



SBI MUTUAL FUND
A partner for life.

Principal Trustee : 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.sbfunds.com

APPLICATION NO.

COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES

| | | | |
|---|-------------|------------------------------|--|
| ARN & Name of Distributor 35275 | Branch Code | Sub-Broker/ Subagent Code | Reference No. (To be filled by Registrar) |
|---|-------------|------------------------------|--|

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*

D D M M Y Y Y Y

Email ID

*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 & 14)

PAN / Form 60 / 61/49A. Application without this information will be rejected.

Only for application of above Rs. 50,000

| | PAN | Pan Proof attached | (please ✓) | Form 60 / 61 attached | (please ✓) |
|-------------------------------|-----|--------------------|-------------|-----------------------|------------|
| First Applicant / Guardian | | | or Form 49A | Form 60 / 61 attached | |
| Second Applicant | | | or Form 49A | Form 60 / 61 attached | |
| Third Applicant | | | or Form 49A | Form 60 / 61 attached | |

5. GENERAL INFORMATION – Please (✓) wherever applicable

(SEE NOTE 1 L & m)

| | | | | | | | |
|-----------------|--|---|--------------------------------------|---|--|------------------------------|--|
| Status | 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"/> |
| 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

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/Direct Credit eligible bank)

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

TEAR HERE



SBI MUTUAL FUND
A partner for life.

ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

Principal Trustee : 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

TEAR HERE

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 (Please fill in your investment details below)
 Systematic Investment Plan (SIP) (Please fill in the SIP details at SR No.9 below)
 Both (One time & SIP) (Please fill in your investment details below and SIP details at SR No. 9)

| Scheme Name | Option (Please ✓) | Cheque / DD Amount (Rs.) | Drawn on Bank and Branch | Cheque / D.D. No. & Date |
|--|--|--|---------------------------------------|--------------------------|
| | Dividend <input type="checkbox"/> Growth <input type="checkbox"/> Dividend mode (Please ✓) Payout <input type="checkbox"/> Reinvest <input type="checkbox"/> | | | |
| A. Investment Amount (Rs. in Figures) | B. Draft Charges Deducted (Rs.) | C. Net Amount Paid (A-B) (Rs. in Figures) | Net Amount Paid (Rs. in Words) | |
| | | | | |

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

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

10. SWP / STP FACILITY (SEE NOTE 7 & 8)

| | | | |
|--|---|---------------------|--|
| Systematic Withdrawal Plan (SWP) | Amount for each Cheque | Amount (in words) | |
| | Month & Year of Commencement of SWP M M Y Y Y Y Y Y (e.g. For April 2004, please indicate 0 4 2 0 0 4) | | |
| Systematic Transfer Plan (STP) | From (Scheme) & Folio No. | To (Scheme) | Option (Please ✓) |
| | Scheme | | <input type="checkbox"/> Dividend <input type="checkbox"/> Growth <input type="checkbox"/> Dividend mode (Please ✓) |
| | Folio No. | | <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest |
| Frequency & Enrolment Period (Please ✓ any one only) | <input type="checkbox"/> Monthly 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Quarterly | Amount (Rs.) of STP | Date of STP |
| | | | Commencement From: D D M M Y Y Y Y To: D D M M Y Y Y Y |

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

Unit holders having bank account with select banks viz.State Bank of India (core banking branches), HDFC Bank, ICICI Bank, Axis Bank, Kotak Bank and IDBI Bank 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. (SEE NOTE 10)

| | | | | |
|-------------------------------|----------------|-----------------|--|--|
| Name of the Nominee | | | | <input checked="" type="checkbox"/> Signature of Guardian* (*Mandatory in case of Minor nominee) |
| Name of the Guardian* | | | | |
| Relationship/Body | Date of Birth* | D D M M Y Y Y Y | | |
| Address of Nominee/ Guardian* | | | | |

13. 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 _____

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. "I/We hereby undertake to provide PAN/proof of applying for PAN on or before December 31, 2007, in line with SEBI regulation/circulars".
 * Applicable to other than Individuals / HUF; ** Applicable to NRI;

| | | | |
|---|---|---|---|
| SIGNATURE(S) All applicants must sign here | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 1st Applicant / 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.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

TEAR HERE