

SBI Mutual Fund

Principal Trustee : State Bank of India,
Investment Manager : SBI Funds Management Pvt. Ltd.
191, Maker Tower 'E', Cuffe Parade, Mumbai - 05.
Tel.: 022-2180221-27 Fax : 2182187,
www.sbfm.com

APPLICATION NO. **P**



APPLICATION FORM

Name & Code No. of SBIMF Agent/Broker	Sub-Broker/ Subagent Code	SBIMF ISCS/Registrar/ SBI Designated Branches	Reference No. (To be filled by Registrar)	Received Date Time	
0010	77777				

I would like to invest in Magnum Gilt Fund subject to terms of the offer document.

Application Amount Details

A. Amount Paid (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount Paid (A-B) (Rs. in Figures)	<input type="checkbox"/> Cheque <input type="checkbox"/> DD Cheque/DD No. _____ Date _____
			Bank & Branch Details _____
Net Amount Paid (Rs. in Words) _____			

Short-term Plan () Reinvest dividend Payout Monthly dividend Growth Long Term Plan () Reinvest dividend Payout Quarterly dividend Growth

Investor desirous of investing under multiple option should submit a separate application form for each option. Requests for change of Options/Plans will be treated as switchovers.

Particulars of First Applicant

Name (Mr./Ms./M/s) _____
Local Address _____ Pin _____
Name of Father/Husband _____
Tel. No. _____ Email _____ Date of Birth (In case of minor only)

D	D	M	M	Y	Y
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Name of guardian (in case of minor only) _____
Foreign Address (if applicable) _____ Pin _____

PAN/GIR No. (if investment amount is over Rs. 50,000)	Circle/Ward/District	Signature (1st Applicant)
Name of 2nd Applicant Mr./Ms./M/s.		Signature (2nd Applicant)
Name of 3rd Applicant Mr./Ms./M/s.		Signature (3rd Applicant)

Bank Particulars (for dividend/redemption/refund (compulsory))

Bank name and address _____
Account Type (Please) Current Saving NRO FCNR NRE Account No. _____
Systematic Investment Plan (SIP) No. of Cheques _____ Cheque Nos. _____ Drawn on _____
Amount for each cheque Rs. _____ Amount in words _____
Systematic Withdrawal Plan (SWP) Amount for each cheque Rs. _____ Amount in words _____
Nomination Facility (Available only for individuals applying on their own behalf, either singly or jointly upto three.) (Required Not Required
(If nomination is required please () appropriate box. The Registrar will send you a nomination form which may please be completed and sent back to the Registrar.)

For Electronic Clearing Service (only for select centres having ECS)

9 digit MICR Code _____ Account No. _____ Ledger No./Ledger Folio No. _____
Account type (S.B. Account/Current Account or Cash Credit) with code 10/11/13 (photocopy of cheque to be enclosed) _____

General Information - Please () wherever applicable

Status Individual Minor through guardian HUF Partnership Trust/Society
 Company/Body Corporate/PSU NRI/OCB on Repatriable basis NRI/OCB non Repatriable basis Others
Mode of Holding Single Joint Either or Survivor Former or Survivor(s)
Occupation Self Employed Professional Housewife Retired Service Others
Correspondence to Local Addr. Foreign Addr. **Monthly Income** < Rs. 10,000 < Rs. 20,000 < Rs. 40,000 > Rs. 40,000

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ACKNOWLEDGEMENT SLIP

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Long-term Plan () Reinvest dividend Payout Quarterly dividend Growth

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(To be filled in by the First applicant) :
Received from Name : _____
Address : _____



Amount in figures	Amount in words	Cheque/DD	Drawn on	Date

Stamp
Signature & Date