APPLICATION NO.

| | | | | 191, Ma | aker Tov | vers 'E', | Cuffe P | arade, l | Йитbаі | | | 022-22 | | | | | | | | n RI | OCK | (Lai | tore | ` | | | | | | |
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| ARN & Name of Distributor | | | | | | | | ON FORM FOR EQUITY ORIENTED Branch Code (only for SBI and Associate Bank | | | | | | | | | | | | | | | | | R Letters) Reference No. (To be filled by Registrar) | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Upfront commission 1. PARTICULA | | | | | | | o the A | AMFI re | egistere | ed Dist | ributor | s base | d on ti | ne inve | estors' | assess | sment | of vario | ous fac | ctors in | cluding | the s | | | ered by | | tributo | | | |
| EXISTING FOI | | | | | | | Т | Т | T | T | Т | T | | | | | | | | | | | umbe | r, Nar | ne and | | 1 | | | |
| Name (Mr./Ms./M/s.) | | | | | | | | | | | | | ⊸ de | etails a | and th | en pr | oceed | to Inv | estme | ent an | d Payı | ment | details | s- 8) | | | | | | |
| Date of Birth* | D | D | M | M | Υ | Υ | Υ | Υ | E | mail I | D | | | | | | | | | | | | | | | | | | | |
| *Mandatory in case of Mil | 100 | olease pr | rovide pr | otocop | ofsupp | orting d | ocument | ts (See N | ote 1 h) | į. | , _ | 7 | 1 - | | Dloc | nco (| () on | ly in c | 2000 | VOLL 14 | ont n | anar | bacc | d 00 | mmur | ioatio | n | | | |
| Telephone No. (C | | | + | | + | | + | | | + | | | | | | Mobil | , | ly III C | ase : | you w | /ant p | apei | Jase | ,u co | | | '' | | | |
| Telephone No. (R Relationship of (| | ian in | case | of Min | or | | ather | | | /lother | | | _ egal (| auardi | | WIODII | e No. | | | | | | | | | | | | | |
| Please mandator | ly end | lose t | he do | cumei | nt evid | | | elatio | | | | | | | | ı | ı | ı | ı | ı | ı | ı | ı | i i | i i | ı | | | | |
| Name of Guardian in case | of Mir | nor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Contact I (in case of Institutional Inves | Perso | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAN | | | | | | | Mandatory En | | | | | | | | nclosures PAN Proof | | | | | | KYC Acknowledgement | | | | | | | | | |
| 2. PARTICULA | RS | OF S | ECO | ND A | PPL | ICAN | Т | | | | | | | | | | | | | | | | (SI | EE N | OTE | 1 & 2 |) | | | |
| Name Mr./Ms./M/s. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAN | | | | | | | | | | | | Mand | atory | Enclo | sures | | PAN F | roof | P | (YC A | cknow | ledge | ment | | | | | | | |
| 3. PARTICULA | RS | OF T | HIRD | APF | PLICA | ANT | | | | | | | | | | | | | | | | | (SE | E NO | TE 1 | & 2) | | | | |
| Name Mr./Ms./M/s. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAN | | | | | | | | | | | | Man | dator | y Encl | osure | s | PAN | Proof | | KYC / | Acknov | wledg | | | | | | | | |
| 4. GENERAL II | IFOF | RMAT | ION - | | | | i <mark>ereve</mark> se (✔)) | | licabl | e | | | | Mod | e of H | oldine | ı (Plea | ase (✔ |)) | | (| Occur | | | OTE ase (✓ | | ιn) | | | |
| | PSU | J | | | Partr | nership | Firm | | | Ва | | | | Singl | | <u> </u> | 9 (1 10 | - (V | | | ofessio | nal | | (| П Н | usewi | fe | | | |
| | FII HUF | : | | | | | | uardia: Corpor | | ☐ PIC | | | | Joint | | | | | | ☐ Bu | | 3 | | | ☐ Re | | | | | |
| | | Prop | rietor | | Gove | ernme | nt Bod | у | | Oth | ners _ | | | Any | one oi | r Surv | ivor | | | ☐ Ot | | | /61 | E N | OTE | 1 \ | | | | |
