

		NO	

COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES (Please fill in BLOCK Letters)  ARN & Name of Distributor   Branch Code (only for SBI and Associate Banks)   Sub-Broker Code   Reference No. (To be filled by Registrar)																											
ARN									_		_ `	Broker			_	Reference No. (To be filled by Registrar)											
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Upfront commission	shall	be paid	d direct	lly by t	the inv	estor t	o the A	MFI re	gister	ed Dist	ributor	s base	d on	the in	vestors	asses	sment	of vario	us fac	tors in	cluding	the s	ervice	rendere	ed by th	e distributor	
1. PARTICULA									<b>J</b>																TE 1		
EXISTING FO	LIO N	10.														g unith then pi									e and	PAN	
Name (Mr/Ms/M/s)													Ĺ											0,			
Date of Birth*	D	D	M	M	Υ	Υ	Υ	Υ	E	Email	ID																
*Mandatory in case of N Telephone No.	/linor		ı	ı	ı	ı	ī	ı	ı	ı	,	ı	ī			Mah	ile No.	ı	1	1	1	1	ı				
· ·			<u> </u>				1			1		1	1	1	i.	IVIOD	iie No.										
Name of Father/ Guardian in case	of Mi	nor																									
Name of Contact	Perso	n																									
PAN												Attac	hed		PAN Pı	roof	[.	Are yo	u KY0	C Com	pliant	Pleas	se (🗸)		Yes	No ]	
2. PARTICULARS OF SECOND APPLICANT (SEE NOTE 2)																											
Name Mr./Ms./M/s.	I											I	П	Т		T											
PAN									Π			Attac	hed	$\dot{\Box}$	PAN Pi	roof	[.	Are yo	ıı KY(	Com	nliant	Pleas	se (🗸)	$\Box$	Yes	No 1	
3. PARTICULA	ARS (	OF T	HIRD	APF	PLICA	ANT																		E NC	TE 2)		
Name																											
Mr./Ms./M/s.														$\pm$		,			100	2.0		Di	( ()	$\vdash$	\		
	MEOF		ION	Diag		( )l			liaab	<u> </u>		Attacl	nea		PAN Pi	7001	Į.	Are yo	u KYC	Com	ipiiant	Pleas		E NC	Yes	No ]	
4. GENERAL II	NFOF	IWA I	ION -		ıse ( 🗸 ıs (Ple			r app	licab	ie				Mo	de of	Holdin	g (Plea	ase (✔	))			Occup			se ( <b>√</b> ))	ι α ΙΙΙ)	
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		Propr	rietor		Othe		Jour C	orpor	aic					☐ An	y one	or Surv	vivor			Oth					001	7100	
5. CONTACT	DET	AILS																					(SE	E NC	TE 1	)	
Local Address of																											
1st Applicant																ī										i	
Landmark														T													
City																					Pin						
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	Addre	ss for (	Corres	ponde	nce for	NRI A	pplica	nts onl	y ( Ple	ase (🗸)	) India	n by De	fault			Fo	reign										
Foreign Address (NRI / FII Applicants)																											
(NRI / FII Applicants)																T											
City														T													
Country														T	i	i		Zip							i	i	
6. BANK PART	TICUL	ARS	(As	er SE	BI Reg	gulatio	ns it i	s man	datory	for In	vesto	rs to p	rovic	de the	ir banl	accou	nt deta	ils)					(SE	E NO	OTE 3		
Name of Bank																Т	T										
Branch Name														$^{+}$		+											
and Address							$\vdash$					$\vdash$		+	+	+	+										
City										1		<del>                                     </del>		+	+	+	1				   <sub>E</sub> .						
ή -												1		+			1				Pin	coun	t Type	(Plea	se 🗸)		
Account No.										(This	is 9 dia	git numh	er ne	ext to th	e cheai	ie numbe	er. Pleas	e provid	de E	Savi		NR		FC			
9 digit MICR Co	de											ncelled					1003	١٧٥٠١٩ د.		Curr	ent	NR	E	Ot	ners		
IFS Code																											
7. DIRECT CR Unit holders havi									:II				/-				:6	eline est		Ale edución la					NOTE		
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Inve	stors	subsc	ribinç	to th	e sch	eme tl	hroug	h SIP	must	comp	lete F					date fo											
SBI MUTUAL A partner fo	FUND	Spons	sor: St tment M	ate Bar	nk of Ind	dia Funds	,~> — Mana∩	ement	Pvt. Lt	- I d I	ACK	NOW	/LE	DGI	EME	NT SL	_IP	۷DI	کا ا∪ ⊸	ATIO	N N	0					
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Attachments														A	II purci	nases a	re subje	ect to re	ealisati	on of c	neque	/ dema	and dra	π			

