



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**



A P P L I C A T I O N F O R M

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 Monthly Income Plan 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 _____
Net Amount Paid (Rs. in Words)			Bank & Branch Details _____

Dividend Plan () 1. Payout Monthly dividend 2. Payout Quarterly dividend 3. Payout Annual dividend 4. Reinvest dividend 5. Growth Plan ()

Investor desirous of investing under multiple options/plans 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)
 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)

Direct credit of dividend () Required Not required

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

Bank name and address _____
 Account Type (Please) 1. Current 2. Saving 3. NRO 4. FCNR 5. 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) (for Growth Plan Only) Amount for each cheque Rs. _____ Amount in words _____
Month and Year of Commencement of SWP: (MM/YYYY) (e.g. For April 2001, please indicate 0 4 2 0 0 1)
Automatic Withdrawal Facility (for "Payout Monthly Dividend Option" Only) () YES NO
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 1. Individual 2. Minor through guardian 3. HUF 4. Partnership 5. Trust/Society
 6. Company/Body Corporate/PSU 7. NRI/OCB on Repatriable basis 8. NRI/OCB non Repatriable basis 9. Others
Mode of Holding 1. Single 2. Joint 3. Either or Survivor 4. Former or Survivor(s)
Occupation 1. Self Employed 3. Professional 4. Housewife 5. Retired 6. Service 7. Others
Correspondence to 1. Local Addr. 2. Foreign Addr. **Monthly Income** 1. < Rs. 10,000 2. < Rs. 20,000 3. < Rs. 40,000 4. > Rs. 40,000

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ACKNOWLEDGEMENT SLIP

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191, Maker Tower 'E', Cuffe Parade, Mumbai - 05. Growth Plan ()
 Tel.: 022-2180221-27 Fax: 022-2182187, www.sbfm.com Dividend Plan () Payout Monthly dividend Payout Quarterly dividend Payout Annual dividend Reinvest dividend

(To be filled in by the First applicant) :

Received from Name : _____ under _____
 Address : _____

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

Stamp
Signature & Date