



SBI Mutual Fund

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

APPLICATION NO. _____



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 Sector Funds Umbrella subject to terms of the offer document.

Application Amount Details

Sub Fund	✓	A. Amount Paid (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount Paid (A-B) (Rs. in Figures)	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD Cheque/DD No. _____ Date _____ Bank & Branch Details _____
IT Fund					
Pharma Fund					
FMCG Fund					
Contra Fund					

Net Amount Paid (Rs. in Words) _____

Dividend Plan () Reinvest dividend Payout dividend

Is this investment under Section 54EA / 54EB () 54EA 54EB
 By selecting this option I/we agree to abide by the lock-in and other conditions stipulated under Sec. 54EA (3 yrs. lock-in) / 54EB (7 yrs. lock-in) of the Income Tax Act, 1961.

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) _____
 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 _____

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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Reinvest dividend Payout dividend
 54EA 54EB

(To be filled in by the First applicant):
 Received from Name: _____ Address: _____
 an application for Rs. _____
 (in words) _____ under _____
 Magnum Sector Funds Umbrella

	Amount	Cheque/Draft No.	Drawn on
IT Fund			
Pharma Fund			
FMCG Fund			
Contra Fund			
Total			

Stamp Signature & Date _____