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APPLICATION NO.

			CO	IOMM	N AP	PLIC	ATIO	N FC	ORM	FOI	R EQ	UITY	OF	RIEN	ΙΤΕΙ	D S	CHE	ME	S								
ARN & Na	ame of D	Distribu	itor					Br	anch (Code						s		Broke ent C				Ref	erenc	e No. (Reais	To be	filled	эy
A D	NI OO	15																									
	N-32			10.11	_																/05			- 45			
1. PARTICULARS		RSI	APPL	ICAN	-																(SE	EN	ОТЕ	1)			
(For Exisiting unithold		aco mo	ntion	our Ec	dio nu	mbor	and pr	00000	to l	nvoct	mont	and D	avm.	ont d	lotail	c 9	١										
NEW UNITHOLDERS									1 (0 1)	iivesi	mem	allu F	ayııı	ent o	letaii	S- 0,	,										
Name of 1st Applicant																											
(Mr/Ms/M/s) Date of Birth*	D M	1 1.4		V \																							
Date of Birth* *Mandatory field in case of N			L I	, ,		Er	nail ID																				
Telephone No.											Mobile No.	•															
Name of Father/											NO.																
Guardian in case of N	/linor																										
Name of Contact Persor (in case of Institutional Investor)	n																										
2. PARTICULARS	OF S	ECON	ID AF	PLIC	ANT																(SE	ΕN	ОТЕ	2)			
Name				7			7	T	Т			_	T	T													
Mr./Ms./M/s. 3. PARTICULARS	OF T	LIBD	ADD	ICAN	T								_	_	_			_	_		/CE	EN	ОТЕ	- 2/	_		
Name	OF I	пікр	AFFI	LICAN									-						-		(35	EN		2)			
Mr./Ms./M/s.																											
4. PAN & UIN DET										4 4 1-				.: II Is a		-4							ОТЕ		/1	IAI\	
PAN / Form 60 / 61 fo	or invest	ments	of Rs.	50,000 PAN	and a	above	. Аррис		n Proc					/III be se ✔)	reje	ctea	1.		Ur	nique			ation plical	Numb	er (L	IN)	
First Applicant / Guardian				1741				, u		Ji atta	0	r For	m 60	0 / 61	atta	chec	d							,			
Second Applicant											_		0.	0 / 04													
											C			0/61													
Third Applicant											0	r For	m 60	0/61	atta	ched	d										
5. GENERAL INFO			Pleas																		(SE	ΕN	ОТЕ	1 L	& m)	
Status	Individ					•	uardiar Corpora		SU			Repatr						FII	. / D/	HL	JF			ership	Firn	า	
Mode of Holding	Single			Join		Воцу	Corpore	ato/i v	00			Non-re Either	•			5		AOP	/ B()I			Othe	rs one oi	Sur	/ivor	4
Occupation	Self Er		d		essior	nal						House						Retir	ed				Serv		Oui	VIVOI	i
Monthly Income	< Rs. 1	10,000		< R:	s.25,0	00						< Rs.	50,0	00				< Rs	.1,0	0,000				1,00,	000		
6. CONTACT DET	IAILS																				(SE	ΕN	ОТЕ	1)			
Local																											
Local Address of 1st Applicant																											
Address of																											
Address of 1st Applicant Landmark																					Pin						
Address of 1st Applicant Landmark City																					Pin						
Address of 1st Applicant Landmark	Add	drace for	To receive the control of the contro	espanda	unco fo	r NDI A	Innlican	inter only	y (Pla	200		ian by l	Dofau	ult				Foroign			Pin						
Address of 1st Applicant Landmark City State	Add	dress fo	or Corre	esponde	ence fo	r NRI A	Applican	nts onl	y (Ple	ease (/)) Ind	ian by I	Defau	ult				Foreig	ŋn		Pin						
Address of 1st Applicant Landmark City	Add	dressfo	or Corre	esponde	ence fo	r NRI A	\pplican	nts onl	y (Ple	ease («	/)) Ind	ian by I	Defau	ılt				Foreig	jn		Pin						
Address of 1st Applicant Landmark City State Foreign Address	Add	dressfo	or Corre	esponde	ence fo	r NRI A	Applican	nts onl	y (Ple	ease (∕)) Ind	ian by I	Defau	ult				Foreig	jn		Pin						
Address of 1st Applicant Landmark City State Foreign Address	Add	dressfo	or Corre	esponde	ence fo	r NRI A	Applican	nts onl	y (Ple	ease (/)) Ind	ian by I	Defau	ult				Foreig	gn		Pin						
Address of 1st Applicant Landmark City State Foreign Address (NRI / FII Applicants)	Add	dressfo	or Corre	esponde	ence fo	r NRI A	\pplican	nts onl	y (Ple	ease (/)) Ind	ian by I	Defau	ult				Foreig	gn		Pin						
Address of 1st Applicant Landmark City State Foreign Address (NRI / FII Applicants) City Country															provi	ide ti		ZIP		unt d		s) ((SEE	NO	TE 3		
Address of 1st Applicant Landmark City State Foreign Address (NRI / FII Applicants)															provi	ide ti		ZIP		unt d		s) ((SEE	NO	ΓE 3		
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Payout Reinvest



