

## 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)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of guardian (in case of minor only)			
Foreign Address (if applicable)			
		Pin	

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

#### 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

APPLICATION NO. \_\_\_\_\_

Dividend Plan    Cash Plan

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

**MAGNUM**  
**InstaCash Fund**

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

Stamp  
Signature & Date

