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SBI MUTUAL FUND Sponsor: State Bank of India Investment Manager: SBI Funds Management Pvt. Ltd. (To be filled in by the First applicant/Authorized Signatory): Received from: Scheme Name Options (/) Growth Dividend Payout Dividend Reinvestment	7. DIRECT CREDIT OF DIVIDEND/ REDEMPTION Value of their banks will receive their redemption/dividend proceeds (if any) directly into their bank account with selected banks will receive their redemption/dividend proceeds (if any) directly into their bank account banks will receive their redemption/dividend proceeds (if any) directly into their bank account banks will receive their redemption/dividend proceeds (if any) directly into their bank account banks will receive their redemption/dividend proceeds (if any) directly into their bank account banks will receive their redemption/dividend proceeds (if any) directly into their bank account banks will receive their redemption/dividend proceeds (if any) directly into their bank account banks will receive their redemption/dividend proceeds (if any) directly into their bank account banks will receive their redemption/dividend proceeds (if any) directly into their bank account banks will receive their redemption/dividend proceeds (if any) directly into their bank account banks will receive their redemption/dividend proceeds (if any) directly into their bank account banks will receive their redemption/dividend proceeds (if any) directly into their bank account banks will receive their redemption/dividend proceeds (if any) directly into their banks account banks will receive their banks account banks account banks will receive their banks account banks account banks will receive their banks account banks will be account banks account banks account banks will be account banks account banks will be account banks account banks will be account banks ac	9 digit MICR Code	City Account No.		6. BANK PARTICULARS	Calpto	(NRI / FII Applicants)		State	Address of 1st Applicant City	5. CONTACT L	Individual Trust Society AOP/BOI	4. GENERAL IN		Name Mr./Ms./M/s.	PAN	Name Mr./Ms./M/s.	PAN 2. PARTICULARS	Name of Contact Person (in case of Institutional Investor)	Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h) Name of Guardian in case of Minor	Telephone No. (O) Telephone No. (R) Relationship of Guardian in case of Minor	Date of Birth* D D M M Y Y Y Y E *Mandatory in case of Minorand please provide photocopy of supporting documents (See Note 1h)	Name (Mr./Ms./M/s.)	1. PARTICULARS OF FIRST APPLICANT	9686)
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8. INVESTMENT AND F One time Investment (Please fill in your investment)	PAYMENT DETAILS ent details below)	: I/We would like to invest in the following Scheme of SBI Mutual Fund Systematic Investment Plan (SIP) with cheque Systematic Investment details below and SIP details at Sr No. 9) [Please till in your investment details below and SIP details at Sr No. 9)	Ind Systematic Investment Plan (SIP) without cheque (Please fill in the SIP details at Sr No. 9 below)
Scheme Name	me Name		מאס ווו ווו נוום טוו עם(מווא מגטו ואטייט שטוטאי)
Options (Please ✓) Chequ	Growth Divide	□ Dividend Payout □ Dividend Reinvestment □ Drawn on Bank and Branch	Cheque / D.D. No. & Date
	4		
Investmer	Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)	(Rs. in Words)
For third party cheque	s please see Note 3 vii.		
9. SYSTEMATIC INVESTMENT PLAN SIP	VESTMENT PLAN (SIP)/ SBI CHOTA	SIP/ MICRO SIF	
SBI CHOTA SIP	(Only for Growth Plans of Magnum Balancec	SBI CHOTA SIP (Only for Growth Plans of Magnum Balanced Fund, MMPS 93, MSFU Contra Fund and SBI Blue Chip Fund with minimum 60 installments	P (Please tick (\checkmark)) MICRO SIP minimum 60 installments under Monthly frequency)
1. Payment Mechanism	Cheques (Decape provide the de	SIP ECS/Direct Debit	
(Please ✓ any one only)	ovide the d	10 th 15 th 20 th 25	(Please complete enclosed SIP ECS/Direct Debit Facility Registration cum Mandate Form) 19 30th (For February, last business day) No of SIP
2. Frequency (Please ✓ any one only)	Monthly SIP (Defa	Quarterly SIP	
3. SIP Period	From D D M	M M D D V V V W M	r notice*
4. Cheque(s) Details	No. of Cheques SIF	SIP Installment Amount (in figures) Cheque Nos	Cheques drawn on
10. DOCUMENT DET	10. DOCUMENT DETAILS (in case of Micro SIP) (please	e note that investors have to provide address proof in addition	n to photo identification) (SEE NOTE 14)
Document Description Document Number (if any)	y)		
11A. NOMINATION: for individual investors	I wish to nominate the following persons applying with single holding, Nomin	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, and investors applying with single holding. Nomination is mandatory. However, in case you do not wish to nominate please sign	heffect from 01/04/2011, (SEE NOTE 10) o nominate please sign
Name of the Nominee		Percentage	Ō
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Name of the Nominee		Percentage	
Name of the Guardian			
Relationship		Date of Birth*	<
Guardian 11B. NOMINATION	: I do not wish to nominate any per	son at the time of making the investment.	Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Signature			
☐ I/We would like to receiv	eceive the application form for obtaining P	ive the application form for obtaining PIN to view my/our account information online	
13. DECLARATION 8	SIGNATURE (SEE NOTE 11): "I/We have read	and understood the contents of the Scheme Information Document and the	details of the scheme and I/We have not received or been induced.
by any rebate or gifts, directly o or designed for the purpose of 'I/We certify that as per the Mei for and on behalf of the Compa banking channels or from my/o. Micro SIP application will result other mode), payable to him fo	r indirectly, in making this investment.* "I/We hereby of contravention of any act, rules, regulations or any state moradum and Articles of Association of the Compan my/Firm/Trust. ** I/We confirm that I am/we are Non I ur Non Resident External/Ordinary account/FCNR Acc Ir ho aggregate investments exceeding Rs. 50,000 in a trib aggregate investments exceeding Rs. 50,000 in a trib aggregate investments exceeding Rs. 50,000 in a trib different competing Schemes of various Mutual	by any rebate or giffs, directly or indirectly, in making this investment. "I/We hereby declare that the amount 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 can early notification of the Company in the Company in the formation of th	BI Mutual Fund is derived through legitimate sources and is not held ssued by any governmental or statutory authority from time to time." spany / Firm / Trust. I/We are authorised to enter into this transactions the subscriptions have been remitted from abroad through approved not have any existing SIP/Micro SIPs which together with the current to me/us all the commissions (in the form of trail commission or any
SIGNATURE(S) Applicants must		⊗	⊗
ig	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
All fitting community	All future communication in composition with this application should be addressed.	†	
Investment Manage SBI Funds Manage (A Joint Venture be 191, Maker Towers Mumbai - 400 005. Tel.: 022-2218024	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		Registrar: Computer Age Management Services Pvt. Ltd., (SEBI Registration No.: INR000002813) 148, Old Mahabalipuram Road, Okkiyam Thuraipakkan, Chennai 600096, Tamil Nadu Tel: 044-34580089
E-mail: partnerforlife@sbimf.com,	fe@sbimf.com,	Tel: 044-30407000 &	24587000, Fax: 044-24580982