

**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-98078				E114948	

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 \*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"/> Government Body	<input type="checkbox"/> Single	<input type="checkbox"/> Professional
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society	<input type="checkbox"/> Joint	<input type="checkbox"/> Business
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Trust	<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"/> NPS Trust		<input type="checkbox"/> Private Sector Service
<input type="checkbox"/> NRI - Minor (Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Fund of Fund		<input type="checkbox"/> Public Sector Service
<input type="checkbox"/> NRI - Minor (Non-Repatriable)	<input type="checkbox"/> FII	<input type="checkbox"/> Gratuity Fund		<input type="checkbox"/> Agriculturist
<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP		<input type="checkbox"/> Retired
<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI		<input type="checkbox"/> Housewife
		<input type="checkbox"/> NGO		<input type="checkbox"/> Student
		<input type="checkbox"/> LLP		<input type="checkbox"/> Forex Dealer
		<input type="checkbox"/> PIO		<input type="checkbox"/> Doctor
		<input type="checkbox"/> Others (Please specify)		<input type="checkbox"/> Others [Please specify]

**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** (Mandatory for NRI / FII) \_\_\_\_\_  
**City** \_\_\_\_\_  
**Country** \_\_\_\_\_ **Zip** \_\_\_\_\_

**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 (✓)) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide the below details
<b>National Securities Depository Limited (NSDL)</b>	<b>Central Depository Services (India) Limited (CDSL)</b>
Depository Participant Name _____ DP ID No. _____ Beneficiary Account No. _____	Depository Participant Name _____ Target ID 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

**ACKNOWLEDGEMENT SLIP** APPLICATION NO. \_\_\_\_\_  
To be filled in by the Investor

(To be filled in by the First applicant/Authorized Signatory): Received from: _____							Stamp Signature & Date
<b>Scheme Name</b>	<b>Plan (✓)</b>	<b>Option (✓)</b>	<b>Dividend Facility (✓)</b>	<b>Cheque/ DD Amount (Rs.)</b>	<b>Bank and Branch</b>	<b>Cheque / DD No. &amp; Date</b>	
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments _____							All purchases are subject to realisation of cheque / demand draft

**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)		Account Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> Others
IFS Code			

**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 ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option.	
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus	Scheme / Plan / Option	
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer		
Dividend Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 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)		

(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. (Net worth should not be older than 21 years) 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 illness<sup>9</sup> 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. <sup>9</sup> 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	⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Address of Nominee/Guardian			

#(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

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 & 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