the client identification programme laid down by the Prevention of Money Laundering Act, 2002 (PMLA) hereinafter referred to as Know Your Client (KYC) requirements. It is for use by **INDIVIDUALS** only. A separate form is provided for non-individual entities such as Hindu Undivided Family (HUF), Corporates, Trusts, Societies, etc.
2. This form is not an Investment Application Form, and is only meant for providing information and documents required for KYC compliance. Applicant must be KYC compliant while investing with any SEBI registered Mutual Fund which has subscribed to the services of CDSL Ventures Limited (CVL) for compliance of the KYC procedure. A list of participating Mutual Funds is available on the website of AMR at www.amfiindia.com.
3. Subscription to participating Mutual Fund Units may be made only after obtaining the KYC Acknowledgement at their respective designated Points of Acceptance / Investor Service Centres.
4. Each Unitholders/ Investors must attach their KYC Acknowledgement along with the Investment Application Form(s) / Transaction Slip(s) while investing for the first time in every folio. Applications Forms / Transaction Slips not accompanied by KYC Acknowledgement are liable to be rejected by the participating Mutual Funds.
5. **Joint Holders:** Joint holders need to be individually KYC compliant before they can invest with any participating Mutual Fund. e.g. in case of three joint holders, all holders need to be KYC compliant and copies of each holder's KYC Acknowledgement must be attached to the investment application form with any Mutual Fund.
6. **Minors:** In case of investments in respect of a Minor, the Guardian should be KYC compliant and attach their KYC Acknowledgement while investing in the name of the minor. The Minor, upon attaining majority, should immediately apply for KYC compliance in his/her own capacity and intimate the participating Mutual Fund(s) concerned, in order to be able to transact further in his/her own capacity.
7. **Power of Attorney (PoA) Holder:** Investors desirous of investing through a PoA must note that the KYC compliance requirements are mandatory for both the PoA issuer (i.e. Investor) and the Attorney (i.e. the holder of PoA), both of whom should be KYC compliant in their independent capacity and attach their respective KYC Acknowledgements while investing.
8. If an individual becomes a Mutual Fund Investor due to an operation of law, e.g., transmission of units upon death of an investor, the claimant / person(s) entering the Register of Unitholders of the participating Mutual Fund(s) will be required to be KYC compliant before such transfer can take place.
9. The KYC process requires investors to provide their Proof of identity (PAN card copy only) and Proof of Address (any valid documents listed in section B of the KYC Application Form) to comply with KYC requirements. Participating Mutual Funds reserve the right to seek any additional information / documentation in terms of the PMLA at any point of time.
10. Participating Mutual Funds/ CVL will not be liable for any errors or omissions on the part of the applicant / Unit holders in the KYC Application Form. Documents received in support of KYC requirements will be verified at the designated "Points of Service" (PoS), on a best effort basis. However acceptance and processing of the KYC Application Form is subject to independent verification by CVL. In the event of any KYC Application Form being rejected for lack of information / deficiency / insufficiency of mandatory documentation, etc. CVL will inform the applicant of such rejection.
11. The participating Mutual Fund, its Asset Management Company (AMC), Trustee Company and their Directors, employees and agents shall not be liable in any manner for any claims arising whatsoever on account of freezing the folios / rejection of any application / non-allotment of units or mandatory redemption of units / refund due to non-compliance with the provisions of the PMLA, SEBI guidelines or where the AMC / Mutual Fund believes that transaction(s) by an applicant / investors is / are suspicious in nature within the purview of the PMLA and SEBI guidelines and requires reporting the same to Financial Intelligence Unit - India (FIU-IND).
12. Once the investor is KYC compliant, he will be required to intimate his/her KYC details to all the participating Mutual Funds with whom he/she has investments. The KYC Compliance will be deemed to have been completed for the investor in all folios held by him/her (identified by his/her PAN) in the records of the participating Mutual Fund.
13. In case of NRI, details of overseas address along with proper proof for the same & passport copy are mandatory documents.

GUIDELINES FOR FILLING UP THE KYC APPLICATION FORM

General

1. The Application Form should be completed in **ENGLISH** and in **BLOCK LETTERS**.
2. Please tick in the appropriate box wherever applicable.
3. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by canceling and re-writing, and such corrections should be counter-signed by the applicant.
4. Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected.
5. Applications complete in all respects and carrying necessary documentary attachments should be submitted at the designated PoS. A complete list of PoS is available on the website of AMR at www.amfiindia.com, www.cdsindia.com and **Mutual Fund websites**.
6. You are required to submit a Proof-of-Identity document and a Proof-of-Address document for each address filled by you in this form. Documents submitted to support Identity and Address should be

i. Proof of Identity

- Original PAN Card + Self-attested photocopies (Originals will be returned over-the-counter after verification)

ii. Proof of Address

- Original Documents + Self-attested photocopies (Originals will be returned over-the-counter after verification) **OR**
- True Copies attested by a Notary Public / Gazetted Officer / Manager of a Scheduled Commercial Bank or Multinational Foreign Banks (Name, Designation and Seal should be affixed on the copy). Unattested photocopies of an original document are not acceptable
- If the above documents including attestation / certifications are in regional language or foreign language then the same has to be translated into English for submission.

