



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)
9686			

Uponform 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

1. PARTICULARS OF FIRST APPLICANT (SEE NOTE 1)

(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.) _____ Email ID _____

Date of Birth* D D M M Y Y Y Y _____

Mandatory (in case of Minor and please provide photocopy of supporting documents (See Note 1h))
Telephone No. (O) _____ 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 1h)

Name of Guardian in case of Minor _____

Name of Contact Person _____
(In case of Institutional Investor)

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

Name _____ Mandatory Enclosures PAN Proof KYC Acknowledgement
Mr./Ms./M/s. _____

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

Name _____ Mandatory Enclosures PAN Proof KYC Acknowledgement
Mr./Ms./M/s. _____

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

<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"/> Society	<input type="checkbox"/> Trust	<input type="checkbox"/> FIF	<input type="checkbox"/> Minor through Guardian	<input type="checkbox"/> Joint	<input type="checkbox"/> Business
<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> HUF	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> NRI	<input type="checkbox"/> Student
			<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 _____

Foreign Address (NRI/ FIIL Applicants) _____ Foreign _____

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

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	_____
Country	_____ Zip _____
Account No.	_____
9 digit MICR Code	_____
IFS Code	_____

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

Account Type (Please ✓)			
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FQNR	
<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

SBI MUTUAL FUND Sponsor : State Bank of India
A PARTNER FOR LIFE (A Joint Venture between SBI & SGAM)
Investment Manager : SBI Funds Management Pvt. Ltd.
ACKNOWLEDGEMENT SLIP APPLICATION NO.

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

Received from :	Options (✓)	Cheque / DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	Stamp
_____	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout	_____	_____	_____	_____
_____	<input type="checkbox"/> Dividend Reinvestment	_____	_____	_____	Signature & Date

Attachments _____

All purchases are subject to realisation of cheque / demand draft

