

8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE NOTE 5)

One time Investment (Please fill in your investment details below)		Systematic Investment Plan (SIP) (Please fill in the SIP details at SR No.9 below)		Both (One time & SIP) (Please fill in your investment details below and SIP details at SR No. 9)	
Scheme Name	Option (Please ✓)	Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date	
	Dividend <input type="checkbox"/> Growth <input type="checkbox"/>				
	Dividend mode (Please ✓)				
	Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>				
A. Investment Amount (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount Paid (A-B) (Rs. in Figures)	Net Amount Paid (Rs. in Words)		

9. SYSTEMATIC INVESTMENT PLAN (SIP) (SEE NOTE 11 & 12)

1. Payment Mechanism (Please ✓ any one only)	Cheques <input type="checkbox"/> (Please provide the details below)	SIP EasyPay Facility (Auto Debit - ECS) <input type="checkbox"/> (Please complete enclosed SIP EasyPay Facility Registration cum Mandate Form)			
	SIP Date (Please choose)	5 th <input type="checkbox"/>	15 th <input type="checkbox"/>	25 th <input type="checkbox"/>	No of SIPs <input type="text"/>
2. Frequency (Please ✓ any one only)	Monthly SIP (Default) <input type="checkbox"/>	Quarterly SIP <input type="checkbox"/>			
3. Enrolment Period (Please ✓ any one only)	6 months <input type="checkbox"/>	12 months <input type="checkbox"/>	Date of Commencement	D D	M M
				Y Y	Y Y
4. Cheque(s) Details	No. of Cheques	SIP Amount (in figures)	Cheque Nos		
Cheques drawn on	Name of Bank & Branch				

10. SWP / STP FACILITY (SEE NOTE 6 & 7)

Systematic Withdrawal Plan (SWP)	Amount for each Cheque	Amount (in words)	
	Month & Year of Commencement of SWP M M Y Y Y Y (e.g. For April 2004, please indicate 0 4 2 0 0 4)		
Systematic Transfer Plan (STP)	From (Scheme) & Folio No.	To (Scheme)	Option (Please ✓)
	Scheme		Dividend <input type="checkbox"/> Growth <input type="checkbox"/>
	Folio No.		Dividend mode (Please ✓)
			Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>
Frequency (Please ✓ any one only)	Monthly (Default) <input type="checkbox"/>	Amount (Rs.) of STP	Date of STP
	Quarterly <input type="checkbox"/>		Commencement From
			To
			M M Y Y Y Y

11. NOMINATION : I wish to nominate the following person/body to receive the amount to my credit in the event of my death. (SEE NOTE 9)

Name of the Nominee		Signature of Guardian* (*Mandatory in case of Minor nominee)
Name of the Guardian*		
Relationship/Body	Date of Birth* D D M M Y Y Y Y	
Address of Nominee/ Guardian*		

12. SERVICES (SEE NOTE 4)

 I would like to receive a PIN form to view account information online (Please ✓) I would like to receive statements by email (Please ✓)
13. DECLARATION & SIGNATURE (SEE NOTE 10) :

I/We have read and understood the contents of the offer 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 . *** I/We hereby confirm that I/We am/are in compliance with SEBI (Central Database of Market Participants) Regulations, 2003 and agree to comply with all circulars/notifications issued there under from time to time as and when applicable.

* Applicable to other than Individuals / HUF; ** Applicable to NRI; *** Applicable to persons mandated by SEBI to obtain Unique Identification Number :

SIGNATURE(S) All applicants must sign here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1st Applicant / 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.sbifunds.com

Registrar:
 Computer Age Management Services Pvt. Ltd.,
 (SEBI Registration No. : INR00002813)
 178/10, Kodambakkam High Road, Opp. Hotel Palmgrove,
 Chennai - 600034. Phone: 9144 - 28283606/7/8, 39115501/2/3
 Fax : 044-28283610 E-mail : enq_L@camsonline.com
 Website : www.camsonline.com

SIP EASYPAY AUTO DEBIT (ECS) FACILITY : REGISTRATION CUM MANDATE FORM

Investors subscribing to the scheme through SIP Easy Pay Facility to complete this form compulsorily alongwith Common Application Form

(Application should be submitted atleast 30 days before the 1st ECS & Debit Clearing date)

ARN & Name of Distributor ARN-3245	Branch Code	Sub-Broker/ Subagent Code	Reference No. (To be filled by Registrar)
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Please any one only **SIP Registration - by Existing Investor** **SIP Registration - by New Investor**
(Please do not fill the Common Application Form) (Complete the Common Application Form compulsorily alongwith this form.)

