

COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES

ARN & Name of Distributor ARN-2115 / TimesofMoney	Branch Code	Sub-Broker/ Subagent Code	Reference No. (To be filled by Registrar)
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1. PARTICULARS OF FIRST APPLICANT

(SEE NOTE 1)

EXISTING FOLIO NO.

(For Existing unitholders please mention your Folio number and proceed to Investment and Payment details- 8)

NEW UNITHOLDERS INFORMATION (Please fill in BLOCK Letters)

Name of 1st Applicant (Mr/Ms/M/s)												
Date of Birth*	D	D	M	M	Y	Y	Y	Y	Email ID			
*Mandatory field in case of Minor												
Telephone No.							Mobile No.					
Name of Father/ Guardian in case of Minor												
Name of Contact Person (in case of Institutional Investor)												

2. PARTICULARS OF SECOND APPLICANT

(SEE NOTE 2)

Name Mr./Ms./M/s.												
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3. PARTICULARS OF THIRD APPLICANT

(SEE NOTE 2)

Name Mr./Ms./M/s.												
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4. PAN & UIN DETAILS (Mandatory, as per SEBI Regulations)

(SEE NOTE 1f)

PAN / Form 60 / 61 for investments of Rs. 50,000 and above. Application without this information will be rejected.										Unique Identification Number (UIN) (if applicable)			
	PAN			Pan Proof attached (please ✓)									
First Applicant / Guardian							or Form 60 / 61 attached						
Second Applicant							or Form 60 / 61 attached						
Third Applicant							or Form 60 / 61 attached						

5. GENERAL INFORMATION - Please (✓) wherever applicable

(SEE NOTE 1 L & m)

Status	Individual <input type="checkbox"/>	Minor through Guardian <input type="checkbox"/>	Trust/Society <input type="checkbox"/>	Company/Body Corporate/PSU <input type="checkbox"/>	NRI <input type="checkbox"/>	Repatriation basis <input type="checkbox"/>	Non-repatriation basis <input type="checkbox"/>	FII <input type="checkbox"/>	HUF <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>
Mode of Holding	Single <input type="checkbox"/>	Joint <input type="checkbox"/>			Either or Survivor <input type="checkbox"/>			AOP / BOI <input type="checkbox"/>	Others <input type="checkbox"/>	
Occupation	Self Employed <input type="checkbox"/>	Professional <input type="checkbox"/>			Housewife <input type="checkbox"/>			Retired <input type="checkbox"/>	Service <input type="checkbox"/>	
Monthly Income	< Rs. 10,000 <input type="checkbox"/>	< Rs.25,000 <input type="checkbox"/>			< Rs.50,000 <input type="checkbox"/>			< Rs.1,00,000 <input type="checkbox"/>	> Rs.1,00,000 <input type="checkbox"/>	

6. CONTACT DETAILS

(SEE NOTE 1)

Local Address of 1st Applicant													
Landmark													
City											Pin		
State													
Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default <input type="checkbox"/>													Foreign <input type="checkbox"/>
Foreign Address (NRI / FII Applicants)													
City													
Country											ZIP		

7. BANK PARTICULARS (Please note that as per SEBI Regulations it is mandatory for Investors to provide their bank account details) (SEE NOTE 3)

Name of Bank														
Branch Name and Address														
City											Pin			
Account No.														
9 digit MICR Code											Account Type (Please ✓) Savings <input type="checkbox"/> NRO <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/>			
Pay my dividend/redemption electronically through ECS / Direct Credit as and when available. <input type="checkbox"/> (please ✓) Note : AMC, reserves the right to use any other mode of payment as deemed appropriate. I/We understand that AMC shall not be responsible if transaction through ECS / Direct Credit could not be carried out because of incomplete or incorrect information.														
Investors subscribing to the scheme through SIP Easy Pay Facility to complete Registration cum Mandate form compulsorily alongwith application form														

TEAR HERE

(To be filled in by the First applicant/Authorized Signatory) : Received from Name & address					Stamp Signature & Date
Scheme Name	Option (Please ✓) Dividend <input type="checkbox"/> Growth <input type="checkbox"/> Dividend mode (Please ✓) Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
Attachments					

8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (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)		Both (One time & SIP) (Please fill in your investment details below and SIP details at SR No. 9)	
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)		

9. SYSTEMATIC INVESTMENT PLAN (SIP) (SEE NOTE 11 & 12)

1. Payment Mechanism (Please ✓ any one only)	Cheques <input type="checkbox"/> (Please provide the details below)	SIP EasyPay Facility (Auto Debit - ECS) <input type="checkbox"/> (Please complete enclosed SIP EasyPay Facility Registration cum Mandate Form)			
	SIP Date (Please choose)	5 th <input type="checkbox"/>	15 th <input type="checkbox"/>	25 th <input type="checkbox"/>	No of SIPs <input type="text"/>
2. Frequency (Please ✓ any one only)	Monthly SIP (Default) <input type="checkbox"/>	Quarterly SIP <input type="checkbox"/>			
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		
Cheques drawn on	Name of Bank & Branch				

