

Investors subscribing to the scheme through SIP Easy Pay Facility to complete Registration cum Mandate form compulsorily alongwith application form



SBI MUTUAL FUND

Principal Trustee : State Bank of India,
Investment Manager : SBI Funds Management Pvt. Ltd.
 191, Maker Towers 'E', Cuffe Parade, Mumbai - 05.
 Tel.: 022-22180221-27
 www.sbimf.com



APPLICATION NO.

A P P L I C A T I O N F O R M

ARN	Name & Code No. of SBIMF Agent/Broker	Sub-Broker/ Subagent Code	SBIMF ISCs/ISDs/Registrar/ SBI Designated Branches	Reference No. (To be filled by Registrar)	Received	
					Date	Time

P A R T I C U L A R S O F A P P L I C A N T

EXISTING FOLIO NO. CUSTOMER ID

Name of 1st Applicant (Mr/Ms/M/s)

Local Address

Pin

Name of Father or Guardian*

Tel. No. Fax No.

Email

Foreign Address (if applicable)

Pin

Date of Birth* *Compulsory field incase of Minors.

PAN (if investment amount is for Rs. 50,000 or more)

Name of 2nd Applicant Mr./Ms./M/s.

PAN (if investment amount is for Rs. 50,000 or more)

Name of 3rd Applicant Mr./Ms./M/s.

PAN (if investment amount is for Rs. 50,000 or more)

BANK PARTICULARS (for dividend/redemption/refund/direct credit (compulsory))

Bank Name						
Address						
Account Type (Please ✓)	Current	Saving	NRO	FCNR	NRE	Account No.
Nomination : I wish to nominate the following person/body to receive the amount to my credit in the event of my death.						
Name of the Nominee						Signature of Applicant
Relationship/Body				Date of Birth (For individuals only)		
Address of Nominee						

TEAR HERE



SBI Mutual Fund
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ACKNOWLEDGEMENT SLIP

APPLICATION NO.

Scheme Name	Option (Please ✓)	Amount (Rs.)	Bank and Branch	<input type="checkbox"/> D.D. / <input type="checkbox"/> Cheque No. & Date
MAGNUM MULTICAP FUND	Growth <input type="checkbox"/> Payout Dividend <input type="checkbox"/> Reinvest Dividend <input type="checkbox"/>			
A. Amount Paid (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount Paid (A-B) (Rs. in Figures)	Net Amount Paid (Rs. in Words)	

TEAR HERE

INVESTMENT DETAILS

I/We would like to invest in the following Scheme of SBI Mutual Fund (Cheque/Demand Draft to be in favour of "SBIMF- MAGNUM MULTICAP FUND")

Scheme Name	Option (Please ✓)	Amount (Rs.)	Bank and Branch	<input type="checkbox"/> D.D. / <input type="checkbox"/> Cheque No. & Date
MAGNUM MULTICAP FUND	Growth <input type="checkbox"/>			
	Payout Dividend <input type="checkbox"/>			
	Reinvest Dividend <input type="checkbox"/>			

A. Amount Paid (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount Paid (A-B) (Rs. in Figures)	Net Amount Paid (Rs. in Words)

SIP / SWP / STP FACILITY

Systematic Investment Plan (SIP) (Through Post-dated Cheques) (Available only after the Scheme goes open - ended)	No. of Cheques	Amount (in figures)	Drawn on	Date of Commencement <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"/> <input type="text"/>
	Cheque Nos.	Amount (in words)		
	Amount for each Cheque			
Systematic Withdrawal Plan (SWP) (Available only after the Scheme goes open - ended)	Amount (in words)		Amount (in words)	
	Month & Year of Commencement of SWP <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (e.g. For April 2004, please indicate <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"/> <input type="text"/>)			
Systematic Transfer Plan (STP) (Available only after the Scheme goes open - ended)	From (Scheme) & Folio No.		To (Scheme)	Amount (Rs.)/Magnums
	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"/>	

FOR ELECTRONIC CLEARING SERVICE (only for select centres having ECS)

9 digit MICR Code Account No. _____

Ledger No./Ledger Folio No. _____

Account type (S.B. Account/Current Account or Cash Credit) with code 10/11/13 (photocopy of cheque to be enclosed) _____

GENERAL INFORMATION - Please (✓) wherever applicable

Status	Individual <input type="checkbox"/>	Minor through guardian <input type="checkbox"/>	HUF <input type="checkbox"/>
	Partnership <input type="checkbox"/>	Trust/Society <input type="checkbox"/>	Company/Body Corporate/PSU <input type="checkbox"/>
	NRI on Repatriable basis <input type="checkbox"/>	NRI on non Repatriable basis <input type="checkbox"/>	Others <input type="checkbox"/>
Mode of Holding	Single <input type="checkbox"/>	Joint <input type="checkbox"/>	Either or Survivor <input type="checkbox"/>
			Former or Survivor(s) <input type="checkbox"/>
Occupation	Self Employed <input type="checkbox"/>	Professional <input type="checkbox"/>	Housewife <input type="checkbox"/>
	Retired <input type="checkbox"/>	Service <input type="checkbox"/>	Others <input type="checkbox"/>
Correspondence to	Local Address <input type="checkbox"/>	Foreign Address <input type="checkbox"/>	Correspondence (including Statement of Account) Through email only <input type="checkbox"/>
Monthly Income	< Rs. 10,000 <input type="checkbox"/>	< Rs. 20,000 <input type="checkbox"/>	< Rs. 40,000 <input type="checkbox"/> > Rs. 40,000 <input type="checkbox"/>

DECLARATION : "I/We have understood 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."

SIGNATURE			
	(1st Applicant)/ Authorized Signatory	2nd Applicant	3rd Applicant

----- TEAR HERE -----

(To be filled in by the First applicant/Authorized Signatory) :	Stamp Signature & Date
Received from Name : _____	
Address : _____	

All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.