

SBI CHOTA SIP DIRECT DEBIT FACILITY : REGISTRATION CUM MANDATE FORM

Investors subscribing to the scheme through SIP Direct Debit Facility must complete this form compulsorily alongwith Common Application Form (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)

(Application should be submitted atleast 30 days before the 1st Direct Debit Clearing date)

ARN & Name of Distributor	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	Reference No. (To be filled by Registrar)
ARN-13308			

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

Please (✓)	<input type="checkbox"/> SIP Registration - by New Investor	<input type="checkbox"/> SIP Cancellation	<input type="checkbox"/> SIP
	<input type="checkbox"/> SIP Registration - by Existing Investor	<input type="checkbox"/> SIP Renewal	<input type="checkbox"/> MICRO SIP

INVESTOR DETAILS

[illegible]

PAN DETAILS (Furnishing of PAN together with an attested copy of PAN Card is mandatory)

First Applicant / Guardian								Second Applicant								Third Applicant							
Mandatory Enclosures								Mandatory Enclosures								Mandatory Enclosures							
<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Acknowledgement							<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Acknowledgement							<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Acknowledgement						

SIP DETAILS (Direct Debit with select Banks)

SIP DETAILS (Direct Debit with select Banks)																											
<input type="checkbox"/> SIP with Cheque							<input type="checkbox"/> SIP without Cheque																				
Scheme Name																											
Each SIP Amount (Rs.)																											
	First SIP Transaction via Cheque No.																										
	(Note : Cheque should be drawn on bank account mentioned below)																										

SIP Date	<input type="checkbox"/> 5 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 15 th	<input type="checkbox"/> 20 th	Frequency	M	O	N	T	H	L	Y	Enrolment Period	NO. OF MONTHS	<input type="text"/>				
	<input type="checkbox"/> 25 th	<input type="checkbox"/> 30 th (For February, last business day)																	
SIP Period	From	D	D	M	M	Y	Y	Y	To (Please ✓)	<input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/> Till further notice*

DECLARATION : I / We hereby , authorize the AMC and their authorised service providers , to debit my / our following bank account directly for collection of payments.

BANK PARTICULARS (as per bank records)

[illegible]

DECLARATION & SIGNATURE : I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above to debit my/our account directly or through participation in ECS. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. 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 I/We have read and agreed to the terms and conditions mentioned in common Equity KIM.

SIGNATURE(S) Applicants must sign as per mode of holding	⊗	⊗	⊗
	1st Account Holder	2nd Account Holder	3rd Account Holder

BANKER'S ATTESTATION

Certified that the signature of account holder and the Details of Bank account are correct as per our records.

Signature of authorised Official from Bank (Bank stamp and date)	
Signature of authorised Official from Bank (Bank stamp and date)	

The Branch Manager									
Date	D	D	M	M	Y	Y	Y	Y	Y

[illegible]

Sub : Mandate verification for A/c. No.									
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This is to inform you that I/We have registered for making payment towards my investments in SBIMF by debit to my /our above account directly . I/We hereby authorize you to honour such payments for which I/We have signed and endorsed the Mandate Form.

Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,
Yours sincerely,

⊗	⊗	⊗
1st Account Holder	2nd Account Holder	3rd Account Holder

ACKNOWLEDGEMENT SLIP

ACKNOWLEDGEMENT

To be filled in by the Investor

Folio No. /

Application No.

(To be filled in by the First applicant/Authorized Signatory) :

Received from : _____

an application for Purchase of Units alongwith _____

All purchases are subject to realisation of cheques. 1st Cheque Number _____ For Rs. _____

Acknowledgement Stamp _____



SBI MUTUAL FUND
A PARTNER FOR LIFE

Sponsor : State Bank of India
Investment Manager : SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & SGAM)
191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005. Tel.: 022-22180221-27, www.sbimf.com & www.sbfunds.com

APPLICATION 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-13308			

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

1. PARTICULARS OF FIRST APPLICANT

(SEE NOTE 1)

EXISTING FOLIO NO.	(For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)		
Name (Mr./Ms./M/s.)			
Date of Birth*	D D M M Y Y Y Y	Email ID	
*Mandatory in case of Minor and please provide photocopy of supporting documents (See Note 1 h)			
Telephone No. (O)		<input type="checkbox"/> Please (✓) only in case you want paper based communication	
Telephone No. (R)		Mobile No.	
Relationship of Guardian in case of Minor	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Legal Guardian
Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h)			
Name of Guardian in case of Minor			
Name of Contact Person (in case of Institutional Investor)			
PAN		Mandatory Enclosures	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement

