



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-56003			

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
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 Email ID \_\_\_\_\_

\*Mandatory in case of Minor and please provide photocopy of supporting documents (See Note 1 h)

Telephone No. (O) \_\_\_\_\_  Please (✓) only in case you want paper based communication

Telephone No. (R) \_\_\_\_\_ Mobile No. \_\_\_\_\_

Relationship of Guardian in case of Minor  Father  Mother  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  PAN Proof  KYC Acknowledgement

**2. PARTICULARS OF SECOND APPLICANT (SEE NOTE 1 & 2)**

Name Mr./Ms./M/s. \_\_\_\_\_

PAN \_\_\_\_\_ Mandatory Enclosures  PAN Proof  KYC Acknowledgement

**3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 1 & 2)**

Name Mr./Ms./M/s. \_\_\_\_\_

PAN \_\_\_\_\_ Mandatory Enclosures  PAN Proof  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"/> Single	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	
<input type="checkbox"/> Trust	<input type="checkbox"/> FII	<input type="checkbox"/> Minor through Guardian	<input type="checkbox"/> PIO	<input type="checkbox"/> Joint	<input type="checkbox"/> Business	<input type="checkbox"/> Retired	
<input type="checkbox"/> Society	<input type="checkbox"/> HUF	<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> NRI	<input type="checkbox"/> Any one or Survivor	<input type="checkbox"/> Student	<input type="checkbox"/> Service	
<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Government Body	<input type="checkbox"/> Others _____		<input type="checkbox"/> Others _____		

**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  Foreign

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

TEAR HERE



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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		