| 5. CONTACT Local | JE I | AILS | 1 | | l | | | | | l | | | | | | | 1 | | | 1 | | 1 | (3) | | I | <i>)</i> | | | | |
| Address of 1st Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | Pin | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Addre | ss for | Corres | ponde | nce foi | NRI A | pplicar | nts onl | y (Plea | ase (✔) |) India | n by De | fault | | | For | eign | 7 | | ı | | | | | | | | | | |
| Foreign Address (NRI / FII Applicants) | ı | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | <u> </u> | | | | | | | | | | | | |
| 6. BANK PART | ICIII | ADC | (40) | aor CE | PI Do | vulotio | no it i | 0 120 | datam | for In | vooto | o to n | rovido | thair | honk c | 20011 | at date | Zip | | | | | (C | FE N | OTE | 2) | | | | |
| Name of Bank | | /AINS | AS | Jei SE | ם: Re(| Juiallio | ns II I | s man | aatory | TOT III | vestol | -5 το pi | ovide | -meir | Dank a | CCOU | n dela | | | | | | (5 | _E N | OTE : | | | | | |
| Branch Name | | | | | | | | | | | | | | | | | | | | | | | | \vdash | + | | | | | |
| and Address | | | \vdash | | | | | | | | | | | | | | | \vdash | | | | | | + | + | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | Pin | | | | + | | | | | |
| Account No. | | | | | | | | | | | | | | | | | | | | | <u> </u> | coun | t Typ | e (Ple | ase 🗸 | | | | | |
| | | | 1 | | <u> </u> | | | | <u> </u> | | | it numbe | | | neque ni | umber. | Please | J provide | a 🗀 | Savi | ngs | NR | 0 | F | CNR | | | | | |
| 9 digit MICR Code | | | | | | | | | | сору | of CAN | CELLED | cheque | e leaf) | | | | | | Curr | ent | NR | E | | thers_ | | | | | |
| IFS Code 7. DIRECT CR | EDIT | OF- | | END | / DEI | DEME | TION | | | | | J | | | | | | | | | | | | (SEE | NOT | F 6) | | | | |
| Unit holders havin | ng cor | e ban | | | | | | | ill rece | eive th | eir red | dempti | on/div | idend | proce | eds (i | f any) | directl | y into | their b | ank a | ccour | | • | | | of a | | | |
| Note: AMC, reserves the | right to | use any | | | | | | | | | | | | | | | | | | | | | | | ation pro | vided by | invest | | | |
| | | | | | | | V- | | | . — т | EAR | legisti IERE | | | | | | mpuls | orily a | along | with a | pplica | tion f | orm | | | | | | |
| SBI MUTUAL A PARTNER FO | LIFE | Inves (A Join | tment I nt Ventu | /lanag ure betv | er:SBI veen SE | Funds 31 & SG | Manag <u>AM)</u> | ement | Pvt. Ltd | d | ACK To b | NOW e filled | LEC | GEN the li | MEN ⁻ | T SL | IP_ | AP | PLIC | ATIO | N N | 0. | | | | | | | | |
| (To be filled in by Received from : | the f | the First applicant/Authorized S | | | | | |) : | | To be filled in by t | | | | | | | | | | | 1 1 1 1 | | | | Stamp Signature & Date | | | | | |
| Scheme N | ame | | | Options (✔ | | | <u> </u> | | | Cheque/ DD Amount (| | | nt (Rs | .) | Bai | nk and | d Bran | ıch | | Cheque / DD No. & Dat | | | | te | Jigila | ui e u | Daie | | | |
| | | Growth | | | | | Dividend Payout | | | | | | . (| | | | | | | | | | | | | | | | | |
| Attachments | | | | | Divider | nd Rei | nvestr | nent | | | | | | ΔΙΙ | ourcha | ses ar | e suhiz | ect to re | alisati | ion of c | heave | / dem | and dr | aft | | | | | | |
| Allaciments | | | | | | | | | | | | | | 1411 | -ur olld | JUJ al | Junje | | unoali | 5.7 01 0 | que | , aciile | 016 | -"" | | | | | | |

