

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)
SGSSL - 54854 E026651			

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. <input type="text"/>	
Name (Mr/Ms/M/s) <input type="text"/>	
Email ID <input type="text"/>	
Telephone No. <input type="text"/>	Mobile No. <input type="text"/>

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

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

ADDITIONAL PURCHASE REQUEST

Scheme Name	<input type="text"/>	
Options	<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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)	
<input type="text"/>	<input type="text"/>	

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 (✓)) <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please provide the below details
National Securities Depository Limited (NSDL)		Central Depository Services (India) Limited (CDSL)
Depository Participant Name <input type="text"/>		Depository Participant Name <input type="text"/>
DP ID No. <input type="text"/>		Target ID No. <input type="text"/>
Beneficiary Account No. <input type="text"/>		

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

SWITCH REQUEST

Amount <input type="text"/>	OR Number of Units <input type="text"/>	OR <input type="checkbox"/> All units (Please ✓)
From Scheme <input type="text"/>	To Scheme <input type="text"/>	
Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment		

REDEMPTION REQUEST

Scheme <input type="text"/>	Option (Please ✓)	
Amount <input type="text"/>	OR Number of Units <input type="text"/>	OR <input type="checkbox"/> All units (Please ✓)
<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Dividend Reinvestment		

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TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

Folio No. <input type="text"/>				(To be filled in by the First applicant/Authorized Signatory) :		Stamp Signature & Date	
Received from <input type="text"/>							
Nature of Transaction	<input type="checkbox"/> Change of Bank Particulars <input type="checkbox"/> Change of Address <input type="checkbox"/> Nomination						
For Additional Purchase / Redemption	Scheme Name & Plan		Amount	Units			
Systematic Investment / Withdrawal Plan	Scheme Name & Plan		Amount (Rs.)	Frequency	SIP Commencement Date		
					<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)		
Systematic Transfer Plan / Switch Over	Scheme Name & Plan		STP Commencement Date	Amount	Units		
		From To					

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)	<input type="checkbox"/> Cheques (Please provide the details below)	<input type="checkbox"/> SIP ECS/ Direct Debit (Please complete 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	
4. 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"/>	
	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"/> OR <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetual (Select any one)	
4. Cheque(s) Details	No. of Cheques	SIP Installment Amount (in figures)
	<input type="text"/>	<input type="text"/>
Cheques drawn on	Cheque Nos	
	<input type="text"/>	
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)	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> 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)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
	SWP 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"/>	SWP 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"/>		
Systematic Transfer Plan (STP)	STP Facility Request (Please ✓ any one only) <input type="checkbox"/> Regular STP <input type="checkbox"/> Flex STP (See Note 8)			
	From (Scheme)		To (Scheme)	
	Scheme	<input type="text"/>	<input type="text"/>	
	Option	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	
STP Frequency & Enrolment Period (Please ✓ any one only)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	STP Installment Amount (Rs.)	STP From	STP 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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CHANGE OF ADDRESS (Identity and Address proof mandatory)	
Local Address of 1st Applicant	<input type="text"/>
Landmark	<input type="text"/>
City	<input type="text"/> Pin <input type="text"/>
State	<input type="text"/>
Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>	
Foreign Address (NRI / FIIL Applicants)	<input type="text"/>
City	<input type="text"/>
Country	<input type="text"/> Zip <input type="text"/>

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	<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"/>
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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 Thurai Pakkan, Adjacent to Hotel Fortune, Chennai 600097, Tamil Nadu Tel: 044-30407000 & 24587000, Fax: 044-24580982 Email: enq_L@camsonline.com, Website : www.camsonline.com