



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



GOLD ACCUMULATION FACILITY STP (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.

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
 * 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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY

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

First Applicant / Guardian	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>
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

PAN Exempt KYC Ref no (PEKRN for Micro investments) -

STP FACILITY REQUEST

From (Scheme)		To (Scheme)	
Scheme		SBI GOLD FUND	
Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend
		Dividend Facility(✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	
		In case of Dividend Transfer facility, please mention target scheme along with plan/option. Scheme / Plan / Option <input type="text"/>	
STP Frequency & Enrolment Period (Please ✓ any one only)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	STP - No. of Units of SBI GETS	STP From <input type="text"/> STP To <input type="text"/>
		OR <input type="checkbox"/> Perpetual (Select any one)	

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 confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1st Applicant/Guardian// Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory
Date	<input type="text"/>		Place <input type="text"/>

TEAR HERE



TRANSACTION SLIP - ACKNOWLEDGEMENT

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Folio No.

To be filled in by the Investor

(To be filled in by the First applicant/Authorized Signatory) :					Stamp Signature & Date
Received from	<input type="text"/>				
Systematic Transfer Plan / Switch Over	Scheme Name /Plan/Option/Dividend Facility		STP Commencement Date	Amount	Units
	From	To	<input type="text"/>	<input type="text"/>	<input type="text"/>