A. Identity Details

1. Name: Please state your name as Title (Mr/Mrs/Ms/Dr/Commander/etc.), First, Middle and Last Name in the space provided. **This should match with the name as mentioned in the PAN card failing which the application is liable to be rejected. If the PAN card has a name by which the applicant has been known differently in the past, than the one provided in this application form, then requisite proof should be provided e.g. marriage certificate, or gazetted copy of name change.**
2. Date of Birth: Please ensure that this matches with the Date of Birth as indicated in the PAN card.
3. Nationality: Foreign Nationals are not allowed to apply, unless they are Non-Resident Indians (NRIs) or Persons of Indian Origin (PIO).
4. Status: Please tick your current residential status.
5. Please affix most recent colour photograph and sign across the photograph.

B. Address Details

1. Address for Communication: Please provide here the address where you wish to receive all communications sent by the participating Mutual Funds with whom you invest. **The address you give here will supersede existing information in the records of the participating Mutual Fund / Registrars and Transfer Agent to the participating Mutual Fund. This address should match with the address in the 'Proof-of-Address' submitted as supporting document; otherwise the KYC Application Form is liable to be rejected.**
2. Contact Details: Please provide your Telephone / Email contact details. The contact details given by you here **will not supersede** existing information in the records of the participating Mutual Fund / Registrars and Transfer Agent to the participating Mutual Fund. You will have to independently communicate the same to them in case of any change(s).
3. Proof of Address Documents: Please note that **each** of the two addresses mentioned by you will need to be supported by a 'Proof-of-Address' bearing your or your spouse's / parent's

(documents to establish relationship also to be submitted) name as supporting documents. Please tick the box as applicable, for the document provided by you. You may attach any one of the following documents (Any document having an expiry date should be valid on the date of submission):

• Latest* Land Line Telephone Bill • Latest* Electricity Bill • Passport • Driving License • Latest* Bank Passbook • Latest* Bank Account Statement • Voter Identity Card • Ration Card • Latest* Demat Account Statement • Registered Lease / Sale Agreement of residence • Proof of Address issued by Bank Managers of Scheduled Commercial Banks / Multinational Foreign Banks / Gazetted Officer/ Notary Public/ Elected Representatives to the Legislative Assembly/ Parliament / Any other document approved by AMR as a valid address proof.
* These documents should not be more than three months old as on the date of submission of this form.

4. Permanent Address / Overseas Address: If you are a Resident Indian, and your Permanent address is different from the one mentioned in the Address for Correspondence, please state it here. If you are a Non-Resident Indian or a Person of Indian Origin, it is mandatory for you to state your Overseas Address here.

C. Other details

1. Gross Annual Income details: Please tick the applicable box indicating your Gross Annual Income (including both taxable and tax-free incomes).
2. Occupation details: Please indicate your current occupation by ticking the one most applicable to you. You are required to fill up the next section, if it additionally applies to you.
3. **Politically Exposed Persons (PEP)** are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/ military officers, senior executives of state-owned corporations, important political party officials, etc.

After you have completed filling up the KYC Application Form, please submit the same along with the entire set of supporting documents to any designated PoS. Please also submit a photocopy of the Form for acknowledgement purpose, which you can retain for your records.

Other important notes, after the KYC Acknowledgement is issued to you:

1. Please preserve the document from CVL which confirms your KYC compliance. You will need to attach photocopies of this document when you invest for the first time in every folio, in any participating Mutual Fund.
2. If you observe any error in the details captured by CVL, you are requested to approach your nearest designated PoS.
3. If you are already holding investments in any participating Mutual Funds, please provide a copy of your KYC acknowledgement, giving details of your folio / account numbers to such Funds or their Registrars. Please note that your signature on the KYC Application Form should match with that on the records of the participating Mutual Funds.
4. In respect of new investors, signature on the Application Form for investing / transacting in participating Mutual Fund should match with that on this KYC Application Form.
5. After allotment of KYC compliance, if there are any changes in an Applicant's details such as Name, Address, Status, Income bracket, Occupation or Signature, the change should be registered with CVL through a designated PoS expeditiously, by using the KYC Details Change form. **It should be noted that only after such registration will the change be reflected in the participating Mutual Fund's records. Particularly with respect to change of address, investors should register such change giving 10 days time for the subsequent communications from participating Mutual Funds to reach them at their new address.** Original / Attested copies of documents supporting the change will be required to be submitted together with the KYC Details Change Form. **For any other investment related information or changes thereto, the applicant should approach the participating Mutual Funds or their Registrars.**

Investors Applying for KYC, Please Submit the KYC Documents on A4 Size Paper Only.