2. PARTICULARS OF SECOND APPLICANT

(SEE NOTE 1 & 2)

Name Mr./Ms./M/s.	
PAN	Mandatory Enclosures <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement

3. PARTICULARS OF THIRD APPLICANT

(SEE NOTE 1 & 2)

Name Mr./Ms./M/s.	
PAN	Mandatory Enclosures <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement

4. GENERAL INFORMATION - Please (✓) wherever applicable

(SEE NOTE 1 m & n)

Status (Please (✓))	Mode of Holding (Please (✓))	Occupation (Please (✓))
<input type="checkbox"/> Individual <input type="checkbox"/> PSU <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> FII <input type="checkbox"/> Minor through Guardian <input type="checkbox"/> PIO <input type="checkbox"/> Society <input type="checkbox"/> HUF <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NRI <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Government Body <input type="checkbox"/> Others	<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"/> Student <input type="checkbox"/> Others <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Service

5. CONTACT DETAILS

(SEE NOTE 1)

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

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.	
9 digit MICR Code	(This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)
IFS Code	
Account Type (Please ✓)	
<input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	
<input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> Others	

7. DIRECT CREDIT OF DIVIDEND/ REDEMPTION

(SEE NOTE 6)

Unit holders having core banking account with selected banks will receive their redemption/dividend proceeds (if any) directly into their bank account. Please attach a copy of a CANCELLED cheque leaf.

Note : AMC, reserves the right to use any mode of payment as deemed appropriate. AMC shall not be responsible if transaction through ECS / Direct Credit could not be carried out because of incomplete or incorrect information provided by investor.

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

SBI MUTUAL FUND A PARTNER FOR LIFE		Sponsor : State Bank of India Investment Manager : SBI Funds Management Pvt. Ltd. (A Joint Venture between SBI & SGAM)		ACKNOWLEDGEMENT SLIP To be filled in by the Investor		APPLICATION NO.	
(To be filled in by the First applicant/Authorized Signatory) : Received from :				Stamp Signature & Date			
Scheme Name	Options (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date			
Attachments				All purchases are subject to realisation of cheque / demand draft			

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) with cheque (Please fill in your investment details below and SIP details at Sr No. 9)			<input type="checkbox"/> Systematic Investment Plan (SIP) without cheque (Please fill in the SIP details at Sr No.9 below)						
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)/ SBI CHOTA SIP/ MICRO SIP (SEE NOTE 12, 13, 14 & 15)											
<input type="checkbox"/> SIP					In case this application is for Micro SIP (Please tick (✓)) <input type="checkbox"/> MICRO SIP						
<input type="checkbox"/> 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 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 SIP Installments 		
2. Frequency (Please ✓ any one only)		<input type="checkbox"/> Monthly SIP (Default) <input type="checkbox"/> Quarterly SIP									
3. SIP Period		From D D M M Y Y Y Y To D D M M Y Y Y Y <input type="checkbox"/> Till further notice* <small>* Refer point no. 13 (xii) on page no.25.</small>									
4. Cheque(s) Details		No. of Cheques		SIP Installment Amount (in figures)		Cheque Nos		Cheques drawn on			
10. DOCUMENT DETAILS (in case of Micro SIP) (please note that investors have to provide address proof in addition to photo identification) (SEE NOTE 14)											
Document Description _____											
Document Number (if any) _____											
11A. 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 11 B.) (SEE NOTE 10)											
Name of the Nominee								Percentage			
Name of the Guardian											
Relationship		Date of Birth* D D M M Y Y Y Y						⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)			
Address of Nominee/ Guardian											
Name of the Nominee										Percentage	
Name of the Guardian											
Relationship		Date of Birth* D D M M Y Y Y Y						⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)			
Address of Nominee/ Guardian											
Name of the Nominee										Percentage	
Name of the Guardian											
Relationship		Date of Birth* D D M M Y Y Y Y						⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)			
Address of Nominee/ Guardian											
Name of the Nominee										Percentage	
Name of the Guardian											
11B. NOMINATION : I do not wish to nominate any person at the time of making the investment.											
Signature _____											
12. SERVICES (Please ✓) (SEE NOTE 4)											
<input type="checkbox"/> 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.sbfunds.com

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