

TRANSACTION SLIP (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
71279				E062011	

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))

* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 16)

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

INVESTOR DETAILS (MANDATORY)

EXISTING FOLIO NO.	
Name (Mr/Ms/M/s)	
Email ID	
Telephone No.	Mobile No.

PAN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement

PAN Exempt KYC Ref no (PEKRN for Micro investments) -

ADDITIONAL PURCHASE REQUEST

Scheme Name	
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer
In case of Dividend Transfer facility, please mention target scheme along with plan/option. Scheme / Plan / Option _____	
Cheque / DD Amount (Rs.)	Drawn on Bank and Branch
	Cheque / D.D. No. & Date
Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

Do you want Units in Demat Form (Please ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide the below details
National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name	Depository Participant Name
DP ID No.	Target ID No.
Beneficiary Account No.	

THE APPLICATION FORM SHOULD MANDATORILY ACCOMPANY THE LATEST CLIENT INVESTOR MASTER/DEMAT ACCOUNT STATEMENT.

SWITCH REQUEST

Amount	OR Number of Units	OR <input type="checkbox"/> All units (Please ✓)															
From Scheme	To Scheme																
<table border="1"> <tr> <th>Plan (✓)</th> <th>Option (✓)</th> </tr> <tr> <td><input type="checkbox"/> Regular</td> <td><input type="checkbox"/> Growth <input type="checkbox"/> Bonus</td> </tr> <tr> <td><input type="checkbox"/> Direct</td> <td><input type="checkbox"/> Dividend</td> </tr> </table>	Plan (✓)	Option (✓)	<input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> Bonus	<input type="checkbox"/> Direct	<input type="checkbox"/> Dividend	<table border="1"> <tr> <th>Plan (✓)</th> <th>Option (✓)</th> <th>Dividend Facility (✓)</th> </tr> <tr> <td><input type="checkbox"/> Regular</td> <td><input type="checkbox"/> Growth <input type="checkbox"/> Bonus</td> <td><input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout</td> </tr> <tr> <td><input type="checkbox"/> Direct</td> <td><input type="checkbox"/> Dividend</td> <td><input type="checkbox"/> Transfer</td> </tr> </table>		Plan (✓)	Option (✓)	Dividend Facility (✓)	<input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> Bonus	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout	<input type="checkbox"/> Direct	<input type="checkbox"/> Dividend	<input type="checkbox"/> Transfer
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<input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> Bonus	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout															
<input type="checkbox"/> Direct	<input type="checkbox"/> Dividend	<input type="checkbox"/> Transfer															
In case of Dividend Transfer facility, please mention target scheme along with plan/option. Scheme / Plan / Option _____																	

REDEMPTION REQUEST

Scheme	
Plan (✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus
Dividend Facility (✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	
Amount	OR Number of Units
	OR <input type="checkbox"/> All units (Please ✓)

TEAR HERE

TRANSACTION SLIP - ACKNOWLEDGEMENT

 Sponsor : State Bank of India,
 Investment Manager : SBI Funds Management Pvt. Ltd.
 (A Joint Venture between SBI & AMUNDI)

Folio No. _____ To be filled in by the Investor

(To be filled in by the First applicant/Authorized Signatory) :				Stamp Signature & Date
Received from				
Nature of Transaction	<input type="checkbox"/> Change of Bank Particulars	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Nomination	
For Additional Purchase / Redemption	Scheme Name / Plan / Option / Dividend Facility	Amount	Units	
Systematic Investment / Withdrawal Plan	Scheme Name / Plan / Option / Dividend Facility	Amount (Rs.)	Frequency	SIP Commencement Date <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day)
Systematic Transfer Plan / Switch Over	Scheme Name / Plan / Option / Dividend Facility	STP Commencement Date	Amount	Units
	From _____ To _____			

SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through ECS/Direct Debit must fill up the Registration cum Mandate form)

SIP with Cheque SIP without Cheque In case this application is for Micro SIP (Please tick (✓)) MICRO SIP

1. Payment Mechanism (Please ✓ any one only)	<input type="checkbox"/> Cheques (Please provide the details below)	<input type="checkbox"/> SIP ECS/ Direct Debit (Please complete SIP ECS/Direct Debit Facility Registration cum Mandate Form)
	SIP Date (Please ✓) <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day)	No of SIP Installments <input type="text"/>

2. Frequency (Please ✓ any one only) Monthly SIP (Default) Quarterly SIP

4. SIP Period
From
To OR 3 years 5 years 10 years 15 years Perpetual (Select any one)

4. Cheque(s) Details	No. of Cheques	SIP Installment Amount (in figures)	Cheque Nos
	Cheques drawn on		
Name of Bank & Branch			

TOP- UP SIP (SEE NOTE 12, 13 & 14)
Top up Amount Rs. (in multiples of Rs. 500 only) Top-up Frequency (Please ✓ any one) Half - Yearly Annual

SWP / STP FACILITY REQUEST

Systematic Withdrawal Plan (SWP) (SWP transactions will be processed on first business day of every month)	Scheme / Plan	SWP installment amount (Rs.)	Amount (in words)	Frequency (Please ✓ any one only)
	SWP From <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"/>			SWP To <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"/>

Systematic Transfer Plan (STP)

STP Facility Request (Please ✓ any one only) Regular STP Flex STP (See Note 8)

Systematic Transfer Plan (STP)	From (Scheme)		To (Scheme)		
	Scheme				
	Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	
	Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus	Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus	
			Dividend Facility(✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	
In case of Dividend Transfer facility, please mention target scheme along with plan/option. Scheme / Plan / Option <input type="text"/>					

STP Frequency & Enrolment Period (Please ✓ any one only) Daily Monthly Weekly Quarterly

STP Installment Amount (Rs.)

STP From

STP To

CHANGE OF ADDRESS (Identity and Address proof mandatory)

Local Address of 1st Applicant

Landmark

City Pin

State

Address for Correspondence for NRI Applicants only (Please ✓) Indian by Default Foreign

Foreign Address (NRI / FII Applicants)

City

Country Zip

DECLARATION & SIGNATURE : I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment." I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us"

SIGNATURE(S) Applicants must sign as per mode of holding	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1st Applicant/Guardian/ Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory

Date Place

----- TEAR HERE -----

All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

Investment Manager :
SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)
191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005.
Tel.: 022-22180244/22180221, Fax : 022 -22180244
E-mail : customer.delight@sbimf.com
Website : www.sbimf.com

Registrar:
Computer Age Management Services Pvt. Ltd.,
SEBI Registration No. : INR000002813)
148, Old Mahabalipuram Road, Okkiyam Thuraiyakkam,
Adjacent to Hotel Fortune, Chennai 600097, Tamil Nadu
Tel: 044-30407000 & 24587000, Fax: 044-24580982
Email: enq_L@camsonline.com, Website : www.camsonline.com