SBI MUTUAL FUND
A PARTNER FOR LIFE

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

TRANSACTION SLIP (Please fill in BLOCK Letters)

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

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 17)

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.

INVESTOR DETAILS (MANDATORY)

EXISTING FOLIO NO.

Name (Mr/Ms/M/s)

Email ID

Telephone No. **Mobile No.**

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**
☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement

ADDITIONAL PURCHASE REQUEST

Scheme Name

Options ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment ☐ Bonus

Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date

Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)

DEMAT ACCOUNT DETAILS –(Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

Do you want Units in Demat Form (Please (✓)) ☐ Yes ☐ No | If Yes, please provide the below details

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name	Depository Participant Name
DP ID No. I N	Target ID No.
Beneficiary Account No.	

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

SWITCH REQUEST

Amount **OR Number of Units** **OR** ☐ All units (Please ✓)

From Scheme To Scheme

Option (Please ✓) ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment ☐ Bonus **Option (Please ✓)** ☐ Growth ☐ Dividend Payout ☐ Dividend Reinvestment ☐ Bonus

REDEMPTION REQUEST

Scheme

Amount **OR Number of Units** **OR** ☐ All units (Please ✓)

Option (Please ✓) ☐ Growth ☐ Dividend ☐ Dividend Reinvestment

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TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

Sponsor : State Bank of India,
Investment Manager : SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)

Folio No.

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

Stamp
Signature & Date

Nature of Transaction	☐ Change of Bank Particulars ☐ Change of Address ☐ Nomination			
For Additional Purchase / Redemption	Scheme Name & Plan	Amount	Units	
Systematic Investment / Withdrawal Plan	Scheme Name & Plan	Amount (Rs.)	Frequency	SIP Commencement Date
				☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ 30th (For February, last business day)
Systematic Transfer Plan / Switch Over	Scheme Name & Plan: From	Scheme Name & Plan: To	STP Commencement Date	Amount / Units

SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through ECS/Direct Debit must fill up the Registration cum Mandate form)

☐ SIP with Cheque ☐ SIP without Cheque ☐ SBI CHOTA SIP (Only Monthly frequency, minimum 60 months) | In case this application is for Micro SIP (Please tick (✓)) ☐ MICRO SIP

1. Payment Mechanism (Please ✓ any one only)

☐ **Cheques** (Please provide the details below) ☐ **SIP ECS/ Direct Debit** (Please complete SIP ECS/Direct Debit Facility Registration cum Mandate Form)

SIP Date (Please ✓) ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ 30th (For February, last business day) **No of SIP Installments** ☐

2. Frequency (Please ✓ any one only) ☐ **Monthly SIP (Default)** ☐ **Quarterly SIP**

4. SIP Period

From D D M M Y Y Y Y

To D D M M Y Y Y Y **OR** ☐ 3 years ☐ 5 years ☐ 10 years ☐ 15 years ☐ Perpetual (Select any one)

4. Cheque(s) Details

No. of Cheques	SIP Installment Amount (in figures)	Cheque Nos

Cheques drawn on Name of Bank & Branch

DOCUMENT DETAILS (in case of Micro SIP) Document Description _____ Document Number (if any) _____

TOP- UP SIP (SEE NOTE 12, 13, 14 & 15)

Top up Amount Rs._____ (in multiples of Rs. 500 only) | Top-up Frequency (Please ✓ any one) ☐ Half - Yearly ☐ Annual

SWP / STP FACILITY REQUEST

Systematic Withdrawal Plan (SWP) (SWP transactions will be processed on first business day of every month)

Scheme / Plan	SWP installment amount (Rs.)	Amount (in words)	Frequency (Please ✓ any one only)
			☐ Monthly ☐ Quarterly

SWP From M M Y Y Y Y SWP To M M Y Y Y Y

Systematic Transfer Plan (STP)

STP Facility Request (Please ✓ any one only) ☐ Regular STP ☐ Flex STP (See Note 8)

	From (Scheme)		To (Scheme)	
Scheme				
Option	☐ Growth ☐ Bonus	☐ Dividend Payout ☐ Dividend Reinvestment	☐ Growth ☐ Bonus	☐ Dividend Payout ☐ Dividend Reinvestment

STP Frequency & Enrolment Period (Please ✓ any one only) ☐ **Monthly** ☐ **Quarterly**

STP Installment Amount (Rs.)	STP From	STP To
	D D M M Y Y Y Y	D D M M Y Y Y Y

CHANGE OF ADDRESS (Identity and Address proof mandatory)

Local Address of 1st Applicant

Landmark

City **Pin**

State

Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default ☐ Foreign ☐

Foreign Address (NRI / FII Applicants)

City

Country **Zip**

DECLARATION & SIGNATURE

: "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 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 & AMUNDI)
191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005.
Tel.: 022-22180244/22180221, Fax : 022 -22180244
E-mail : customer.delight@sbimf.com
Website : www.sbimf.com

Registrar:
Computer Age Management Services Pvt. Ltd.,
SEBI Registration No. : INR000002813)
148, Old Mahabalipuram Road, Okkiyam Thuraipakkan,
Adjacent to Hotel Fortune, Chennai 600097, Tamil Nadu
Tel: 044-30407000 & 24587000, Fax: 044-24580982
Email: enq_L@camsonline.com, Website : www.camsonline.com