CHECKLIST

(Before submitting this form, please go through the following checklist)

1. Please ensure that the form is completed in all respects and signed by you.
2. Please affix your recent photograph and sign across the photograph.
3. Please attach your PAN card as proof of Identity. This should be a photocopy plus original for verification.
4. Please attach a Proof of Address Document (one for each distinct address). These should be either original + photocopies or attested / notarised photocopies.
5. If you are an NRI, you must mention your overseas address in B(4).
6. Please submit a photocopy of the duly completed KYC Application Form.

For assistance or enquiries please approach the Point of Service where you had submitted your KYC Application Form.

IMPORTANT NOTES – PLEASE READ BEFORE FILLING UP THE FORM

1. This KYC Application Form is for use by **NON-INDIVIDUALS** only. A separate form is provided for **INDIVIDUALS**.
2. This form is not an Investment Application Form, and is only meant for providing information and documents required for KYC compliance. Applicant must be KYC compliant while investing with any SEBI registered Mutual Fund which has subscribed to the services of CDSL Ventures Limited (CVL) for compliance of the KYC procedure. A list of participating Mutual Funds is available on the website of AMFI at www.amfiindia.com.
3. Subscription to participating Mutual Fund Units may be made only after obtaining the KYC Acknowledgement at their respective designated Points of Acceptance / Investor Service Centres.
4. Investors must attach their KYC Acknowledgement along with the Investment Application Form(s) / Transaction Slip(s) while investing for the first time in every folio. Applications Forms / Transaction Slips not accompanied by KYC Acknowledgement are liable to be rejected by the participating Mutual Funds.
5. **Power of Attorney (PoA) Holder:** Investors desirous of investing through a PoA must note that the KYC requirements are mandatory for both the PoA issuer (i.e. Investor) and the Attorney (i.e. the holder of PoA), both of whom should be KYC compliant.
6. Participating Mutual Funds require investors to provide their identity and address information, supported by documentary evidence for the "Know Your Client" requirements laid down by the Prevention of Money Laundering Act, 2002 (PMLA). They reserve the right to seek any additional information / documentation in terms of the PMLA at any point of time.
7. Participating Mutual Funds/ CVL will not be liable for any errors or omissions on the part of the applicant / Unit holders in the KYC Application Form. Documents received in support of KYC requirements will be verified at the designated "Points of Service" (PoS) on a best effort basis. However acceptance and processing of the KYC Application Form is subject to independent verification by CVL. In the event of any KYC Application Form being rejected for lack of information / deficiency / insufficiency of mandatory documentation, etc. CVL will inform the applicant of such rejection.
8. The participating Mutual Fund, its Asset Management Company (AMC), Trustee Company and their Directors, employees and agents shall not be liable in any manner for any claims arising whatsoever on account of freezing the folios / rejection of any application / non-allotment of units or mandatory redemption of units / refund due to non-compliance with the provisions of the PMLA, SEBI guidelines or where the AMC / Mutual Fund believes that transaction(s) by an applicant / investors is/ are suspicious in nature within the purview of the PMLA and SEBI guidelines and requires reporting the same to Financial Intelligence Unit - India (FIU-IND).
9. Once the investor is KYC compliant, it will be required to intimate its KYC details to all the participating Mutual Funds with whom it has investments. The KYC Compliance will be deemed to have been completed for the investor in all folios held by it (identified by its PAN) in the records of the participating Mutual Fund.

GUIDELINES FOR FILLING UP THE KYC APPLICATION FORM

General

1. The Application Form should be completed in **ENGLISH** and in **BLOCK LETTERS**.
2. Please tick in the appropriate box wherever applicable.
3. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by canceling and re-writing, and such corrections should be countersigned by the applicant.
4. Applications incomplete in any respect and / or not accompanied by required documents are liable to be rejected.
5. Applications complete in all respects and carrying necessary documentary attachments should be submitted at the designated PoS. A complete list of PoS is available on the website of AMFI at www.amfiindia.com, www.cdslindia.com and **Mutual Fund websites**.

