



SBI MUTUAL FUND
A partner for life.

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

APPLICATION NO.

COMMON APPLICATION FORM

ARN & Name of Distributor

Branch Code

Sub-Broker/
Subagent Code

Registrar)

KETAN SAMPAT

ARN - 12673

1. PARTICULARS OF FIRST APPLICANT

(SEE NOTE 1)

EXISTING FOLIO NO.

(For Existing unitholders please mention your Folio number and proceed to Investment and Payment details- 8)

NEW UNITHOLDERS INFORMATION (Please fill in BLOCK Letters)

Name of 1st Applicant

(Mr/Ms/M/s)

Date of Birth*

D D M M Y Y Y Y

Email ID

*Mandatory field in case of Minor

Telephone No.

Mobile No.

Name of Father/
Guardian in case of Minor

Name of Contact Person
(in case of Institutional Investor)

2. PARTICULARS OF SECOND APPLICANT

(SEE NOTE 2)

Name

Mr./Ms./M/s.

3. PARTICULARS OF THIRD APPLICANT

(SEE NOTE 2)

Name

Mr./Ms./M/s.

4. PAN & UIN DETAILS (Mandatory, as per SEBI Regulations)

(SEE NOTE 1f)

PAN / Form 60 / 61 for investments of Rs. 50,000 and above. Application without this information will be rejected.

PAN

Pan Proof attached (please ✓)

Unique Identification Number (UIN) (if applicable)

First Applicant / Guardian

Second Applicant

Third Applicant

or Form 60 / 61 attached

or Form 60 / 61 attached

or Form 60 / 61 attached

5. GENERAL INFORMATION – Please (✓) wherever applicable

(SEE NOTE 1 L & m)

Status

Individual

Minor through Guardian

Trust/Society

Company/Body Corporate/PSU

NRI

Repatriation basis

Non-repatriation basis

FII

HUF

Partnership Firm

AOP / BOI

Others

Mode of Holding

Single

Joint

Either or Survivor

Any one or Survivor

Occupation

Self Employed

Professional

Housewife

Retired

Service

Monthly Income

< Rs. 10,000

< Rs.25,000

< Rs.50,000

< Rs.1,00,000

> Rs.1,00,000

6. CONTACT DETAILS

(SEE NOTE 1)

Local Address of 1st Applicant

Landmark

City

State

Pin

Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default

Foreign

Foreign Address (NRI / FII Applicants)

City

Country

ZIP

7. BANK PARTICULARS (Please note that 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 from an ECS eligible bank)

(please ✓)

Note : AMC, reserves the right to use any other mode of payment as deemed appropriate.

I/We understand that AMC shall not be responsible if transaction through ECS / Direct Credit could not be carried out because of incomplete or incorrect information.

Investors subscribing to the scheme through SIP Easy Pay Facility to complete Registration cum Mandate form compulsorily alongwith application form

Account Type (Please ✓)

Savings

NRO

Current

NRE



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ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

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APPLICATION NO.

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

Received from Name & address

Stamp
Signature & Date

Scheme Name

Option (Please ✓)

Cheque/ DD Amount (Rs.)

Bank and Branch

Cheque / DD No. & Date

Dividend

Growth

Dividend mode (Please ✓)

Payout

Reinvest

Attachments

All purchase 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)

One time Investment (Please fill in your investment details below)		Systematic Investment Plan (SIP) (Please fill in the SIP details at SR No.9 below)		Both (One time & SIP) (Please fill in your investment details below and SIP details at SR No. 9)	
Scheme Name	Option (Please ✓)	Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date	
	Dividend <input type="checkbox"/> Growth <input type="checkbox"/>				
	Dividend mode (Please ✓)				
	Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>				
A. Investment Amount (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount Paid (A-B) (Rs. in Figures)	Net Amount Paid (Rs. in Words)		


9. SYSTEMATIC INVESTMENT PLAN (SIP) (SEE NOTE 11 & 12)

1. Payment Mechanism (Please ✓ any one only)	Cheques <input type="checkbox"/> (Please provide the details below)		SIP EasyPay Facility (Auto Debit - ECS) <input type="checkbox"/> (Please complete enclosed SIP EasyPay Facility Registration cum Mandate Form)	
	SIP Date (Please choose)	5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th <input type="checkbox"/>	No of SIPs <input type="text"/>	
2. Frequency (Please ✓ any one only)	Monthly SIP (Default) <input type="checkbox"/>		Quarterly SIP <input type="checkbox"/>	
3. Enrolment Period (Please ✓ any one only)	6 months <input type="checkbox"/> 12 months <input type="checkbox"/>	Date of Commencement	D D	M M Y Y Y Y
4. Cheque(s) Details	No. of Cheques	SIP Amount (in figures)	Cheque Nos	
Cheques drawn on	Name of Bank & Branch			

10. SWP / STP FACILITY (SEE NOTE 6 & 7)

Systematic Withdrawal Plan (SWP)	Amount for each Cheque	Amount (in words)
	Month & Year of Commencement of SWP M M Y Y Y Y (e.g. For April 2004, please indicate 0 4 2 0 0 4)	
Systematic Transfer Plan (STP)	From (Scheme) & Folio No.	To (Scheme)
	Scheme	
	Folio No.	
		Option (Please ✓)
		Dividend <input type="checkbox"/> Growth <input type="checkbox"/>
		Dividend mode (Please ✓)
		Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>
Frequency (Please ✓ any one only)	Monthly (Default) <input type="checkbox"/>	Amount (Rs.) of STP
	Quarterly <input type="checkbox"/>	
		Date of STP
		Commencement From To
		M M Y Y Y Y M M Y Y Y Y

11. NOMINATION : I wish to nominate the following person/body to receive the amount to my credit in the event of my death. (SEE NOTE 9)

Name of the Nominee		 Signature of Guardian* (*Mandatory in case of Minor nominee)
Name of the Guardian*		
Relationship/Body	Date of Birth* D D M M Y Y Y Y	
Address of Nominee/ Guardian*		

12. SERVICES (SEE NOTE 4)




I would like to receive a PIN form to view account information online (Please ✓) ☐ I would like to receive statements by email (Please ✓) ☐

13. DECLARATION & SIGNATURE (SEE NOTE 10) :

I/We have read and understood the contents of the offer document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment." I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time."

* I/We certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust. I/We are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account . *** I/We hereby confirm that I/We am/are in compliance with SEBI (Central Database of Market Participants) Regulations, 2003 and agree to comply with all circulars/notifications issued there under from time to time as and when applicable.

* Applicable to other than Individuals / HUF; ** Applicable to NRI; *** Applicable to persons mandated by SEBI to obtain Unique Identification Number :

SIGNATURE(S) All applicants must sign here			
	1st Applicant / 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 & SGAM)
 191, Maker Towers 'E', Cuffe Parade,
 Mumbai - 400 005.
 Tel.: 022-22180244/22180221, Fax : 022 -22180244
 E-mail : partnerforlife@sbimf.com,
 Website : www.sbimf.com & www.sbfunds.com

Registrar:
 Computer Age Management Services Pvt. Ltd.,
 (SEBI Registration No. : INR000002813)
 178/10, Kodambakkam High Road, Opp. Hotel Palmgrove,
 Chennai - 600034. Phone: 9144 - 28283606/7/8, 39115501/2/3
 Fax : 044-28283610 E-mail : enq_L@camsonline.com
 Website : www.camsonline.com