

COMMON APPLICATION FORM FOR EQUITY ORIENTED 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.
82882				E028251	

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]

Father's Name _____

Spouse's Name _____

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
(In case of Minor, please fill the following details of Guardian)

Email ID _____

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

Telephone (O) _____
County Code _____

Telephone (R) _____
County Code _____

Type of address given at KRA Residential Business Registered Office
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

PAN _____ **PAN Exempt KYC Ref no (PEKRN for Micro investments) -** _____
Type of Identification Document given at KRA _____

AADHAAR No _____ Identification Document No. _____
Document Issuing Country _____

Occupation Professional Business Government Service Private Sector Service Public Sector Service Agriculturist
(Please (✓)) Retired Housewife Student Forex Dealer Doctor Others [Please specify] _____

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

Networth in Rs. _____ **as of (date)** [D][D][M][M][Y][Y][Y][Y]

Politically Exposed Person [PEP]: Yes No Related to PEP

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

NOTE: Non-individual applicants should mandatorily fill Annexure - I alongwith this form.

2. PARTICULARS OF SECOND APPLICANT (SEE NOTE 1 & 2)

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

Gender Male Female Other (Third Gender) **Date of Birth** [D][D][M][M][Y][Y][Y][Y]

Father's Name _____

Spouse's Name _____

Type of address given at KRA Residential Business Registered Office
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

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

TEAR HERE

SBI MUTUAL FUND Sponsor : State Bank of India
A PARTNER FOR LIFE Investment Manager : SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)

ACKNOWLEDGEMENT SLIP
To be filled in by the Investor

APPLICATION NO.

(To be filled in by the First applicant/Authorized Signatory) : Received from : _____							Signature, Date & Stamp
Scheme Name	Plan (✓)	Option (✓)	Dividend Facility(✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				

Attachments _____ All purchases are subject to realisation of cheque / demand draft

PAN

AADHAAR No

Occupation (Please tick (✓)) Professional Business Government Service Private Sector Service Public Sector Service Agriculturist Retired Housewife Student Forex Dealer Doctor Others [Please specify] _____

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

Networth in Rs. _____ **as of (date)**

Politically Exposed Person [PEP]: Yes No Related to PEP

Mandatory Enclosures PAN Proof KYC Acknowledgement

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

Type of Identification Document given at KRA _____

Identification Document No. _____

Document Issuing Country _____

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

Name Mr./Ms./M/s.

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

Father's Name

Spouse's Name

Type of address given at KRA Residential Business Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

PAN

AADHAAR No

Occupation (Please tick (✓)) Professional Business Government Service Private Sector Service Public Sector Service Agriculturist Retired Housewife Student Forex Dealer Doctor Others [Please specify] _____

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

Networth in Rs. _____ **as of (date)**

Politically Exposed Person [PEP]: Yes No Related to PEP

Mandatory Enclosures PAN Proof KYC Acknowledgement

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

Type of Identification Document given at KRA _____

Identification Document No. _____

Document Issuing Country _____

4. FATCA & CRS RELATED INFORMATION (Only for Individuals/Proprietor)

DETAILS OF FIRST APPLICANT

Country of Birth _____ **Place of Birth** _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Identification Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number *	Identification Type* (TIN or Other, please specify)

* It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.
(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

DETAILS OF SECOND APPLICANT

Country of Birth _____ **Place of Birth** _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number *	Identification Type* (TIN or Other, please specify)

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.
(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

----- **TEAR HERE** -----

Any communication in connection with this application should be addressed to the Registrar or the Investment Manager

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- 61793511
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 – 28881101 / 36
Email: enq_L@camsonline.com
Website: www.camsonline.com

DETAILS OF THIRD APPLICANT

Country of Birth _____ Place of Birth _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number*	Identification Type* (TIN or Other, please specify)

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

(Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

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

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

6. 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 _____

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 ✓)		
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

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) (if Yes, please tick any one)

PDC (In case of SIP through Post Dated Cheques (PDC) it is mandatory to submit Transaction Slip mentioning PDC details)

Direct Debit / NACH (In case of SIP through Direct Debit/NACH it is mandatory to submit SIP Enrolment Form and One Time Debit Mandate Form)

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	
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	Scheme / Plan / Option _____

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

For third party cheques please see Note 3 vii.

