

COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
62343				E057465	

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

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

I confirm that I am a **First time** investor across Mutual Funds I confirm that I am an **existing** investor in Mutual Funds

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.) _____

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

Telephone No. (O) _____ Email ID _____

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

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

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

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

PAN _____ Mandatory Enclosures PAN Proof KYC Acknowledgement

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

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

PAN _____ Mandatory Enclosures PAN Proof KYC Acknowledgement

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

Status (Please (✓))				Mode of Holding (Please (✓))	Occupation (Please (✓))
<input type="checkbox"/> Individual	<input type="checkbox"/> PSU	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Bank	<input type="checkbox"/> Single	<input type="checkbox"/> Professional
<input type="checkbox"/> Trust	<input type="checkbox"/> FII	<input type="checkbox"/> Minor through Guardian	<input type="checkbox"/> PIO	<input type="checkbox"/> Joint	<input type="checkbox"/> Housewife
<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Any one or Survivor	<input type="checkbox"/> Business
<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Government Body	<input type="checkbox"/> NRI (Non-Repatriable)		<input type="checkbox"/> Student
					<input type="checkbox"/> Retired
					<input type="checkbox"/> Service
					<input type="checkbox"/> Others

5. CONTACT DETAILS (SEE NOTE 1)

Local Address of 1st Applicant

City _____ Pin _____

State _____

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

Foreign Address (NRI / FII Applicants)

City _____

Country _____ Zip _____

6. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details) (SEE NOTE 3)

Name of Bank _____

Branch Name and Address _____

City _____ Pin _____

Account No. _____

9 digit MICR Code _____ (This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)

IFS Code _____

Account Type (Please (✓))		
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

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

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(To be filled in by the First applicant/Authorized Signatory): Received from : _____						Stamp Signature & Date	
Scheme Name	Plan (✓)	Option (✓)	Dividend Facility (✓)	Cheque/ DD Amount (Rs.)	Bank and Branch		Cheque / DD No. & Date
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments					All purchases are subject to realisation of cheque / demand draft		

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 <small>(Please fill in your investment details below)</small>	<input type="checkbox"/> Systematic Investment Plan (SIP) with cheque <small>(Please fill in your investment details below and SIP details at Sr No. 9)</small>	<input type="checkbox"/> Systematic Investment Plan (SIP) without cheque <small>(Please complete enclosed SIP ECS/Direct Debit Facility Registration cum Mandate Form)</small>
Scheme Name		
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Scheme / Plan / Option
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	
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, 13 & 14)

<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 SBI Magnum Balanced Fund, SBI MMPS 93, SBI 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"/> OR <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetual (Select any one)	
4. Cheque(s) Details	No. of Cheques	SIP Installment Amount (in figures)
	Cheque Nos	Cheques drawn on

9. TOP- UP SIP (SEE NOTE 12, 13 & 14)

Top up Amount Rs. (in multiples of Rs. 500 only) <input type="text"/>	Top-up Frequency (Please ✓ any one) <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual
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10. 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.

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"/>	Depository Participant Name <input type="text"/>
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.

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

(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	<input type="text"/>
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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 confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

SIGNATURE(S) 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"/>

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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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