

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.
ARN - 23027				E 042968	

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
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 *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 _____

Foreign Address (Mandatory for NRI / FII) _____

City _____ **Zip** _____

Country _____

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

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

TEAR HERE

ACKNOWLEDGEMENT SLIP

APPLICATION NO.

(To be filled in by the First applicant/Authorized Signatory) :

Received from : _____							
Scheme Name	Plan (✓)	Option (✓)	Dividend Facility(✓)	Cheque/DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	Stamp Signature & 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

SIP ECS/DIRECT DEBIT FACILITY : REGISTRATION CUM MANDATE FORM

 New Investors subscribing to the scheme through SIP ECS/Direct Debit Facility must complete this form compulsorily alongwith Common Application Form
 (Application should be submitted atleast 30 days before the 1st ECS/Direct Debit Clearing date)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIIN* (Employee Unique Identification Number)	Reference No.
ARN - 23027				E 042968	

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SIGNATURE(S)	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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Please (✓) SIP Registration SIP Renewal SIP - Change in Bank Details

INVESTOR DETAILS

Folio No./Application No. _____ (For Existing Investor please mention Folio Number. For New Applicants please mention the Common Application Form 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 (ECS in select cities or Direct Debit in select banks only) (SEE NOTE 12, 13 & 14)

SIP with Cheque SIP without Cheque

Scheme Name _____

Plan (Please ✓) Regular Direct

Option (Please ✓) Growth Dividend

Dividend Facility (Please ✓) Reinvestment Payout

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

SIP Date 5th 10th 15th 20th 25th 30th (For February, last business day) **No of SIP Installments** _____ **Frequency** Monthly Quarterly

SIP Period From **OR** 3 years 5 years 10 years 15 years Perpetual (Select any one)

TOP-UP SIP

(SEE NOTE 12, 13 & 14)

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

DECLARATION : I/We hereby, authorize the AMC and their authorised service providers, to debit my/our following bank account directly or by ECS for collection of payments.

BANK PARTICULARS (as per bank records)

Name of 1st Holder _____

Name of 2nd Holder _____

Name of 3rd Holder _____

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 ✓)
 Savings NRO FCNR
 Current NRE Others _____

DECLARATION : I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in ECS. 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 AMC, 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 and agreed to the terms and conditions mentioned in SID/KIM.

SIGNATURE(S)	1st Account Holder/ Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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BANKER'S ATTESTATION

Certified that the signature of account holder and the Details of Bank account are correct as per our records.

Signature of authorised Official from Bank (Bank stamp and date)

Signature of authorised Official from Bank (Bank stamp and date)

The Branch Manager _____ **Date**

Bank _____ **Branch** _____

Sub : Mandate verification for A/c. No. _____

This is to inform you that I/We have registered for making payment towards my investments in SBIMF by debit to my/our above account directly or through ECS. I/We hereby authorize you to honour such payments for which I/We have signed and endorsed the Mandate Form.

Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,
 Yours sincerely

_____ _____ _____

1st Account Holder/ Guardian / Authorised Signatory **2nd Account Holder** **3rd Account Holder**

SBI MUTUAL FUND **ACKNOWLEDGEMENT SLIP** Folio No. / Application No. _____
 A PARTNER FOR LIFE To be filled in by the Investor

(To be filled in by the First applicant/Authorized Signatory) :

Received from _____

an application for Purchase of Units alongwith 1st Cheque Number _____ For Rs. _____

All purchases are subject to realisation of cheques. Acknowledgement Stamp