A. Identity Details

1. Name: **This should match exactly with the name as mentioned in the PAN Card and other supporting documents; otherwise the application is liable to be rejected. If the PAN Card and other supporting document has a name by which the applicant has been known differently in the past, than the one provided in this Application Form, then requisite proof should be provided, e.g. Name Change Certificate.**
2. Please mention the date of incorporation or registration of your organisation. If your company is listed on the National Stock Exchange of India Limited, please mention the scrip symbol.
3. Please indicate the Status as applicable.
4. It is **MANDATORY** to mention your PAN in the space provided and attach a self attested photocopy of the PAN Card. Please also submit your original PAN Card which will be returned across the counter after verification.

B. Address Details

1. Address for Communication: Please provide here the address where you wish to receive all communications sent by the participating Mutual Funds with whom you invest. The address you give here will supercede existing information in the records of the participating Mutual Fund / Registrars and Transfer Agent to the participating Mutual Fund. This address should match with the address in the 'Proof-of-Address' submitted as supporting document; otherwise the KYC Application Form is liable to be rejected.
2. Contact Details: Please provide the Contact Person's Name / Telephone / E-mail contact details for the participating Mutual Fund to communicate with you. The contact details given by you here **will not supercede** existing information in the records of the participating Mutual Fund / Registrars and Transfer Agent to the participating Mutual Fund. You will have to independently communicate the same to them in case of any change(s).
3. Permanent Address / Registered Address / Overseas Address: FIs / other entities must quote their Permanent Overseas Address supported by required documents duly certified.
4. Proof of Address Documents: Please note that **each** of the two addresses mentioned by you will need to be supported by a 'Proof-of-Address' bearing your name as supporting documents. Please tick the box as applicable, for the document provided by you. You may attach any one of the following documents (Any document having an expiry date should be valid on the date of submission):

• Latest Land Line Telephone Bill • Latest Electricity Bill • Latest Bank Passbook • Latest Bank Account Statement • Latest Demat Account Statement • Registered Lease / Sale Agreement of office premises • Proof of Address issued by Bank Managers of Scheduled Commercial Banks / Multinational Foreign Banks / Gazetted Officer / Notary Public / Elected Representatives to the Legislative Assembly / Any other document approved by AMFI as a valid address proof • Registration Certificate issued under Shops and Establishments Act
Documents having an expiry date should not be more than three months old as on the date of submission of this form.

C. Other Details

1. Gross Annual Income details: Please tick the applicable box indicating your Gross Annual Income (including both taxable and tax-free incomes).
2. All documents indicated here are **MANDATORY**.
3. **Politically Exposed Persons (PEP)** are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.
 - Original Documents + Self-attested photocopies (Originals will be returned over-the-counter after verification) **OR**
 - True Copies attested by Company Secretary / Director / Notary Public / Gazetted Officer / Manager of a Scheduled Commercial Bank (Name, Designation and Seal should be affixed on the copy). Unattested photocopies of an original document are not acceptable.
 - If the above documents including attestation / certifications are in regional language or foreign language then the same must be translated into English for submission.

After you have completed filling up the Form, please submit the same along with the entire set of supporting documents to any designated PoS. Please also submit a photocopy of the Form for acknowledgement purposes, which you can retain for your records.

Other important notes, after the KYC Acknowledgement is issued to you:

1. Please preserve the document from CVL which confirms your KYC compliance. Please attach photocopies of this document when you invest for the first time in every folio, in any participating Mutual Fund.
2. If you observe any error in the details as captured by CVL, you are requested to approach the nearest designated PoS.
3. If you are already holding investments in any participating Mutual Fund, please provide a copy of your KYC acknowledgement, giving details of your folio / account numbers to such Funds or their Registrars. Please note that your signature on the KYC Application Form should match with that on the records of the participating Mutual Fund.
4. In respect of new investors, signature on the Application Form for investing / transacting in participating Mutual Fund should match with that on this KYC Application Form.
5. After allotment of KYC compliance, if there are any changes in an Applicant's details such as Name, Address, Status, Income bracket, Occupation or Signature, the change should be registered with CVL through a designated PoS expeditiously, by using the KYC Details Change form. **It should be noted that only after such registration will the change be reflected in the participating Mutual Fund's records. Particularly with respect to change of address, investors should register such change giving 10 days time for the subsequent communications from participating Mutual Funds to reach them at their new address.** Original / Attested copies of documents supporting the change will be required to be submitted together with the KYC Details Change Form. **For any other investment related information or changes thereto, the applicant should approach the participating Mutual Funds or their Registrars.**

CHECKLIST

(Before submitting this Form, please go through the following checklist)

1. Please ensure that the form is completed in all respects and signed by the authorised signatories.
2. Foreign Institutional Investors must mention their overseas address in B(2).
3. Please attach all required documents. These should be either original + photocopies or attested / notarised photocopies.
4. Please submit a photocopy of the duly completed KYC Application Form.

For assistance or enquiries please approach the Point of Service where you had submitted your KYC Application Form.