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8. INVESTMENT AND PAYMEN					(SEE NOTE 5)
One time Investment (Please fill in your investment details below)	Systematic Investr (Please fill in the SIP de			e time & SIP)	ow and SIP details at SR No. 9)
Scheme Name	Option (Please ✓)	Cheque / DD Amou		Drawn on Bank and Branch	Cheque / D.D. No. & Date
	Dividend Growth				
	Dividend mode (Please ✓)				
	Payout Reinvest				
A. Investment Amount (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount I (A-B) (Rs. in Fig			mount Paid in Words)
(1.3. III i igules)	200000 (1101)	(A D) (No. III Fig		(KS.	110103
9. SYSTEMATIC INVESTMENT	PLAN (SIP)	<u>'</u>	<u>'</u>		(SEE NOTE 11 & 12)
Payment Mechanism	Cheques		SIP EasyPay I	Facility (Auto Debit - E	CS)
(Please ✓ any one only)	(Please provide the details below)		(Please complete e	enclosed SIP EasyPay Facility	Registration cum Mandate Form)
	SIP Date (Please choose) 5 th	15 th 25 th	h	No of SIPs	
2. Frequency (Please ✓ any one only)	Monthly SIP (Default)			Quarterly SIP	
3. Enrolment Period	6 months	12 months	Date of	. D D N	M M Y Y Y
(Please ✓ any one only) 4. Cheque(s) Details		Amount (in figures)	Commence	ement Cheque Nos	
Olieque(s) Details	INO. Of Offeques SIP	Amount (in figures)		Crieque NOS	
Cheques drawn on	Name of Bank & Branch	•			
10. SWP / STP FACILITY					(SEE NOTE 6 & 7)
	Amount for each C	Cheque		Amount (in word:	
Systematic Withdrawal Plan	,louit for odoir C				,
(SWP)					
	Month & Year of Commenceme	nt of SWP M M Y	Y Y Y (e	e.g. For April 2004, pleas	se indicate 0 4 2 0 0 4)
	From (Scheme) & Folio		To (Sch		Option (Please ✓)
Systematic Transfer Plan (STP)	Scheme Scheme		. = (5.011	,	Dividend Growth
, ,					Dividend mode (Please ✓)
	E-E-N-				
	Folio No.				Payout Reinvest
Frequency	Monthly (Default)	Amount (Rs.) of STP	Comm	nencement From	of STP To
(Please ✓ any one only)	Quarterly		M M	Y Y Y Y	M M Y Y Y
11. NOMINATION: I wish to nomin	-	o receive the amount to m	y credit in the	event of my death.	(SEE NOTE 9)
Name of the Nominee					
Name of theGuardian*					
		<u> </u>			
Relationship/Body		Date of Bir	th* DDMM	└	
Address of Nominee/				Sigr	nature of Guardian*
Guardian*				(*Mandato	(SEE NOTE 4)
12. SERVICES I would like to receive a PIN form to vi	iew account information online /P	lease 🗸) 🖂 🗆 🖂	o to receive st	atomonte by amail (Di-	
13. DECLARATION & SIGNATUR	,	,		atements by email (Pleathern and t	<u> </u>
I/We have not received or been induced					
by me/us in the scheme(s) of SBI Mu	itual Fund is derived through leg	itimate sources and is not	held or designe	ed for the purpose of co	ntravention of any act, rules,
regulations or any statute or legislation					
* I/We certify that as per the Memorand / Firm / Trust. I/We are authorised to e					
Nationality/Origin and I/We hereby cor	nfirm that the funds for the subscr	iptions have been remitted t	from abroad thr	ough approved banking	channels or from my/our Non
Resident External/Ordinary account/F					abase of Market Participants)
Regulations, 2003 and agree to comply	•			• •	eation Number:
* Applicable to other than Individuals	THOP, Applicable to INKI; """ A	philicable to hetsous mand	ateu by SEDI ((J Oblain Onique Identific	auon Number.
SIGNATURE(S)					
SIGNATURE(S)					
All applicants S must sign here		2nd Applicant / Authoris	and Signators	⊗ 3rd Applicant	/ Authorised Signatory
1st Applicant	t / Authorised Signatory	Ziiu Applicant/ Authoris	seu Signatory	oru Applicant	/ Authorised Signatory
Date					
Place					
[
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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

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



Please ✓ any one only

Folio No. / Application No.

