SBI MUTUAL FUND A PARTNER FOR LIFE

Sponsor : 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.sbimf.com & www.sbifunds.com

APPLICATION NO.

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)
9686			

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

1. PARTICULARS OF FIRST APPLICANT (SEE NOTE 1)

EXISTING FOLIO NO. (For Exisiting 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 (✓))	
☐ Individual	☐ PSU	☐ Partnership Firm	☐ Bank	☐ Single	☐ Professional	☐ Housewife
☐ Trust	☐ FII	☐ Minor through Guardian	☐ PIO	☐ Joint	☐ Business	☐ Retired
☐ Society	☐ HUF	☐ Company/Body Corporate	☐ NRI	☐ Any one or Survivor	☐ Student	☐ Service
☐ AOP/BOI	☐ Sole Proprietor	☐ Government Body	☐ Others _____		☐ 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 ✓)		
☐ Savings	☐ NRO	☐ FCNR
☐ Current	☐ NRE	☐ 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

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ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

APPLICATION NO.

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

Stamp Signature & Date

Scheme Name	Options (✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date
	☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment ☐ Bonus			

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 ✓)	☐ Growth ☐ Bonus ☐ Dividend Payout ☐ Dividend Reinvestment
Dividend Frequency	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ 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)

For third party cheques please see Note 3 vii.
(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 detials).

9. SYSTEMATIC INVESTMENT PLAN (SIP)/ MICRO SIP (SEE NOTE 12, 13 & 14)

☐ **SIP with Cheque** ☐ **SIP without Cheque** In case this application is for Micro SIP (Please tick (✓)) ☐ **MICRO SIP**

1. Payment Mechanism (Please ✓ any one only)	☐ **Cheques** (Please provide the details below) ☐ **SIP ECS/Direct Debit** (Please complete enclosed SIP ECS/Direct Debit Facility Registration cum Mandate Form)
	SIP Date (Please ✓) ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ 30th (For February, last business day) **No of SIP Installments**
2. Frequency (Please ✓ any one only)	☐ **Monthly SIP (Default)** ☐ **Quarterly SIP**
3. SIP Period	From D D M M Y Y Y Y To D D M M Y Y Y Y ☐ Till further notice* * Refer point no. 13 (xii) 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. 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 D D M M Y Y Y Y Relationship to the Magnum Holder _____

12. 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 averment 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

13A. 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 13 B.) (SEE NOTE 10)

Name of the Nominee		**Percentage**	
Name of the Guardian			
Relationship		**Date of Birth*** D D M M Y Y Y Y	⊗
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)

13B. NOMINATION : I do not wish to nominate any person at the time of making the investment.

Signature

14. SERVICES (Please ✓) (SEE NOTE 4)

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

15. DECLARATION & SIGNATURE (SEE NOTE 11)

"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	⊗	⊗	⊗
	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 & 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.sbifunds.com

Registrar:
Computer Age Management Services Pvt. Ltd.,
(SEBI Registration No. : INR000002813)
148, Old Mahabalipuram Road, Okkiyam Thuraipakkan,
Chennai 600096, Tamil Nadu
Tel: 044-30407000 & 24587000, Fax: 044-24580982
Email: enq_L@camsonline.com, Website : www.camsonline.com