

COMMON APPLICATION FORM FOR DEBT AND LIQUID 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.
ARN-90531				E086029	

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

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 Other (Third Gender) **Date of Birth***

D	D	M	M	Y	Y	Y	Y
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Mandatory in case of Minor and please provide photocopy of supporting documents (See Note 1 h)

Email ID _____

Mobile No. _____
Please register your E-mail address & Mobile number to get alerts & communication via E-mail & SMS.

Telephone No. (O) _____

Telephone No. (R) _____

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

Relationship of Guardian in case of Minor [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h)] Father Mother Legal Guardian

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
PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

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

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

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

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

Tax Status (Please (✓))		Mode of Holding (✓)	Occupation (Please (✓))
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> Single	<input type="checkbox"/> Professional
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Joint	<input type="checkbox"/> Business
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Any one or Survivor	<input type="checkbox"/> Government Service
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Body Corporate		<input type="checkbox"/> Private Sector Service
<input type="checkbox"/> NRI - Minor (Repatriable)	<input type="checkbox"/> Partnership Firm		<input type="checkbox"/> Public Sector Service
<input type="checkbox"/> NRI - Minor (Non-Repatriable)	<input type="checkbox"/> FII		<input type="checkbox"/> Agriculturist
<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> HUF		<input type="checkbox"/> Retired
<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Bank		
	<input type="checkbox"/> Government Body		<input type="checkbox"/> Housewife
	<input type="checkbox"/> Society		<input type="checkbox"/> Student
	<input type="checkbox"/> Trust		<input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> NPS Trust		<input type="checkbox"/> Doctor
	<input type="checkbox"/> Fund of Fund		<input type="checkbox"/> Others [Please specify]
	<input type="checkbox"/> Gratuity Fund		
	<input type="checkbox"/> AOP		
	<input type="checkbox"/> BOI		
	<input type="checkbox"/> NGO		
	<input type="checkbox"/> LLP		
	<input type="checkbox"/> PIO		
	<input type="checkbox"/> Others [Please specify]		

5. CONTACT DETAILS (SEE NOTE 1)

Local Address of 1st Applicant _____
City _____ Pin _____
State _____

Foreign Address (Mandatory for NRI / FII) _____
City _____ Zip _____
Country _____

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

6. 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).

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. _____	Target ID No. _____
Beneficiary Account No. _____	

THE APPLICATION FORM SHOULD MANDATORILY ACCOMPANY THE LATEST CLIENT INVESTOR MASTER/DEMAT ACCOUNT STATEMENT
Investors subscribing to the scheme through SIP must complete Registration cum Mandate form compulsorily alongwith application form

TEAR HERE

<p>SBI MUTUAL FUND Sponsor: State Bank of India Investment Manager: SBI Funds Management Pvt. Ltd. (A Joint Venture between SBI & AMJNDI)</p>		<p>ACKNOWLEDGEMENT SLIP APPLICATION NO. _____ To be filled in by the Investor</p>																													
<p>(To be filled in by the First applicant/Authorized Signatory): Received from: _____</p>																															
Stamp Signature & Date																															
<table border="1"> <thead> <tr> <th>Scheme Name</th> <th>Plan (✓)</th> <th>Option (✓)</th> <th>Dividend Facility (✓)</th> <th>Cheque/ DD Amount (Rs.)</th> <th>Bank and Branch</th> <th>Cheque / DD No. & Date</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/> Regular</td> <td><input type="checkbox"/> Growth</td> <td><input type="checkbox"/> Reinvestment</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Direct</td> <td><input type="checkbox"/> Dividend</td> <td><input type="checkbox"/> Payout</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Bonus</td> <td><input type="checkbox"/> Transfer</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Scheme Name	Plan (✓)	Option (✓)	Dividend Facility (✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date		<input type="checkbox"/> Regular	<input type="checkbox"/> Growth	<input type="checkbox"/> Reinvestment					<input type="checkbox"/> Direct	<input type="checkbox"/> Dividend	<input type="checkbox"/> Payout						<input type="checkbox"/> Bonus	<input type="checkbox"/> Transfer				<p>Attachments _____ All purchases are subject to realisation of cheque / demand draft</p>		
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7. 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 _____

8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE NOTE 5)

Scheme Name _____

Plan (Please ✓) Regular Direct

Option (Please ✓) Growth Dividend Bonus

Dividend Facility (Please ✓) Reinvestment Payout Transfer

Dividend Frequency Daily Weekly Fortnightly Monthly Quarterly Annually

Investment Amount (Rs. in Figures) _____ **Investment Amount (Rs. in Words)** _____

Cheque / DD Amount (Rs.) _____ **Drawn on Bank and Branch** _____ **Cheque / D.D. No. & Date** _____

(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. SIP ENROLLMENT DETAILS Opted for SIP: Yes No

(Mandatory if opted for SIP) **Type of SIP:** Normal SIP Micro SIP **Mode of SIP:** PDC Auto Debit / ECS

Note: 1. In case of SIP through ECS/Auto Debit mode it is mandatory to submit SIP Enrolment Cum Auto Debit/ECS Mandate Form
 2. In case of SIP through Post dated cheques (PDC) it is mandatory to submit Transaction Slip

10. STP ENROLLMENT DETAILS Opted for STP: Yes No (In case of STP it is mandatory to submit STP Enrollment Form/Transaction slip)

11. OTHER DETAILS

Gross Annual Income Details (Please tick (✓)): Below 1 Lacs 1-5 Lac 5-10 Lacs 10-25 Lacs >25 Lacs **OR**

Networth in Rs. _____ **as on (date)** D D M M Y Y Y Y

Please tick, if applicable: Politically Exposed Person Related to a Politically Exposed Person

For Non-Individuals: Is the entity involved / providing any of the following services Yes No

- For Foreign Exchange / Money Changer Services Yes No - Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) Yes No

- Money Lending / Pawning Yes No

12. ONLY FOR SBI 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** _____

13. ONLY FOR SBI REGULAR SAVINGS 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 illness⁹ 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. ⁹ 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# _____

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)

14B. NOMINATION: I do not wish to nominate any person at the time of making the investment.

Signature _____

15. DECLARATION (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 hereby declare that 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 the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various Mutual Funds from amongst which the scheme is being recommended to me/us. * 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/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I/We are/are Non Resident of Indian Nationality/ Origin and I/We hereby confirm that 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 declare that I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEXRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP instalments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand). * Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to "Micro investments".

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 _____

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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)
 9th Floor, Crescenzo, C-38 & 39, G Block,
 Bandra Kurla Complex, Bandra (East), Mumbai - 400 051
 Tel: 022- 61793537
 Email: customer.delight@sbimf.com

Registrar:
 Computer Age Management Services Pvt. Ltd.,
 SEBI Registration No. : INR000002813)
 Rayala Towers, 158, Anna Salai, Chennai - 600 002
 Tel: 044 - 30407236, Fax: 044 - 30407101
 Email: enq_L@camsonline.com