Name of 1st Applicant /

Minor

ARN & Name of Distributor

ARN-3245

Principal Trustee: State Bank of India,

Investment Manager: SBI Funds Management Pvt. Ltd.

(Application should be submitted atleast 30 days before the 1st

SIP Registration - by Existing Investor

 $(For \ Existing \ Investor \ please \ mention \ Folio \ Number / For \ New \ Applicants \ please \ mention \ the \ Common \ Application \ Form \ Number)$

(A Joint Venture between SBI & SGAM) 191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005. Tel.: 022-22180221-27, www.sbimf.com & www.sbifunds.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

INVESTOR DETAILS

Branch Code

ECS & Debit Clearing date)

Sub-Broker/ Subagent Code

SIP Registration - by New Investor

Complete the Common Application Form compulsorily alongwith this form.)

Reference No. (To be filled by Registrar)

Name of Father/ Guardian in case of Minor Scheme Dividend If Dividend mode (Please ✓) Growth Option (Please ✓) Payout Reinvestment Each SIP Amount (Rs.) First SIP Transaction via (Note: Cheque should be drawn on bank account mentioned below) Cheque No. No of SIPs 5th SIP Date (Please choose) 15th $\textbf{Frequency} \,\, (\text{Please} \, \checkmark \, \text{any one only})$ Monthly SIP (Default) Quarterly SIP SIP Period From To M Y M 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 Pin City Account Type (Please ✓) Account No. Savings NRO 9 digit MICR Code (Mandatory) Please provide a copy of cancelled cheque leaf from an ECS eligible bank Current (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) Signature 2nd Account Holder Signature 1st Account Holder Signature 3rd Account Holder BANKER'S ATTESTATION Signature of authorised Official from Bank (Bank stamp and date) Certified that the signature of account holder and the Details of Bank account are Signature verification Request (To be retained by the Customers Bank) The Branch Manager Date 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 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 2nd Account Holder Signature 3rd Account Holder Signature 1st Account Holder Folio No. / ACKNOWLEDGEMENT SLIP
To be filled in by the Investor SBI MUTUAL FUND
A partner for life. Application No. (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. Acknowledgement Stamp Cheque Number



Principal Trustee: 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.sbifunds.com

		TRANSACTION SLIP				
ARN & Name of Distributo	r	Branch Code	Sub-Broker/ Subagent Code	Reference No. (To be filled by Registrar)		
ARN-3245						
UNIT HOLDER DETAILS (MANDA	ATORY)					
EXISTING FOLIO NO.						
UNITHOLDERS INFORMATION (Please f	ill 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	s. 50,000 and above. App PAN	lication without this information will be r Pan Proof attached (please ✓)	'	ntification Number (UIN) if applicable)		
First Applicant / Guardian		or Form 60 / 61	attached			
Second Applicant		or Form 60 / 61	attached			
Third Applicant		or Form 60 / 61	attached			
ADDITIONAL PURCHASE REQUE	_			(5.5.11		
Scheme Name	Option (Please ✓)	Cheque / DD Amount (Rs	Drawn on Bank and Branch	Cheque / D.D. No. & Date		
	Dividend Growth Dividend mode (Please					
	Payout Reinves					
A. Investment Amount (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount Paid (A-B) (Rs. in Figures)		Amount Paid s. in Words)		
(1131.111.1134		(** 2) (********************************	(1.1)			
BANK PARTICULARS* (Please note	that as per SEBI Regulat	ions it is mandatory for Investors to prov	vide their bank account details)			
Name of Bank						
Branch Name and Address						
City			Pin			
Account No.				ccount Type (Please 🗸)		
9 digit MICR Code		(This is 9 digit number next to the cheque nu of cancelled cheque leaf from an ECS eligib		NRO		
Pay my dividend/redemption electronicall Note: SBI Mutual Fund, reserves the rig		redit as and when available. (plea		NRE		
I/We understand that SBI Mutual fund si incorrect information. * Please fill the b	hall not be résponsible i	f transaction through ECS / Direct Cre		use of incomplete or		
REPURCHASE REQUEST						
Scheme			Option (Please ✓)	Growth Dividend		
Amount	OR Number	of Units OR	All units (Please ✓)			
SWITCH REQUEST						
Amount	OR Numbe	r of Units OR	All units (Please ✓)			
From Scheme		To Scheme				
Option (Please ✓) Growth	Dividend	Option (Please ✔)	Growth Dividend			
Folio Number		Folio Number				
		— — TEAR HERE — — — —				