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 (Please fill in your investment details below)  Systematic Investment Plan (SIP) (Please fill in your investment details below)  (Please fill in your investment details below and SIP details at SR No.9 below)  Scheme Name																								
Scheme Name																								
Options (Please 🗸 )		Growth Dividend Payout Dividend Reinvestment    Dividend Reinvestment														Cheque / D.D. No. & Date								
Cite					Cheque / D.D. No. & Date																			
Investment Amount (Rs. in Figures)										Investment Amount (Rs. in Words)														
9. SYSTEMATIC INVESTMENT PLAN (SIP)/ MICRO SIP																				(SE	E NOTE 12, 13, 14 & 15)			
SIP	SIP					In ca	se thi	s appli	catio	n is for	Micro	SIP (	Please	e tick (	(V)) MICRO SIP									
1. Payment Mechanism (Please ✓ any one only)  Cheques (Please provide the d									SIP ECS/Direct Debit															
				SIP D				5 <sup>th</sup>		1:	5 <sup>th</sup>		25 <sup>t</sup>	h			No c	of SIP	s					
2. Frequency (Please	✓ any o	ne only	)		Mont	hly SII	P (Defa	ault)									Quart		SIP .					
3. Enrolment Period (Please ✓ any one only			D. 4		2 moi				01	C	ate of		nent _	D	M M Y Y Y Y									
4. Cheque(s) Details			$\vdash$	No	o. of C	neque	es	SI	P Am	ount	(ın fıg	ures)	+		Che	que l	NOS		-			Cheques drawn on		
10. DOCUMENT D	ETAIL	S (in	case	e of	micr	o SIF	P)						<b>,</b>						,			(SEE NOTE 14)		
Document Name:																								
Document Number (if a		to no	minat	te the	folloy	wing r	erson	/body	to rec	reive	the a	mount	to m	v cre	dit in t	he ev	ent of	mv d	eath			(SEE NOTE 10)		
Name of the Nominee	_	to ne	, mina	C tric	TOHOV	willig p	(1301)	body	10 100	CIVC	inc a	littourit	10 111	y Ci C	JIL III L			entag				(OLL NOTE 10)		
Name of the Guardia	n*																							
Relationship											Date	of Bi	rth*	D	D	М	M	Υ	Υ	Υ	Υ	⊗		
Address of Nominee/ Guardian*																						Signature of Guardian* (*Mandatory in case of Minor nominee)		
Name of the Nominee	_																Perc	entag	е					
Name of the Guardian	1*												L	Ь,										
Relationship  Address of Nominee/ Guardian*											Date	of Bi	rth*	D	D	M	M	Υ	Υ	Υ	Υ	Signature of Guardian* (*Mandatory in case of Minor nominee)		
Name of the Nominee																	Perc	entag	е					
Name of the Guardian	1*																							
Relationship											Date	of Bi	rth*	D	D	M	M	Υ	Υ	Υ	Υ	$\otimes$		
Address of Nominee/ Guardian*																						Signature of Guardian* (*Mandatory in case of Minor nominee)		
12. SERVICES (Ple	ase ✓)																					(SEE NOTE 4)		
☐ I would like to rec	eive a eive An	nual F	Report	by er	mail										_							nents by email		
13. DECLARATION & SIGNATURE [SEE NOTE] or gitts, directly or indirectly, in making this investment." I/We have read and understood the contents of the offer document and the details of the scheme and I/We have not received or been induced by any rebate or gitts, directly or indirectly, in making this investment." I/We nereby 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 contine." I/We contine." I/We contine." I/We contine." I/We contine." I/We contine." I/We contine. I/We are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust. I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account. Applicable to other than Individuals I/IUF. Applicable to NRI; I/We do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable to Micro SIP investors 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.																								
SIGNATURE(S) Applicants must	8									8									$\otimes$					
sign as per mode				uardian / Authorised Signatory 2nd Ap								olican	t / Au	thoris	sed Si	gnato	ry		3rd Applicant / Authorised Signatory					
Date									_									P	lace					
Investment Mana SBI Funds Manac (A Joint Venture 191, Maker Towe Mumbai - 400 00 Tel.: 022-221802	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 & SGAM) 191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005. Tel:: 022-22180244/22180221, Fax: 022 -22180244  Registrars to the scheme or SBIMF Corporate Office.  Registrar: Computer Age Management Services Pvt. Ltd., (SEBI Registration No.: INR000002813) 178/10, Kodambakkam High Road, Opp. Hotel Palmgrove, Chennai - 600034. Phone: 044 - 28283606/7/8, 39115501/2/3													Pvt. Ltd., 3) p. Hotel Palmgrove,										
E-mail: partnerfo Website: www.sb	_				nds.co	om													line.co					