

TRANSACTION SLIP (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-108058				E 147299	

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))
 * 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.

SIGNATURE(S)	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 16)

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 _____

Mobile No. _____

Telephone No. _____

PAN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
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) -	PAN Exempt KYC Ref no (PEKRN for Micro investments) -	PAN Exempt KYC Ref no (PEKRN for Micro investments) -

ADDITIONAL PURCHASE REQUEST

Scheme Name _____

Plan (Please ✓) Regular Direct

Option (Please ✓) Growth Dividend Bonus

Dividend Facility (Please ✓) Reinvestment Payout Transfer

In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Scheme / Plan / Option _____

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. _____	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 _____

Plan (✓)	Option (✓)	Dividend Facility(✓)
<input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> Bonus	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout
<input type="checkbox"/> Direct	<input type="checkbox"/> Dividend	<input type="checkbox"/> Transfer

In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Scheme / Plan / Option _____

REDEMPTION REQUEST

Scheme _____

Plan (✓) Regular Direct

Option (✓) Growth Dividend Bonus

Amount _____ OR Number of Units _____ OR All units (Please ✓)

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TRANSACTION SLIP - ACKNOWLEDGEMENT

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 Investor

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

Received from _____	Stamp Signature & Date		
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/Option/Dividend Facility	Amount	Units
Systematic Investment / Withdrawal Plan	Scheme Name /Plan/Option/Dividend Facility	Amount (Rs.)	Frequency
Systematic Transfer Plan / Switch Over	Scheme Name /Plan/Option/Dividend Facility	STP Commencement Date	Amount
	From _____ To _____		Units

SIP Commencement Date
 5th 10th 15th 20th
 25th 30th (For February, last business day)

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

<input type="checkbox"/> SIP with Cheque		<input type="checkbox"/> SIP without Cheque		In case this application is for Micro SIP (Please tick (✓)) <input type="checkbox"/> 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"/>			
		To <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)	
Cheques drawn on		Name of Bank & Branch			

TOP- UP SIP		(SEE NOTE 12, 13 & 14)	
Top up Amount Rs. <input type="text"/> (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)
	SWP From <input type="text"/>	SWP To <input type="text"/>	
Systematic Transfer Plan (STP)	STP Facility Request (Please ✓ any one only) <input type="checkbox"/> Regular STP <input type="checkbox"/> CASTP <input type="checkbox"/> Flex STP		
	From (Scheme)		To (Scheme)
	Scheme		
	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 <input type="checkbox"/> Bonus	Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus
	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			
STP Frequency & Enrolment Period (Please ✓ any one only)	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly	STP Installment Amount (Rs.)	STP From <input type="text"/>
			STP To <input type="text"/>

CHANGE OF ADDRESS FOR NON-KYC FOLIOS (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 (Mandatory for NRI / FII)	<input type="text"/>		
City	<input type="text"/>		
Country	<input type="text"/>		Zip <input type="text"/>

DECLARATION : I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We hereby declare that 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 the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various Mutual Funds from amongst which the scheme is being recommended to me/us. * 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 am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I/We am/are Non Resident of Indian Nationality/Origin and I/We hereby confirm that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account. *** I/We hereby declare that I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand). * Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to "Micro investments";

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) 9th Floor, Crescenzo, C-38 & 39, G Block, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051 Tel: 022- 61793537 Email: customer.delight@sbimf.com Website : www.sbimf.com	Registrar: Computer Age Management Services Pvt. Ltd., SEBI Registration No. : INR000002813 Rayala Towers, 158, Anna Salai, Chennai – 600 002 Tel: 044 – 30407236, Fax: 044 – 30407101 Email: enq_L@camsonline.com Website: www.camsonline.com
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