

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-97379				E112253	

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 15)

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*** *Mandatory in case of Minor and please provide photocopy of supporting documents (See Note 1 i)

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 i)] 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 **Mandatory Enclosures** PAN Proof KYC Acknowledgement

Telephone (R) County Code **PAN Exempt KYC Ref no (PEKRN for Micro investments) -**

PAN **AADHAR No**

Occupation (Please) 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

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.

PAN **Mandatory Enclosures** PAN Proof KYC Acknowledgement

AADHAR No **PAN Exempt KYC Ref no (PEKRN for Micro investments) -**

Occupation (Please) 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

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

SBI MUTUAL FUND Sponsor: State Bank of India 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:

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"/> Bonus	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer			

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

Stamp Signature & Date

3. PARTICULARS OF THIRD APPLICANT

(SEE NOTE 1 & 2)

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

PAN _____ Mandatory Enclosures PAN Proof KYC Acknowledgement

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

Occupation (Please ✓) 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)

D	D	M	M	Y	Y	Y	Y
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Politically Exposed Person [PEP]: Yes No Related to PEP

4. FATCA RELATED INFORMATION

DETAILS OF FIRST APPLICANT

Country of Birth _____ City of Birth _____

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

In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number. (Please attach additional sheets if necessary)

DETAILS OF SECOND APPLICANT

Country of Birth _____ City of Birth _____

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

In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number. (Please attach additional sheets if necessary)

DETAILS OF THIRD APPLICANT

Country of Birth _____ City of Birth _____

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

In case Tax Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number. (Please attach additional sheets if necessary)

5. GENERAL INFORMATION – Please (✓) wherever applicable

(SEE NOTE 1 n & o)

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"/> Joint <input type="checkbox"/> Any one or Survivor
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Trust	<input type="checkbox"/> PIO	
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> NPO _____ [Please specify]	
<input type="checkbox"/> NRI- Minor (Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> Others _____ [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		

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

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 / FI) _____

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 (Incuse of SIP through Post Dated Cheques (PDC) it is mandatory to submit Transaction Slip mentioning PDC details)
 - Auto Debit / ECS (Incuse of SIP through ECS/Auto Debit mode it is mandatory to submit SIP Enrolment Cum Auto Debit/ECS Mandate Form)

Scheme Name _____	
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus
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
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)

In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Scheme / Plan / Option _____

For third party cheques please see Note 3 viii.

9. STP ENROLLMENT DETAILS Opted for STP: Yes No (If Yes, it is mandatory to submit STP Enrollment Form/Transaction slip)

10. 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)

Do you want Units in Demat Form (Please (✓)) Yes No (If Yes, please provide the below details and enclose the latest Client Investor Master / Demat Account Statement (Mandatory))

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. _____	Target ID No. _____
Beneficiary Account No. _____	_____

11. ONLY FOR SBI MAGNUM CHILDREN'S BENEFIT PLAN

(SEE NOTE 1 I)

Name of Mother (Mrs/Ms)											
Name of Applicant <small>(If different from Parent/Legal Guardian)</small>											
LOCK IN (Please ✓) :	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required	REDEMPTION OPTION <small>(Please ✓)</small>	<input type="checkbox"/> Lump-sum	<input type="checkbox"/> Staggered	Nomination of an alternate child* <small>(Please ✓)</small>	<input type="checkbox"/> Required	<input type="checkbox"/> 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		

12. ONLY FOR SBI REGULAR SAVINGS FUND

(SEE NOTE 1 I)

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

13A. 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 13 B.)

(SEE NOTE 10)

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

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

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

13B. NOMINATION : I do not wish to nominate any person at the time of making the investment.

Signature										
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14. 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 and I/We hereby confirm and declare that (i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund ("**the 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; (iii) the monies invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("**FCRA**"); (iv) I/We am/are aware that a U.S. person (within the definition of the term 'US Person' under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/resident of Canada; (v) 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 a scheme of the Fund is being recommended to me/us; (vi) * 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 am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) ** I/We am/are Non Resident of Indian Nationality/Origin and 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; (viii) *** I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand); (ix) all information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting; (x) that we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same; (xi) I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; (xii) Towards compliance with tax information sharing laws, such as FATCA: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency;

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

Applicants must sign as per mode of holding	⊗	⊗	⊗
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date	Place		