

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, MMP5 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 ARN-56003	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	Reference No. (To be filled by Registrar)
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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 (✓) SIP Registration - by New Investor SIP Cancellation SIP
 SIP Registration - by Existing Investor SIP Renewal MICRO SIP

INVESTOR DETAILS

Folio No./Application No. _____ (For Existing Investor please mention Folio Number / For New Applicants please mention the Common Application Form Number)
 Name of 1st Applicant (Mr/Ms/M/s) _____
 Name of Father/ Guardian in case of Minor _____

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

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

SIP DETAILS (Direct Debit with select Banks)

SIP with Cheque 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 5th 10th 15th 20th 25th 30th (For February, last business day) Frequency **M O N T H L Y** Enrolment Period NO. OF MONTHS _____
 SIP Period From D D M M Y Y Y Y To (Please ✓) D D M M Y Y Y Y Till further notice* * Please refer point no. 13 (xii) on page no.25.

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)

Name of 1st Holder _____
 Name of 2nd Holder _____
 Name of 3rd Holder _____
 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 _____

DECLARATION & SIGNATURE : I/We hereby declare that the particulars given above are correct and express my 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	<input checked="" type="checkbox"/> _____ 1st Account Holder	<input checked="" type="checkbox"/> _____ 2nd Account Holder	<input checked="" type="checkbox"/> _____ 3rd Account Holder
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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

Bank _____ Branch _____

Sub : Mandate verification for A/c. No. _____

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

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

Received from : _____
 an application for Purchase of Units alongwith 1st Cheque Number _____ For Rs. _____
 All purchases are subject to realisation of cheques.

Acknowledgement Stamp



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



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 : _____

Scheme Name	Options (✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date
	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment			

Attachments _____ All purchases are subject to realisation of cheque / demand draft

Stamp Signature & Date _____

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)

For third party cheques please see Note 3 vii.

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 <input type="text"/>
2. Frequency (Please ✓ any one only)	<input type="checkbox"/> Monthly SIP (Default) <input type="checkbox"/> Quarterly SIP	
3. SIP Period	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"/> <input type="text"/> <input type="checkbox"/> Till further notice* <small>* Refer point no. 13 (xiii) 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) _____

11 A. 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		⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Guardian				
Relationship		Date of Birth*	<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"/> <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"/>	
Address of Nominee/ Guardian				
Name of the Nominee		Percentage		⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Guardian				
Relationship		Date of Birth*	<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"/> <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"/>	
Address of Nominee/ Guardian				
Name of the Nominee		Percentage		⊗ Signature of Nominee/Guardian (*Mandatory in case of Minor nominee)
Name of the Guardian				
Relationship		Date of Birth*	<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"/> <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"/>	
Address of Nominee/ 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)

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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