

TRANSACTION SLIP

ARN & Name of Distributor	Branch Code	Sub-Broker/ Subagent Code	Reference No. (To be filled by Registrar)
ARN-34120			

UNIT HOLDER DETAILS (MANDATORY)

 EXISTING FOLIO NO.

UNITHOLDERS INFORMATION (Please fill in BLOCK Letters)

 Name of 1st Applicant (Mr/Ms/M/s)
PAN & UIN DETAILS (Mandatory, as per SEBI Regulations)

PAN / Form 60 / 61 for investments of Rs. 50,000 and above. Application without this information will be rejected.

PAN	Pan Proof attached (please ✓)	Unique Identification Number (UIN) (if applicable)
First Applicant / Guardian <input type="text"/>	<input type="checkbox"/> or Form 60 / 61 attached <input type="checkbox"/>	<input type="text"/>
Second Applicant <input type="text"/>	<input type="checkbox"/> or Form 60 / 61 attached <input type="checkbox"/>	<input type="text"/>
Third Applicant <input type="text"/>	<input type="checkbox"/> or Form 60 / 61 attached <input type="checkbox"/>	<input type="text"/>

ADDITIONAL PURCHASE REQUEST

Scheme Name	Option (Please ✓)	Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
	Dividend <input type="checkbox"/> Growth <input type="checkbox"/> Dividend mode (Please ✓) Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>			
A. Investment Amount (Rs. in Figures)	B. Draft Charges Deducted (Rs.)	C. Net Amount Paid (A-B) (Rs. in Figures)	Net Amount Paid (Rs. in Words)	

BANK PARTICULARS* (Please note that as per SEBI Regulations it is mandatory for Investors to provide their bank account details)

Name of Bank <input type="text"/>			
Branch Name and Address <input type="text"/>			
City <input type="text"/>	Pin <input type="text"/>		
Account No. <input type="text"/>	Account Type (Please ✓)		
9 digit MICR Code <input type="text"/>	Savings <input type="checkbox"/> NRO <input type="checkbox"/>		
	Current <input type="checkbox"/> NRE <input type="checkbox"/>		

(This is 9 digit number next to the cheque number. Please provide a copy of cancelled cheque leaf from an ECS eligible bank)

Pay my dividend/redemption electronically through ECS / Direct Credit as and when available. (please ✓)

Note : SBI Mutual Fund, reserves the right to use any other mode of payment as deemed appropriate.
 I/We understand that SBI Mutual fund shall not be responsible if transaction through ECS / Direct Credit could not be carried out because of incomplete or incorrect information. * Please fill the bank particulars for Additional Purchase/Repurchase/SWP/ECS/Change of Bank Account.

REPURCHASE REQUEST

Scheme <input type="text"/>	Option (Please ✓)	Growth <input type="checkbox"/> Dividend <input type="checkbox"/>
Amount <input type="text"/>	OR Number of Units <input type="text"/>	OR <input type="checkbox"/> All units (Please ✓)

SWITCH REQUEST

Amount <input type="text"/>	OR Number of Units <input type="text"/>	OR <input type="checkbox"/> All units (Please ✓)
From Scheme <input type="text"/>	To Scheme <input type="text"/>	
Option (Please ✓)	Growth <input type="checkbox"/> Dividend <input type="checkbox"/>	Option (Please ✓)
Folio Number <input type="text"/>	Folio Number <input type="text"/>	

TEAR HERE

TRANSACTION SLIP - ACKNOWLEDGEMENT

To be filled in by the Investor

Folio No. <input type="text"/>			
(To be filled in by the First applicant/Authorized Signatory) : Received from Name & address :			Stamp Signature & Date
Nature of Transaction	Change of Bank Particulars <input type="checkbox"/>	Change of Address <input type="checkbox"/>	Nomination <input type="checkbox"/>
For Additional Purchase / Repurchase	Scheme Name & Plan	Amount	Units
Systematic Investment / Withdrawal Plan	Scheme Name & Plan	Amount (Rs.)	Frequency Date of Commencement 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th <input type="checkbox"/>
Systematic Transfer Plan / Switch Over	Scheme Name & Plan From <input type="text"/> To <input type="text"/>	Commencement Date	Amount Units

SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through Auto Debit (ECS) to separately fill up Registration cum Mandate form)

1. Payment Mechanism (Please ✓ any one only)	Cheques <input type="checkbox"/> (Please provide the details below)			
	SIP Date (Please choose)	5 th <input type="checkbox"/>	15 th <input type="checkbox"/>	25 th <input type="checkbox"/>
2. Frequency (Please ✓ any one only)	<input type="checkbox"/> Monthly SIP (Default)		<input type="checkbox"/> Quarterly SIP	
3. Enrolment Period (Please ✓ any one only)	6 months <input type="checkbox"/>	12 months <input type="checkbox"/>	Date of Commencement	D D M M Y Y Y Y
4. Cheque(s) Details	No. of Cheques	SIP Amount (in figures)	Cheque Nos	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Cheques drawn on	Name of Bank & Branch <input type="text"/>			

