



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 DEBT AND LIQUID 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. [Grid]

(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) [Grid]

Date of Birth* [Grid] Email ID [Grid]

*Mandatory field in case of Minor

Telephone No. [Grid] Mobile No. [Grid]

Name of Father/
Guardian in case of Minor [Grid]

Name of Contact Person (in case of Institutional Investor) [Grid]

2. PARTICULARS OF SECOND APPLICANT (SEE NOTE 2)

Name Mr./Ms./M/s. [Grid]

3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 2)

Name Mr./Ms./M/s. [Grid]

4. PAN DETAILS (Mandatory, as per SEBI Regulations) (SEE NOTE 1 f)

First Applicant / Guardian	[Grid]	Second Applicant	[Grid]
Third Applicant	[Grid]		

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

Status	Individual <input type="checkbox"/>	Minor through Guardian <input type="checkbox"/>	Trust/Society <input type="checkbox"/>	Company/Body Corporate/PSU <input type="checkbox"/>	NRI/ PIO <input type="checkbox"/>	Repatriation basis <input type="checkbox"/>	Non-repatriation basis <input type="checkbox"/>	FII <input type="checkbox"/>	HUF <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>	Others <input type="checkbox"/>
Mode of Holding	Single <input type="checkbox"/>	Joint <input type="checkbox"/>				Either or Survivor <input type="checkbox"/>				Any one or Survivor <input type="checkbox"/>	
Occupation	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"/>	
Monthly Income	< 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 [Grid]

Landmark [Grid]

City [Grid] Pin [Grid]

State [Grid]

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

Foreign Address (NRI / FII Applicants) [Grid]

City [Grid]

Country [Grid] ZIP [Grid]

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 [Grid]

Branch Name and Address [Grid]

City [Grid] Pin [Grid]

Account No. [Grid]

9 digit MICR Code [Grid] (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 [Grid]

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.

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

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



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ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

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APPLICATION NO.

(To be filled in by the First applicant/Authorized Signatory) : Received from Name & address [Grid]				Stamp Signature & Date
Scheme Name along with Plans/Sub Plans/Options/Dividend Mode/Dividend Frequency	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
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)

☐ **One time Investment** ☐ **Systematic Investment Plan (SIP)** ☐ **Both (One time & SIP)**
 (Please fill in your investment details below) (Please fill in your investment details below and SIP registration cum mandate form along with this form)

Scheme Name						
Plans / Sub Plans						
Options	Dividend <input type="checkbox"/>	Growth <input type="checkbox"/>	Bonus <input type="checkbox"/>			
Dividend Frequency	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Annual <input type="checkbox"/>
Dividend Mode	Payout <input type="checkbox"/>	Reinvest <input type="checkbox"/>				

Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)	

(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). **Automatic Withdrawal Facility (for MMIP- Monthly Dividend Option (Payout) Only) (✓)** Yes ☐ No ☐

9. ONLY FOR MAGNUM CHILDREN'S BENEFIT PLAN (SEE NOTE 1 (II))

Name of Mother (Mrs/Ms)													
Name of Applicant (If different from Parent/ Legal Guardian)													
LOCK IN (✓) : Required <input type="checkbox"/> Not Required <input type="checkbox"/>	REDEMPTION OPTION (✓) : Lump-sum <input type="checkbox"/> Staggered <input type="checkbox"/>				Nomination of an alternate child (✓) : Required <input type="checkbox"/> Not Required <input type="checkbox"/>								
Name of Alternate Child													
Date of Birth of alternate child	D	D	M	M	Y	Y	Y	Y	Relationship to the Magnum Holder				

10. ONLY FOR MAGNUM INCOME PLUS FUND (SEE NOTE 1 (II))

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 _____

11. DIRECT CREDIT OF DIVIDEND/ REDEMPTION

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 ☐

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

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

13. SERVICES

☒ 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 _____

14. 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;

Date	_____	place	_____
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SIGNATURE (S) (All applicants must sign here)

1st Applicant / Authorised Signatory	<input checked="" type="checkbox"/>
2nd Applicant / Authorised Signatory	<input checked="" type="checkbox"/>
3rd Applicant / Authorised Signatory	<input checked="" type="checkbox"/>

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.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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