

8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE NOTE 5)

<input type="checkbox"/> One time Investment (Please fill in your investment details below)	<input type="checkbox"/> Systematic Investment Plan (SIP) (Please fill in the SIP details at SR No.9 below)	<input type="checkbox"/> Both (One time & SIP) (Please fill in your investment details below and SIP details at SR No. 9)
Scheme Name		
Options (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment		
Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)	

9. SYSTEMATIC INVESTMENT PLAN (SIP)/ MICRO SIP (SEE NOTE 12, 13, 14 & 15)

<input type="checkbox"/> SIP	<input type="checkbox"/> SBI CHOTA SIP (Only Monthly frequency, minimum 60 months)	In case this application is for Micro SIP (Please tick (✓)) <input type="checkbox"/> MICRO SIP
1. Payment Mechanism (Please ✓ any one only)	<input type="checkbox"/> Cheques (Please provide the details below)	<input type="checkbox"/> SIP ECS/Direct Debit (Please complete enclosed SIP ECS/Direct Debit Facility Registration cum Mandate Form)
	SIP Date (Please ✓) <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day)	No of SIPs <input type="text"/>
2. Frequency (Please ✓ any one only)	<input type="checkbox"/> Monthly SIP (Default)	<input type="checkbox"/> Quarterly SIP
3. SIP Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Cheque(s) Details	No. of Cheques	SIP Amount (in figures)
	Cheque Nos	Cheques drawn on

10. DOCUMENT DETAILS (in case of Micro SIP) (SEE NOTE 14)

Document Description _____
 Document Number (if any) _____

11. NOMINATION : I wish to nominate the following person/body to receive the amount to my credit in the event of my death. (SEE NOTE 10)

Name of the Nominee	Percentage	⊗ Signature of Guardian* (*Mandatory in case of Minor nominee)
Name of the Guardian*		
Relationship	Date of Birth* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address of Nominee/ Guardian*		
Name of the Nominee	Percentage	⊗ Signature of Guardian* (*Mandatory in case of Minor nominee)
Name of the Guardian*		
Relationship	Date of Birth* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address of Nominee/ Guardian*		
Name of the Nominee	Percentage	⊗ Signature of Guardian* (*Mandatory in case of Minor nominee)
Name of the Guardian*		
Relationship	Date of Birth* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address of Nominee/ Guardian*		

12. SERVICES (Please ✓) (SEE NOTE 4)

I/We would like to receive the application form for obtaining PIN to view my/our account information online

13. DECLARATION & 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 or indirectly, in making this investment. * I/We hereby 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 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 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 / HUF; ** Applicable to NRI; I/We do not have any existing SIP/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 sign as per mode of holding	⊗	⊗	⊗
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date			Place

TEAR HERE

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
 E-mail : partnerforlife@sbimf.com,
 Website : www.sbimf.com & www.sbifunds.com

Registrar:
 Computer Age Management Services Pvt. Ltd.,
 (SEBI Registration No. : INR000002813)
 148, Old Mahabalipuram Road, Okkiyam Thuraiyapakkam,
 Chennai 600096, Tamil Nadu
 Tel: 044-30407000 & 24587000, Fax: 044-24580982
 Email: enq_L@camsonline.com, Website : www.camsonline.com