10. DEMAT ACCOUNT DETAILS

If you wish to hold units in Demat mode, please provide below details and enclose the latest Client Master / Demat Account Statement (Mandatory). Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

Table with 2 columns: National Securities Depository Limited (NSDL) and Central Depository Services (India) Limited (CDSL). Rows include Depository Participant Name, DP ID No., and Beneficiary Account No.

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned. Further allotment of units (through additional purchase / SIP) in the same scheme/plan will be allotted in Demat mode and investors can do further transactions through their Depository Participant only.

11A. 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 11 B.) (SEE NOTE 10)

Table for Nominee 1: Name of the Nominee, Name of the Guardian, Percentage, Relationship, Date of Birth, Address of Nominee/Guardian, Signature of Nominee/Guardian.

Table for Nominee 2: Name of the Nominee, Name of the Guardian, Percentage, Relationship, Date of Birth, Address of Nominee/Guardian, Signature of Nominee/Guardian.

Table for Nominee 3: Name of the Nominee, Name of the Guardian, Percentage, Relationship, Date of Birth, Address of Nominee/Guardian, Signature of Nominee/Guardian.

11B. NOMINATION : I do not wish to nominate any person at the time of making the investment.

Signature field for 11B.

12. DECLARATION (SEE NOTE 11) : I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents...

* Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to "Micro investments"

Table for Signatures: 3 columns for 1st, 2nd, and 3rd Applicant/Guardian/Authorised Signatory, with Date and Place fields.

SIP ENROLMENT FORM

(Please submit SIP enrolment form only if One Time Debit Mandate Form (OTM) registered / submitted in the Folio)

New investors subscribing to the scheme through SIP must complete SIP Enrolment Form & OTM alongwith Common Application Form

(Application should be submitted atleast 30 days before the 1st Direct Debit/NACH debit date)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.

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)			
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd 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

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.

INVESTOR DETAILS

Folio No./Application No. _____ (Existing unitholders: Please mention your Folio Number. New applicants: Please mention the Application Number)

Name of 1st Applicant (Mr/Ms/M/s) _____

Name of Father/Guardian in case of Minor _____

PAN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
_____	_____	_____
Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement
PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____	PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____	PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

SIP DETAILS (Direct Debit/NACH in select banks only)

SIP with Cheque SIP without Cheque

Scheme Name _____

Plan (Please ✓) Regular Direct

Option (Please ✓) Growth Dividend (Frequency) _____

Dividend Facility (Please ✓) Reinvestment Payout

Each SIP Amount (Rs.) _____ **First Cheque No.** _____
 (Note : Cheque should be drawn on bank account mentioned below)

SIP Frequency (Please ✓ any one) Weekly SIP (1st, 8th, 15th and 22nd) Monthly SIP (Default) Quarterly SIP

SIP Date (for Monthly & Quarterly) (Please ✓) 1st 5th 10th 15th 20th 25th 30th (For February, last business day)

SIP Period

From: [D][D][M][M][Y][Y][Y][Y] _____

To: [D][D][M][M][Y][Y][Y][Y] _____ OR 3 years 5 years 10 years 15 years Perpetual (Select any one)

Debit Bank A/c Details (Mandatory only in case of Multiple OTMs (One Time Debit Mandates) registered/submitted in the Folio with different bank account details)

Bank Name _____

Bank A/c No _____

TOP-UP SIP (all fields mandatory)

Top-up Amount Rs. (in multiples of Rs. 500 only) _____ **Top-up Frequency** (Please ✓ any one) Half - Yearly Annual

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund.

I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

SIGNATURE(S)			
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory

Folio No. / Application No. _____	
Received SIP Enrolment Form from _____	Acknowledgement Stamp