

**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-97821				E113814	

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)

<input type="checkbox"/> I confirm that I am a <b>First time</b> investor across Mutual Funds		<input type="checkbox"/> I confirm that I am an <b>existing</b> investor in Mutual Funds	
<b>EXISTING FOLIO NO.</b>		(For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)	
<b>Name</b> (Mr./Ms./M/s.)			
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Third Gender)	<b>Date of Birth*</b>	<input type="checkbox"/> Mandatory in case of Minor and please provide photocopy of supporting documents (See Note 1 h)
<b>Email ID</b>			
<b>Mobile No.</b> Please register your E-mail address & Mobile number to get alerts & communication via E-mail & SMS.			
<b>Telephone No. (O)</b>			
<b>Telephone No. (R)</b>			
<b>Name of Guardian / Name of Contact Person</b> (in case of Minor) (in case of Institutional Investor)			
<b>Relationship of Guardian in case of Minor</b> (Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h))			
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian			
<b>PAN</b>			
Mandatory Enclosures <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement			
PAN Exempt KYC Ref no (PEKRN for Micro investments) -			

**2. PARTICULARS OF SECOND APPLICANT**

(SEE NOTE 1 &amp; 2)

<b>Name</b> Mr./Ms./M/s.	
<b>PAN</b>	Mandatory Enclosures <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement
PAN Exempt KYC Ref no (PEKRN for Micro investments) -	

**3. PARTICULARS OF THIRD APPLICANT**

(SEE NOTE 1 &amp; 2)

<b>Name</b> Mr./Ms./M/s.	
<b>PAN</b>	Mandatory Enclosures <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement
PAN Exempt KYC Ref no (PEKRN for Micro investments) -	

**4. GENERAL INFORMATION - Please (✓) wherever applicable**

(SEE NOTE 1 m &amp; n)

Tax Status (Please (✓))			Mode of Holding (✓)		Occupation (Please (✓))	
<input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non-Repatriable) <input type="checkbox"/> NRI - Minor (Repatriable) <input type="checkbox"/> NRI - Minor (Non-Repatriable) <input type="checkbox"/> Pension and Retirement Fund <input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership Firm <input type="checkbox"/> FII <input type="checkbox"/> HUF <input type="checkbox"/> Bank	<input type="checkbox"/> Government Body <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> NPS Trust <input type="checkbox"/> Fund of Fund <input type="checkbox"/> Gratiuity Fund <input type="checkbox"/> AOP <input type="checkbox"/> BOI	<input type="checkbox"/> NGO <input type="checkbox"/> LLP <input type="checkbox"/> PIO <input type="checkbox"/> Others [Please specify]	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any one or Survivor	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others [Please specify]

**5. CONTACT DETAILS**

(SEE NOTE 1)

<b>Local Address of 1st Applicant</b>	
<b>City</b>	<b>Pin</b>
<b>State</b>	
<b>Address for Correspondence for NRI Applicants only ( Please (✓) )</b> Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>	
<b>Foreign Address</b> (Mandatory for NRI / FII)	
<b>City</b>	
<b>Country</b>	<b>Zip</b>

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

(To be filled in by the First applicant/Authorised Signatory) : Received from :							Stamp Signature & Date
<b>Scheme Name</b>	<b>Plan (✓)</b> <input type="checkbox"/> Regular <input type="checkbox"/> Direct	<b>Option (✓)</b> <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<b>Dividend Facility(✓)</b> <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	<b>Cheque/ DD Amount (Rs.)</b>	<b>Bank and Branch</b>	<b>Cheque / DD No. &amp; Date</b>	
Attachments						All purchases are subject to realisation of cheque / demand draft	

6. 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.																		Account Type (Please ✓)						
9 digit MICR Code																		<input type="checkbox"/> Savings	<input type="checkbox"/> NFO	<input type="checkbox"/> FCNR				
IFS Code																		<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others				

