

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	
	Cheques drawn on	Name of Bank & Branch		

SWP / STP FACILITY REQUEST

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 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"/>	
Date of Birth*	D D M M Y Y Y Y	
Address of Nominee/ Guardian*	<input type="text"/>	

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.

<p>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</p>	<p>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</p>
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