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 / Minor _____

Name of Father/ Guardian in case of Minor _____

SIP DETAILS (First SIP cheque and subsequent via EasyPay in select cities only)

Scheme _____

Option (Please) Growth Dividend If Dividend mode (Please) Payout Reinvestment

Each SIP Amount (Rs.) _____

First SIP Transaction via Cheque No. _____ (Note : Cheque should be drawn on bank account mentioned below)

SIP Date (Please choose) 5th 15th 25th **No of SIPs** _____

Frequency (Please any one only) Monthly SIP (Default) Quarterly SIP

SIP Period From DD MM YYYY To DD MM YYYY

DECLARATION : I / We hereby , authorize the AMC and their authorised service providers , to debit my / our following bank account directly or by ECS (Debit Clearing) for collection of payments.

PARTICULARS OF BANK ACCOUNT

Name of 1st Account Holder _____

Name of 1st Joint Holder _____

Name of 2nd Joint Holder _____

Name of Bank & Branch _____

City _____ **Pin** _____

Account No. _____ **Account Type (Please)**

Savings <input type="checkbox"/>	NRO <input type="checkbox"/>
Current <input type="checkbox"/>	NRE <input type="checkbox"/>

9 digit MICR Code (Mandatory) _____ **Please provide a copy of cancelled cheque leaf from an ECS eligible bank (Mandatory)**

(This is 9 digit number next to the cheque number)

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 at all 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 have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE (S) (as in Bank record)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Signature 1st Account Holder	Signature 2nd Account Holder	Signature 3rd Account Holder

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 verification Request (To be retained by the Customers Bank)

The Branch Manager
Bank _____ Branch _____ Date DD MM YYYY

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 or through ECS (Debit Clearing). I/We hereby authorize to honour such payments and 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

Signature 1st Account Holder Signature 2nd Account Holder Signature 3rd Account Holder

(To be filled in by the First applicant/Authorized Signatory) :
Received from Name & address : _____
an application for Purchase of Units alongwith Cheque SIP EasyPay Auto Debit (ECS) Facility For Rs. _____
All purchases are subject to realisation of cheques. Cheque Number _____

Acknowledgement Stamp

TRANSACTION SLIP

ARN & Name of Distributor	Branch Code	Sub-Broker/ Subagent Code	Reference No. (To be filled by Registrar)
ARN-3245			

UNIT HOLDER DETAILS (MANDATORY)

EXISTING FOLIO NO.

UNITHOLDERS INFORMATION (Please fill in BLOCK Letters)

 Name of 1st
 Applicant
 (Mr/Ms/M/s)

PAN & UIN DETAILS (Mandatory, as per SEBI Regulations)

PAN / Form 60 / 61 for investments of Rs. 50,000 and above. Application without this information will be rejected.

First Applicant / Guardian	PAN	Pan Proof attached	(please ✓)	Unique Identification Number (UIN) (if applicable)
			or Form 60 / 61 attached	
Second Applicant			or Form 60 / 61 attached	
Third Applicant			or Form 60 / 61 attached	

ADDITIONAL PURCHASE REQUEST

Scheme Name	Option (Please ✓)	Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
	Dividend <input type="checkbox"/> Growth <input type="checkbox"/> Dividend mode (Please ✓) Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>			
A. Investment Amount (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount Paid (A-B) (Rs. in Figures)	Net Amount Paid (Rs. in Words)	

BANK PARTICULARS* (Please note that as per SEBI Regulations it is mandatory for Investors to provide their bank account details)

Name of Bank	
Branch Name and Address	
City	Pin
Account No.	Account Type (Please ✓)
9 digit MICR Code	Savings <input type="checkbox"/> NRO <input type="checkbox"/>
	Current <input type="checkbox"/> NRE <input type="checkbox"/>

(This is 9 digit number next to the cheque number. Please provide a copy of cancelled cheque leaf from an ECS eligible bank)

Pay my dividend/redemption electronically through ECS / Direct Credit as and when available. (please ✓)

Note : SBI Mutual Fund, reserves the right to use any other mode of payment as deemed appropriate.
 I/We understand that SBI Mutual fund shall not be responsible if transaction through ECS / Direct Credit could not be carried out because of incomplete or incorrect information. * Please fill the bank particulars for Additional Purchase/Repurchase/SWP/ECS/Change of Bank Account.

