

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)
ARN - 0155		20104	

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
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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"/> 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 _____					
<i>All purchases are subject to realisation of cheque / demand draft</i>					

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

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)	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Applicants must sign as per mode of holding	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.: 022-22180244/22180211, 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