

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
InstaCash Fund

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 InstaCash 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)			

Plan A - Dividend Plan Plan B - Cash Plan

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 _____
 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. _____

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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Dividend Plan Cash Plan

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

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

Stamp
Signature & Date