10. SWP / STP FACILITY (SEE NOTE 6 & 7)

Systematic Withdrawal Plan (SWP)	Amount for each Cheque	Amount (in words)	
	Month & Year of Commencement of SWP M M Y Y Y Y (e.g. For April 2004, please indicate 0 4 2 0 0 4)		
Systematic Transfer Plan (STP)	From (Scheme) & Folio No.	To (Scheme)	Option (Please ✓)
	Scheme		Dividend <input type="checkbox"/> Growth <input type="checkbox"/>
	Folio No.		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

11. NOMINATION : I wish to nominate the following person/body to receive the amount to my credit in the event of my death. (SEE NOTE 9)

Name of the Nominee		Signature of Guardian* (*Mandatory in case of Minor nominee)
Name of the Guardian*		
Relationship/Body	Date of Birth* D D M M Y Y Y Y	
Address of Nominee/ Guardian*		

12. SERVICES (SEE NOTE 4)

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

13. DECLARATION & SIGNATURE (SEE NOTE 10) :

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."
 * I/We certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust. I/We are authorised to enter into this transactions for and on behalf of the Company/Firm/Trust. ** I/We confirm that I am/we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account . *** I/We hereby confirm that I/We am/are in compliance with SEBI (Central Database of Market Participants) Regulations, 2003 and agree to comply with all circulars/notifications issued there under from time to time as and when applicable.
 * Applicable to other than Individuals / HUF; ** Applicable to NRI; *** Applicable to persons mandated by SEBI to obtain Unique Identification Number :

SIGNATURE(S) All applicants must sign here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1st Applicant / 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 & 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. : INR00002813)
 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

Power of Attorney

TO ALL TO WHOM THESE PRESENTS SHALL COME, I/WE _____
residing in India at _____ (hereinafter
referred to as the "Client", which shall unless it be repugnant to the meaning or context thereof, be
deemed to mean and include it's heirs, executors, administrators and permitted assigns) have registered
with the login ID _____
on the web site www.timesofmoney.com, hereinafter referred to as the Website") and enrolled for
service(s) offered by TimesofMoney Limited, a company incorporated under the Companies Act 1956
with its registered office at 1st Floor, Times of India Building, Dr. D.N. Road, Fort, Mumbai 400 001
(hereinafter referred to as the "Company", which shall unless it be repugnant to the meaning or context
thereof, be deemed to mean and include its successors in title and assigns) and has/have read,
understood and agreed to be bound by the Terms and Conditions of the service(s), appearing on the
Website or as specified by the Company, as amended from time to time. I/W e do hereby jointly and
severally nominate, constitute and appoint the Company, acting through any of its officer(s) and/or
agent(s) as my/our true and lawful attorney (hereinafter referred to as 'the Attorney") for me/us, in
my/our name and on my/our behalf and at my/our risk and costs to do, perform or execute all or any of
the following acts, deeds, matters and things.

1. To subscribe to and/or redeem units of mutual funds schemes of Asset Management Companies in India on my/our behalf and to pay for the same.
2. To confirm having read and understood the contents of the offer documents of various schemes of mutual funds in which the Company may invest on behalf of me/us and not to hold the mutual fund liable for any transaction processed on the basis of information provided by the Company.
3. To receive statements and other documents and items pertaining to the above units and to acknowledge receipt of the same.
4. To sign all such application forms, transfer deeds, redemption requests, depository forms, and other writings and do all such acts as may be required for all or any of the above purposes.
5. To correspond with and give notice to the corresponding asset management company/body corporate[s]/issuer including giving instructions with regard to nomination/change in investment plans/any other changes that may be necessitated.
6. To do or omit to do all such acts and things as the Company may in its discretion consider to be necessary or desirable in order to exercise its powers hereunder or to comply with any laws, orders rules, regulations or directions of any government or regulatory or other authorities.
7. To make necessary application(s) on my/our behalf to any officials or authorities in India, in connection with my/our purchase/sale and to represent me/us in all respects before such authority or authorities and establish without encumbrance the ownership of the mutual fund units in my name.

AND generally to do, perform and execute all such other acts, deeds, instruments, matters and things for on my/our behalf as the said Attorney may think fit in respect of the above matters as fully and effectually and to all intents and purposes as I/we myself/ourselves could do if I/we were personally present AND for the further, better and more effectually doing, effecting, executing and performing the several matters and things aforesaid I/we hereby give and grant unto the said Attorney full power and authority from time to time to appoint one or more substitute and substitutes to do, execute and perform all or any of such matters and things as aforesaid and the substitute or substitutes at pleasure to remove and to appoint another or others in his/her place AND I/we hereby ratify and confirm and agree and undertake to ratify and confirm whatsoever the said Attorney shall lawfully do or cause to be done by virtue of these presents.

AND I/We hereby agree that the Company shall exercise the powers and authorities conferred under the above Power of attorney only pursuant to the instructions in the behalf given by me/us. These instructions may be given electronically through the internet to the Company and shall be admissible in evidence and shall not be questioned by me/us and shall be conclusive and binding against me/us.

AND I/we hereby agree that all such acts done by me/our above mentioned attorney shall be deemed to be acts done by me/us and if necessary shall be ratified by me/us on the instructions of the Attorney.

IN WITNESS WHEREOF I/We _____

have hereunto set my/our hand[s] at _____ this _____ day of _____ of 20____.

SIGNED, SEALED AND DELIVERED
By the within names

X _____

X _____

Date: ____/____/____ (dd/mm/yyyy)