<b>7. INVESTMENT AND PAYMENT DETAILS :</b> I/We would like to invest in the following Scheme of SBI Mutual Fund			<b>(SEE NOTE 5)</b>	
<input type="checkbox"/> <b>One time Investment</b> (Please fill in your investment details below)			<input type="checkbox"/> <b>Systematic Investment Plan (SIP) with cheque</b> (Please fill in your investment details below)	
			<input type="checkbox"/> <b>Systematic Investment Plan (SIP) without cheque</b> (Please complete enclosed SIP ECS/Direct Debit Facility Registration cum Mandate Form)	
<b>Scheme Name</b>				
<b>Plan</b> (Please ✓ )		<input type="checkbox"/> <b>Regular</b> <input type="checkbox"/> <b>Direct</b>		
<b>Option</b> (Please ✓ )		<input type="checkbox"/> <b>Growth</b> <input type="checkbox"/> <b>Dividend</b>		
<b>Dividend Facility</b> (Please ✓ )		<input type="checkbox"/> <b>Reinvestment</b> <input type="checkbox"/> <b>Payout</b> <input type="checkbox"/> <b>Transfer</b>		
<b>Cheque / DD Amount (Rs.)</b>		<b>Drawn on Bank and Branch</b>		<b>Cheque / D.D. No. &amp; Date</b>
<b>Investment Amount (Rs. in Figures)</b>		<b>Investment Amount (Rs. in Words)</b>		

**For third party cheques please see Note 3 vii.**

**8. SIP ENROLLMENT DETAILS**      **Opted for SIP:**    ☐ Yes    ☐ No

(Mandatory if opted for SIP)    **Type of SIP :**    ☐ Normal SIP    ☐ Micro SIP      **Mode of SIP :**    ☐ PDC    ☐ Auto Debit / ECS

**Note :** 1. Incase of SIP through ECS/Auto Debit mode it is mandatory to submit SIP Enrolment Cum Auto Debit/ECS Mandate Form  
 2. Incase of SIP through Post dated cheques (PDC) it is mandatory to submit Transaction Slip

**9. STP ENROLLMENT DETAILS**      Opted for STP: ☐ Yes    ☐ No (Incase of STP it is mandatory to submit STP Enrollment Form/Transaction slip)

[illegible]

THE APPLICATION FORM SHOULD MANDATORILY ACCOMPANY THE LATEST CLIENT INVESTOR MASTER/DEMAT ACCOUNT STATEMENT.

**11. OTHER DETAILS**

**Gross Annual Income Details (Please tick (✓)):** ☐ Below 1 Lacs ☐ 1-5 Lac ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs **OR**

**Networth in Rs.** \_\_\_\_\_ (Net worth should not be older than 21 year) **as on (date)**


**Please tick, if applicable :** ☐ Politically Exposed Person ☐ Related to a Politically Exposed Person

**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

**12A. 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 12 B.) (SEE NOTE 10)

Individual investors applying with single holding. Nomination is mandatory. However, in case you do not wish to nominate please sign point 12.B.7.												
Name of the Nominee#												
Name of the Guardian												
Relationship		Date of Birth*		D	D	M	M	Y	Y	Y	Y	
Address of Nominee/ Guardian		 <b>Signature of Nominee/Guardian</b> (*Mandatory in case of Minor nominee)										

# (To nominate more than one person, please fill nomination form separately)

**12B. NOMINATION :** I do not wish to nominate any person at the time of making the investment.

Signature	
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**13. DECLARATION (SEE NOTE 10):** I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We hereby declare that 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 the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA). 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 the scheme is being recommended to me/us. \* I/We certify that as per the Memorandum and Articles of Association of the Company, By-laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust. \*\* I/We confirm that I/We are Non Resident Indians. \*\*\* I/We confirm that I/We are not a Foreign Institutional Investor. \*\*\*\* I/We confirm that I/We are not a Foreign Venture Capital Investor. \*\*\*\*\* I/We confirm that I/We are not a Foreign Portfolio Investor. I/We hereby declare that 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 month period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand). \* Applicable to other than individuals / HUF. \*\* Applicable to NRIs. \*\*\* Applicable to Micro investments.

<b>SIGNATURE(S)</b> Applicants must sign as per mode of holding	⊗	⊗	⊗
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

Date	Place
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TEAR HERE

**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 & AMUNDI)  
9th Floor, Crescendo, C-38 & 39, G Block,  
Bandra Kurla Complex, Bandra (East), Mumbai – 400 051  
Tel: 022- 61793537  
Email: [customer.delight@sbimf.com](mailto:customer.delight@sbimf.com)  
Website : [www.sbimf.com](http://www.sbimf.com)

**Registrar:**  
Computer Age Management Services Pvt. Ltd.,  
SEBI Registration No. : INR000002813)  
Rayala Towers, 158, Anna Salai, Chennai – 600 002  
Tel: 044 – 30407236, Fax: 044 – 30407101  
Email: [enq\\_L@camsonline.com](mailto:enq_L@camsonline.com)  
Website: [www.camsonline.com](http://www.camsonline.com)