TRANSACTION SLIP - ACKNOWLEDGEMENT

Principal Trustee: State Bank of India, Investment Manager: SBI Funds Management Pvt. Ltd. (A Joint Venture between SBI & SGAM)

SBI MUTUAL FUND	TRANSACTION SLIP - ACKNOWLE
SBI MUTUAL FUND A partner for life.	To be filled in by the Investor

Folio No.										
(To be filled in by the First applicant/Authorized Signatory) : Received from Name & address :										
Nature of Transaction	Change of Bank Particulars Change of Address Nomination									
For Additional Purchase / Repurchase	Scheme	Scheme Name & Plan Amount Units					Units			
Systematic Investment	Scheme Name & Pl	an	Ar	Amount (Rs.) Frequency			Date	Date of Commencement		
/ Withdrawal Plan					5 th	15 th	25 th			
Systematic Transfer	ansfer Scheme Name & Plan			Commencement Date		Amount		Uni	ts	
Plan / Switch Over	From	То								



SYSTEMATIC INVESTMENT	PLAN (SIP) REQUEST	(Investors subscribing to	SIP through Auto [Debit (ECS) to	o separately fill	up Registration cum Mandate form)
1. Payment Mechanism (Please ✓ any one only)		Cheques (Please provide the d	details below)				
		SIP Date	5 th 15 th	25 th		No of SIPs	
2. Frequency (Please ✓ any one only)		(Please choose)	onthly SIP (Default)		Quarterly	SIP	
3. Enrolment Period (Please ✓ any or	ne only)	6 months	12 months	Date o		1	M M Y Y Y
,				Comm	nencement		
4. Cheque(s) Details		No. of Cheque	s SIP Amount (in figure	95)		Cheque No	s
Cheques drawn on		Name of Bank & I	Branch				
SWP / STP FACILITY REQUI	EST			,			
Systematic Withdrawal Plan (SWP)		Amount for e	each Cheque	V V V V		Amount (in wor	
	IVIOTILI1 &					orii 2004, piease	indicate 0 4 2 0 0 4)
Systematic Transfer Div. (OTE)	0-1	From (Scheme)	& Folio No.	To	(Scheme)		Option (Please ✓) Dividend Growth
Systematic Transfer Plan (STP)	Scheme						Dividend Growth Dividend mode (Please ✓)
	Folio No						Payout Reinvest
Frequency	Monthly	(Default)	Amount (Rs.) of S	TP	Commo	encement From	Date of STP To
(Please any one only)	Quarter					y y y	Y M M Y Y Y Y
CHANGE IN NOMINATION (A			ATION OF NOMINAT	ION)			
This form can be used to assign a no	ominee to	your investment o	r cancell the nomination pr	eviously made by	you.		
I / We nominate the person more particula in respect of the units in the folio r	-	bed hereunder / a	nd / cancel the nomination	, made by me / us	on		* do here
Name of the Nominee							(* Strike out which is not applicab
Name of the Guardian*							
Relationship/Body				Date of Birth*	D D M M Y	Y Y Y 🚫	
Address of Nominee/ Guardian*						~	Signature of Guardian* (* in case of Minor nominee)
SERVICES							
I would like to receive a PIN form to	view acco	unt information onl	line (Please ✓)	would like to receive	ve statement	ts by email (Ple	ease 🗸) 🔲
CHANGE OF ADDRESS							
Local Address of 1st Applicant Landmark							
City						Pi	n
State							
DECLARATION & SIGNATURE any rebate or gifts, directly or indirectly through legitimate sources and is not notifications, directions issued by any	, in making held or de	this investment." "I esigned for the purp	/We hereby declare that the pose of contravention of an	amount invested/to	be invested b	by me/us in the s	cheme(s) of SBI Mutual Fund is deriv
SIGNATURE(S)			\otimes			$ $ \otimes	
	der/ Auth	norised Signatory		der/ Authorised Si	ignatory		Holder/ Authorised Signatory
Date			TEAD HEDE				

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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8	MAGNUM EQUITY FUND (MEF)	DIVIDEND OPTION	1000	SBIMF - Magnum Equity Fund	
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