REPURCHASE REQUEST

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

SWITCH REQUEST

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

TEAR HERE

TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

Folio No.			
(To be filled in by the First applicant/Authorized Signatory) : Received from Name & address :			Stamp Signature & Date
Nature of Transaction	Change of Bank Particulars <input type="checkbox"/>	Change of Address <input type="checkbox"/>	Nomination <input type="checkbox"/>
For Additional Purchase / Repurchase	Scheme Name & Plan	Amount	Units
Systematic Investment / Withdrawal Plan	Scheme Name & Plan	Amount (Rs.)	Frequency Date of Commencement 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th <input type="checkbox"/>
Systematic Transfer Plan / Switch Over	Scheme Name & Plan From To	Commencement Date	Amount Units

SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through Auto Debit (ECS) to separately fill up Registration cum Mandate form)

1. Payment Mechanism (Please ✓ any one only)	Cheques <input type="checkbox"/> (Please provide the details below)			
	SIP Date (Please choose)	5 th <input type="checkbox"/>	15 th <input type="checkbox"/>	25 th <input type="checkbox"/>
2. Frequency (Please ✓ any one only)	<input type="checkbox"/> Monthly SIP (Default)		<input type="checkbox"/> Quarterly SIP	
3. Enrolment Period (Please ✓ any one only)	6 months <input type="checkbox"/>	12 months <input type="checkbox"/>	Date of Commencement	D D M M Y Y Y Y
4. Cheque(s) Details	No. of Cheques	SIP Amount (in figures)	Cheque Nos	
	Cheques drawn on	Name of Bank & Branch		

SWP / STP FACILITY REQUEST

Systematic Withdrawal Plan (SWP)	Amount for each Cheque	Amount (in words)	
	Month & Year of Commencement of SWP M M Y Y Y Y (e.g. For April 2004, please indicate 0 4 2 0 0 4)		
Systematic Transfer Plan (STP)	From (Scheme) & Folio No.	To (Scheme)	Option (Please ✓)
	Scheme		Dividend <input type="checkbox"/> Growth <input type="checkbox"/>
	Folio No.		Dividend mode (Please ✓) Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>
Frequency (Please ✓ any one only)	Monthly (Default) <input type="checkbox"/>	Amount (Rs.) of STP	Date of STP
	Quarterly <input type="checkbox"/>		Commencement From To M M Y Y Y Y M M Y Y Y Y

CHANGE IN NOMINATION (ADDITION / CANCELLATION OF NOMINATION)

This form can be used to assign a nominee to your investment or cancel the nomination previously made by you.

I / We and * do hereby
 nominate the person more particularly described hereunder / and / cancel the nomination, made by me / us on
 in respect of the units in the folio no(s) (* Strike out which is not applicable)

Name of the Nominee	<input type="text"/>	⊗ Signature of Guardian* (* in case of Minor nominee)
Name of the Guardian*	<input type="text"/>	
Relationship/Body	<input type="text"/>	
Date of Birth*	D D M M Y Y Y Y	
Address of Nominee/ Guardian*	<input type="text"/>	

SERVICES

I would like to receive a PIN form to view account information online (Please ✓) I would like to receive statements by email (Please ✓)

CHANGE OF ADDRESS

Local Address of 1st Applicant	<input type="text"/>
Landmark	<input type="text"/>
City	<input type="text"/> Pin <input type="text"/>
State	<input type="text"/>

DECLARATION & SIGNATURE "I/We have read and understood the contents of the offer 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."

SIGNATURE(S)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	⊗ 1st Unit Holder/ Authorised Signatory	⊗ 2nd Unit Holder/ Authorised Signatory	⊗ 3rd Unit Holder/ Authorised Signatory

Date

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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 & 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.sbifunds.com

Registrar:
 Computer Age Management Services Pvt. Ltd.,
 (SEBI Registration No. : INR000002813)
 178/10, Kodambakkam High Road, Opp. Hotel Palmgrove,
 Chennai - 600034. Phone: 9144 - 28283606/7/8, 39115501/2/3
 Fax : 044-28283610 E-mail : enq_L@camsonline.com
 Website : www.camsonline.com

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5	MAGNUM BALANCED FUND (MBAL)	GROWTH & DIVIDEND OPTION	1000	SBIMF - Magnum Balanced Fund
6 & 7	MAGNUM INDEX FUND (MINDEX)	GROWTH & DIVIDEND OPTION	5000	SBIMF - Magnum Index Fund - Nifty
8	MAGNUM EQUITY FUND (MEF)	DIVIDEND OPTION	1000	SBIMF - Magnum Equity Fund
9	MAGNUM MULTIPLIER PLUS SCHEME 93 (MMPS)	GROWTH & DIVIDEND OPTION	1000	SBIMF - Magnum Multiplier Plus Scheme 93
10	MAGNUM GLOBAL FUND (MGLF)	GROWTH & DIVIDEND OPTION	2000	SBIMF - Magnum Global Fund
11	MAGNUM MIDCAP FUND (MIDCAP)	GROWTH & DIVIDEND OPTION	5000	SBIMF - Magnum MidCap Fund
12	MAGNUM TAXGAIN SCHEME 93 (MTGS)	DIVIDEND OPTION	500	SBIMF - Magnum TaxGain Scheme
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