| 8. INVESTMENT AND PAYMENT DETAILS: I/We would like to invest in the following Scheme of SBI Mutual Fund One time Investment (Please fill in your investment details below) Systematic Investment Plan (SIP) with cheque (Please fill in your investment details below) (Please fill in your investment details below) | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------------------|--------------------------------|---------------------------|---------------------|---------------------|-----------------|-----------|--------------------------------|----------------------|---------------------|------------------|----------------------|---------------------|---------------------------|-----------------------------------|----------------|---------------------|-----------------|--|--|--|--|
| Scheme Name | | | | | | | | | | | | | | | | | | | | | | | |
| Options (Please ✓) | Growth Dividend Payout Dividend Reinvestment | | | | | | | | | | | | | | | | | | | | | | |
| Che | | | | D | rawn | on Bar | ık an | d Bran | nch | | | | | | Cheque / D.D. No. & Date | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Investme | | Investment Amount (Rs. in Words) | | | | | | | | | | | | | | | | | | | | | |
| For third party cheques please see Note 3 vii. | | | | | | | | | | | | | | | | | | | | | | | |
| 9. SYSTEMATIC INVESTMENT PLAN (SIP)/ SBI CHOTA SIP/ MICRO SIP SIP In case this application is far Micro SIP / Places tiple / (/) MICRO SIP | | | | | | | | | | | | | | | | | | | | | | | |
| In case this application is for Micro SIP (Please tick (🗸)) MICRO SIP 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 under Monthly frequency) | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Payment Mechanis (Please ✓ any one only | | | | Cheque (Please | | the deta | ils be | elow) | | | | | | | S/Dire | | | ECS/I | Direct D | Debit Facility Registration cum Mandate Form) | | | |
| | | | SIP D | ate (Ple | ase 🗸) | 5 | jth | 1 | 0 th 1 | 5 th | 20 th | | 25 th | | 30 th (| For Feb | ruary, | last bu | siness | s day) No of SIP Installments | | | |
| 2. Frequency (Please | ✓ any or | ne only) | | Monthl | y SIP (| Default | t) | | | Quart | erly SI | P | | | | | | | | | | | |
| 3. SIP Period | | | From D D M No. of Cheques SIF | | | | M | Υ | ΥΥ | / Y | Y To D D M | | | | | M Y Y Y | | | | Till further notice* * Refer point no. 13 (xii) on page no.25. | | | |
| 4. Crieque(s) Details | 4. Cheque(s) Details | | | | | SIPI | insta | allmer | nt Amount | (in tig | ures) | | Cned | que N | ios | | | | | Cheques drawn on | | | |
| 10. DOCUMENT DE | TAIL | S (in ca | se of l | Micro_ | SIP) (I | olease_ı | note | that_i | investor <u>s</u> | have t | o p <u>rov</u> | ide a | ddress | s proc | of in ad | dition_ | to ph | oto id | entifi <u>c</u> | ation) (SEE NOTE 14) | | | |
| Document Description | _ | | | | | | | | | | | | | | | | | | | · | | | |
| Document Number (if a 11A. NOMINATION | : I wis | | | | | | | | | | | | | | | | | | | | | | |
| for individual investor point 11 B.) Name of the Nominee | | olying wi | th sing | e holdi | ng, N | ominat | tion | is ma | andatory. | How | ever, i | n cas | se you | ı ob ı | | | nomi | nate _l | please | e sign (SEE NOTE 10) | | | |
| Name of the Guardiar | _ | | | | | | + | | | | | | | | Perce | ntage | | | | | | | |
| Relationship | | | | | | | | | Date | of Bi | rth* | D | D | M | M | Υ | Υ | Υ | Υ | ⊗ | | | |
