## APPLICATION NO.

			-	191, Ma	ker Tov	vers 'E',	Cuffe P	arade, I	Йитbа	i - 400 0	05. Tel.:	022-22	1802	21-27, <u>w</u>	ww.sbir	nf.com &	www.sl	oifunds.c	com										
								ON FORM FOR EQUITY ORIENTED S									<del></del>												
ARN & Name of Distributor							Branch Code ( only for SBI and Associate Banks										Sub-	Broker			Reference No. (To be filled by Registrar)								
ARN- 34120																													
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Upfront commission	shall	be paid	d direct	lv bv 1	the inv	estor to	o the A	AMFI re	aister	ed Dist	ributor	s based	d on	the inv	estors	' asses:	sment	of vario	ous fac	tors in	cluding	the s	ervice	rendere	ed by th	ne dist	tributor		
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2. PARTICULA	RS	OF S	ECO	ND A	PPL	ICAN	Т																(SE	E NO	TE 1	& 2)			
Name Mr./Ms./M/s.			1			T				T	I		П		T	T	T	T		T	I	I					П		
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Mr./Ms./M/s.		₩	Щ,	Щ.	Щ.	Щ.	Щ,	Ь,	Ь.	Т,														<u></u>			Щ		
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6. BANK PART	ICU	LARS	(As	oer SE	BI Re	gulatio	ns it i	s man	lator	/ for In	vesto	rs to pi	rovio	de thei	bank	accou	nt deta	ails)					(SE	E NO	OTE 3	)			
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7. DIRECT CR														the of all				al! ^*		Ale - '					NOTE				
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Note: AMC, reserves the	right to	use any		<u> </u>																					tion provi	ded by	investor.		
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Attachments														41	nurch	ases ar	o euhia	et to re	alicat	ion of c	homuo	/doms	nd dra	£#					

8. INVESTMENT A	ND P	AYME	NT C	DETA	ILS	: I/We	e woul	d like	to inv	est ir	the f	ollowi	ng Sc	hem	e of S	BI Mı	ıtual Fı	und				(SEE NOTE 5)			
One time Investment  (Please fill in your investment details below)  Systematic Investment Plan (SIP)  (Please fill in the SIP details at SR No.9 below)  (Please fill in your investment Delow)													SIP) stment details below and SIP details at SR No. 9)												
Scheme Name																									
Options (Please ✓)	☐ Gr	Growth Dividend Payout Dividend Reinvestment																							
Che				Dr	awn o	on Ba	nk ar	nd Bra	nch			Cheque / D.D. No. & Date													
Investm	Investment Amount (Paris Woods)																								
mvestm	Investment Amount (Rs. in Words)																								
9. SYSTEMATIC I	SIP (SEE NOTE 12, 13, 14 & 15)														E NOTE 12, 13, 14 & 15)										
SIP	cy, minimum 60 months) In case this application is for Micro SIP (Please tick (✓))														✓)) MICRO SIP										
1. Payment Mechanis	Chequ		d - N	1-4-11-1	-13								CS/Dir			D F00/	Discost D	Nobile For With Book about the comment of the Comment							
(Please ✓ any one only	/)		SI	IP Da			de the c	5 <sup>th</sup>	_	10 <sup>th</sup>	15	5 <sup>th</sup>	201	h _	25					, last bu		Debit Facility Registration cum Mandate Form) sday) No of SIPs			
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3. SIP Period	v any on	10 0111 <b>y</b> /	Fr	rom	D.	D	M	M	V				1		То	D	D	M	M						
4. Cheque(s) Details			+		of Cl	neque			SIP Amount (in figures)							eque l		101	101			Cheques drawn on			
10. DOCUMENT D	ETAIL	S (in (	case	of N	/licro	SIP	)															(SEE NOTE 14)			
Document Description																									
Document Number (if a																									
11. NOMINATION Name of the Nominee		to nor	ninate	e the	follov	ving p	erson	body	to red	ceive	the ar	nount	to m	y cre	dit in t	he ev	Perce					(SEE NOTE 10)			
Name of the Guardia	n*																reice	niaye							
Relationship											Date	of Bi	rth*	D	D	M	M	Υ	Υ	Υ	Υ	⊗			
Address of Nominee/ Guardian*																						Signature of Guardian* (*Mandatory in case of Minor nominee)			
Name of the Nominee	,																Perce	entage	)						
Name of the Guardia	n*													L				L,							
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Address of Nominee/ Guardian*																						Signature of Guardian* (*Mandatory in case of Minor nominee)			
12. SERVICES (Ple																						(SEE NOTE 4)			
I/We would like to																	umort c	nd tha	dotaile	of the e	hom-	and IMa have not received as been industrial			
by any rebate or gifts, directly	y or indire	ctly, in m	aking th	his inve	estmen	t." "I/W	e hereby	/ declar	e that th	he amo	unt inve	sted/to	be inve	ested b	by me/us	in the	scheme(	s) of SE	31 Mutua	al Fund i	is derive	and I/We have not received or been induced ed through legitimate sources and is not held ental or statutory authority from time to time."			
* I/We certify that as per the !	/lemoranc	dum and	Articles	of Ass	ociatio	n of the	Compa	ny, Bye	laws, T	rust De	ed or Pa	artnersh	nip Dee	d and	resolutio	ns pas	sed by th	e Comp	pany / F	irm / Tru	ist. I/We	e are authorised to enter into this transactions been remitted from abroad through approved			
banking channels or from my	our Non I	Resident	Extern	al/Ordi	nary ac	count/l	CNR A	ccount.	* Appli	cable to	other t	han Ind	ividuals	/HUF	=; ** App	licable	to NRI; I/	We do r	not have	any ex	isting SI	IP/Micro SIPs which together with the current sions (in the form of trail commission or any			
other mode), payable to him																			01110/00	o an ino	COMMING	sions (in the form of train commission of any			
SIGNATURE(S) Applicants must ⊗									⊗										⊗						
of holding 1st Applicant / Guardian / Authorised Sig								natory	,	2n	d App	lican	t / Aut	hori	orised Signatory					3rd Applicant / Authorised Signatory					
Date Place																									
All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.																									
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SBI Funds Management Pvt. Ltd. (A Joint Venture between SBI & SGAM)									Computer Age Mar (SEBI Registration																
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