SWP / STP FACILITY REQUEST

Systematic Withdrawal Plan (SWP)	Amount for each Cheque	Amount (in words)	
	<input type="text"/>	<input type="text"/>	
Month & Year of Commencement of SWP M M Y Y Y Y (e.g. For April 2004, please indicate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>)			
Systematic Transfer Plan (STP)	From (Scheme) & Folio No.	To (Scheme)	Option (Please ✓)
	Scheme	<input type="text"/>	Dividend <input type="checkbox"/> Growth <input type="checkbox"/>
	Folio No.	<input type="text"/>	Dividend mode (Please ✓) Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>
Frequency (Please ✓ any one only)	Monthly (Default) <input type="checkbox"/>	Amount (Rs.) of STP	Date of STP
	Quarterly <input type="checkbox"/>		
		Commencement From	To
		M M Y Y Y Y	M M Y Y Y Y

CHANGE IN NOMINATION (ADDITION / CANCELLATION OF NOMINATION)

This form can be used to assign a nominee to your investment or cancel the nomination previously made by you.

I / We and * do hereby
 nominate the person more particularly described hereunder / and / cancel the nomination, made by me / us on
 in respect of the units in the folio no(s) (* Strike out which is not applicable)

Name of the Nominee	<input type="text"/>	⊗ Signature of Guardian* (* in case of Minor nominee)
Name of the Guardian*	<input type="text"/>	
Relationship/Body	<input type="text"/>	
Address of Nominee/ Guardian*	<input type="text"/>	
	Date of Birth* D D M M Y Y Y Y	

SERVICES

I would like to receive a PIN form to view account information online (Please ✓) I would like to receive statements by email (Please ✓)

CHANGE OF ADDRESS

Local Address of 1st Applicant	<input type="text"/>
Landmark	<input type="text"/>
City	<input type="text"/> Pin <input type="text"/>
State	<input type="text"/>

DECLARATION & SIGNATURE "I/We have read and understood the contents of the offer 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."

SIGNATURE(S)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	⊗ 1st Unit Holder/ Authorised Signatory	⊗ 2nd Unit Holder/ Authorised Signatory	⊗ 3rd Unit Holder/ Authorised Signatory

Date

----- 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 & SGAM)
 191, Maker Towers 'E', Cuffe Parade,
 Mumbai - 400 005.
 Tel.: 022-22180244/22180221, Fax : 022 -22180244
 E-mail : partnerforlife@sbimf.com,
 Website :www.sbimf.com & www.sbifunds.com

Registrar:
 Computer Age Management Services Pvt. Ltd.,
 (SEBI Registration No. : INR000002813)
 178/10, Kodambakkam High Road, Opp. Hotel Palmgrove,
 Chennai - 600034. Phone: 9144 - 28283606/7/8, 39115501/2/3
 Fax : 044-28283610 E-mail : enq_L@camsonline.com
 Website : www.camsonline.com

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5	MAGNUM BALANCED FUND (MBAL)	GROWTH & DIVIDEND OPTION	1000	SBIMF - Magnum Balanced Fund
6 & 7	MAGNUM INDEX FUND (MINDEX)	GROWTH & DIVIDEND OPTION	5000	SBIMF - Magnum Index Fund - Nifty
8	MAGNUM EQUITY FUND (MEF)	DIVIDEND OPTION	1000	SBIMF - Magnum Equity Fund
9	MAGNUM MULTIPLIER PLUS SCHEME 93 (MMPS)	GROWTH & DIVIDEND OPTION	1000	SBIMF - Magnum Multiplier Plus Scheme 93
10	MAGNUM GLOBAL FUND (MGLF)	GROWTH & DIVIDEND OPTION	2000	SBIMF - Magnum Global Fund
11	MAGNUM MIDCAP FUND (MIDCAP)	GROWTH & DIVIDEND OPTION	5000	SBIMF - Magnum MidCap Fund
12	MAGNUM TAXGAIN SCHEME 93 (MTGS)	DIVIDEND OPTION	500	SBIMF - Magnum TaxGain Scheme
13 & 14	MAGNUM SECTOR FUNDS UMBRELLA (MSFU) IT FUND FMCG FUND PHARMA FUND CONTRA FUND AND EMERGING BUSINESSES FUND	DIVIDEND OPTION GROWTH & DIVIDEND OPTION	2000 under each sub fund	SBIMF - MSFU IT Fund SBIMF - MSFU FMCG Fund SBIMF - MSFU Pharma Fund SBIMF - MSFU Contra Fund SBIMF - MSFU Emerging Businesses Fund
15	MAGNUM COMMA FUND	GROWTH & DIVIDEND OPTION	5000	SBIMF - Magnum Comma Fund
16	MAGNUM MULTICAP FUND	GROWTH & DIVIDEND OPTION	5000	SBIMF - Magnum Multicap Fund
17	SBI BLUECHIP FUND	GROWTH & DIVIDEND OPTION	5000	SBI BlueChip Fund
18	MAGNUM NRI INVESTMENT FUND - FAP	GROWTH & DIVIDEND OPTION	50000	SBIMF NRI Investment Fund - FlexiAsset Plan
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