



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.sbimf.com

APPLICATION NO. _____

MAGNUM
Index Fund

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 Index 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) _____

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 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 _____

Month and Year of Commencement of SWP: (MM/YYYY)

M	M	Y	Y	Y	Y
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 (e.g. For December 2001, please indicate

1	2	2	0	0	1
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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

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 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



ACKNOWLEDGEMENT SLIP

APPLICATION NO. _____

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

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

 Stamp Signature & Date _____