| Address of Nominee/ Guardian | | | | | | | | | | | | | | | | | | | | Signature of Nominee/Guardian (*Mandatory in case of Minor nominee) | | | |
| Name of the Nominee | _ | | _ | | | | | | | | | | | | Perce | ntage | | | | | | | |
| Name of the Guardian Relationship | 1 | | | | | | | | Data | of Bi | rth* | _ | | | | V | \/ | | | | | | |
| Address of Nominee/ Guardian | | | | | | | | | Date | OI DI | | D | D | M | M | Y | Υ | Υ | Y | ⊗ Signature of Nominee/Guardian | | | |
| Name of the Nominee | | | \top | | | | | | | | | | | | Perce | ntage | | | | (*Mandatory in case of Minor nominee) | | | |
| Name of the Guardian | 1 | | | | | | | | | | | | | | | 9- | | | | | | | |
| Relationship | | | | | | ' | | | Date | of Bi | rth* | D | D | M | М | Υ | Υ | Υ | Υ | \otimes | | | |
| Address of Nominee/ Guardian | | | | | | | | | | | | | | | | | | | | Signature of Nominee/Guardian (*Mandatory in case of Minor nominee) | | | |
| 11B. NOMINATION | 1 : I d | o not w | sh to r | nomina | te any | perso | on a | t the | time of | makir | ng the | inve | estme | nt. | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | | (055 11055 1) | | | |
| 12. SERVICES (Plea | | e the app | lication | form for | obtair | ing PIN | N to v | view r | my/our acc | count i | nforma | ation (| online | | | | | | | (SEE NOTE 4) | | | |
| | | | | | | | | | | | | | | | | | | | | and I/We have not received or been induced at through legitimate sources and is not held | | | |
| or designed for the purpose of | of contrav | vention of a | ny act, rul | es, regula | tions or | any statut | te or le | legislati | ion or any ot | her appl | icable la | ws or a | any noti | fication | ns, directi | ons issu | ed by | any go | vernme | ntal or statutory authority from time to time." | | | |
| for and on behalf of the Comp banking channels or from my | any/Firn our Non | n/Trust. ** I/ Resident E | We confir kternal/Or | m that I ar dinary acc | n/we are ount/FC | Non Res NR Accou | sident unt.* | of India | an Nationalit able to other | y/Origin than Ind | and I/W ividuals | e here / HUF; | by confi ** Appli | rm that cable to | t the fund o NRI; I/V | s for the Ve do no | subsc thave | riptions any exi | have b | een remitted from abroad through approved P/Micro SIPs which together with the current | | | |
| Micro SIP application will res other mode), payable to him | | | | | | | | | | | | | | | | | me/us | all the | commis | sions (in the form of trail commission or any | | | |
| SIGNATURE(S) | | | | | | | | | | | | | | | | | | | | | | | |
| Applicants must sign as per mode | icont / C | ionella | / A L - | wio' | Clare | | 8 | | alicar | + / A I | aoric | od Si- | ınote: | r., | 8 | Sud Amplicant / Authoricad Signat | | | | | | | |
| of holding 1s | i Appl | icant / G | uardian | Autno | rised | signati | ory | | 2nd App | Jiican | t / Auti | IUTIS | eu Sig | jiidlo | ıy | Pla | | oru A | hhiica | ant / Authorised Signatory | | | |
| - — — — — — — — — — — — — — — — — TEAR HERE | | | | | | | | | | | | | | | | | | | | | | | |
| All future commun | nicatio | n in con | nection | with t | his ap | plication | on s | hould | d be add | resse | d to th | ne R | egistr | ars to | o the | schem | ie o | r SB | IMF (| 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 Thuraipakkan, Chennai 600096, Tamil Nadu Tel: 044-30407000 & 24587000, Fax: 044-24580982

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