



**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.sbfund.com & www.sbfunds.com

APPLICATION NO.

**COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES**

ARN & Name of Distributor	Branch Code	Sub-Broker/ Subagent Code	Reference No. (To be filled by Registrar)
RITU AGARWAL ARN-23267			

**1. PARTICULARS OF FIRST APPLICANT**

(SEE NOTE 1)

**EXISTING FOLIO NO.**

(For Existing unitholders please mention your Folio number, name and fill point no. 4 of PAN details and then 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\***

\*Mandatory field in case of Minor

**Telephone No.**

**Mobile No.**

**Name of Father/  
Guardian in case of Minor/Contact Person incase Institutional Investor**

**Designations of the 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 DETAILS (Mandatory, as per SEBI Regulations)**

(SEE NOTE 1f)

**First Applicant /  
Guardian**

**Second Applicant**

**Third Applicant**

**5. GENERAL INFORMATION - Please (✓) wherever applicable**

(SEE NOTE 1 L & m)

<b>Status</b>	Individual <input type="checkbox"/>	Minor through Guardian <input type="checkbox"/>	NRI/ PIO <input type="checkbox"/>	Repatriation basis <input type="checkbox"/>	FII <input type="checkbox"/>	HUF <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>
	Trust/Society <input type="checkbox"/>	Company/Body Corporate/PSU <input type="checkbox"/>		Non-repatriation basis <input type="checkbox"/>	AOP / BOI <input type="checkbox"/>		Others <input type="checkbox"/>
<b>Mode of Holding</b>	Single <input type="checkbox"/>	Joint <input type="checkbox"/>		Either or Survivor <input type="checkbox"/>			Any one or Survivor <input type="checkbox"/>
<b>Occupation</b>	Self Employed <input type="checkbox"/>	Professional <input type="checkbox"/>	Housewife <input type="checkbox"/>	Retired <input type="checkbox"/>	Service <input type="checkbox"/>		Other <input type="checkbox"/>
<b>Monthly Income</b>	< Rs. 10,000 <input type="checkbox"/>	< Rs.25,000 <input type="checkbox"/>		< Rs.50,000 <input type="checkbox"/>	< Rs.1,00,000 <input type="checkbox"/>	> Rs.1,00,000 <input type="checkbox"/>	

**6. CONTACT DETAILS**

(SEE NOTE 1)

**Local  
Address of  
1st Applicant**

**Landmark**

**City**

**Pin**

**State**

**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)

**IFS Code**

**Account Type (Please ✓)**

Savings <input type="checkbox"/>	NRO <input type="checkbox"/>
Current <input type="checkbox"/>	NRE <input type="checkbox"/>

Pay my dividend/redemption electronically through ECS / Direct Credit as and when available. ☐ (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**

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**ACKNOWLEDGEMENT SLIP**

To be filled in by the Investor

Sponsor : State Bank of India,  
Investment Manager : SBI Funds Management Pvt. Ltd.  
(A Joint Venture between SBI & SGAM)

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 <input type="checkbox"/> Growth <input type="checkbox"/>			
	Dividend mode (Please ✓)			
	Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>			

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)**

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

**9. SYSTEMATIC INVESTMENT PLAN (SIP) (SEE NOTE 12 & 13)**

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

**10. DIRECT CREDIT OF DIVIDEND/ REDEMPTION (SEE NOTE 6)**

Unit holders having bank account with select banks will receive their redemption/dividend proceeds (if any) directly into their bank account. **Please attach a copy of a cancelled cheque leaf.**  
 If you **do not** wish to receive dividend/redemption proceeds **through direct credit**, now or in future, please tick (✓) the box ☐

**11. NOMINATION : I wish to nominate the following person/body to receive the amount to my credit in the event of my death.**

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

**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 ✓) ☐  
 E-mail Id

**13. DECLARATION & SIGNATURE (SEE NOTE 11):** "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.  
 \* Applicable to other than Individuals / HUF; \*\* Applicable to NRI;

<b>SIGNATURE(S)</b> All applicants must sign here	⊗	⊗	⊗
	<b>1st Applicant / Authorised Signatory</b>	<b>2nd Applicant / Authorised Signatory</b>	<b>3rd Applicant / Authorised Signatory</b>
<b>Date</b>		<b>Place</b>	

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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 & 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

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4 & 5	MAGNUM INDEX FUND (MINDEX)	GROWTH & DIVIDEND OPTION	5000	SBIMF - Magnum Index Fund - Nifty
5	MAGNUM EQUITY FUND (MEF)	GROWTH & DIVIDEND OPTION	1000	SBIMF - Magnum Equity Fund
6	MAGNUM MULTIPLIER PLUS SCHEME 93 (MMPS)	GROWTH & DIVIDEND OPTION	1000	SBIMF - Magnum Multiplier Plus Scheme 93
6	MAGNUM GLOBAL FUND (MGLF)	GROWTH & DIVIDEND OPTION	2000	SBIMF - Magnum Global Fund
7	MAGNUM MIDCAP FUND (MIDCAP)	GROWTH & DIVIDEND OPTION	5000	SBIMF - Magnum MidCap Fund
7	MAGNUM COMMA FUND	GROWTH & DIVIDEND OPTION	5000	SBIMF - Magnum Comma Fund
8	MAGNUM TAXGAIN SCHEME 93 (MTGS)	GROWTH & DIVIDEND OPTION	500	SBIMF - Magnum TaxGain Scheme
8 & 9	MAGNUM SECTOR FUNDS UMBRELLA (MSFU) IT FUND FMCG FUND PHARMA FUND CONTRA FUND AND EMERGING BUSINESSES FUND	DIVIDEND OPTION GROWTH & DIVIDEND OPTION	2000 under each sub fund	SBIMF - MSFU IT Fund SBIMF - MSFU FMCG Fund SBIMF - MSFU Pharma Fund SBIMF - MSFU Contra Fund SBIMF - MSFU Emerging Businesses Fund
10	MAGNUM MULTICAP FUND	GROWTH & DIVIDEND OPTION	5000	SBIMF - Magnum Multicap Fund
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