



Sponsor : State Bank of India
 Investment Manager : SBI Funds Management Pvt.Ltd.
 (A Joint Venture between SBI & SGAM)
 191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005.
 Tel.: 022-22180221-27, www.sbfm.com & www.sbfunds.com

APPLICATION NO.



CHEQUE / DEMAND DRAFT TO BE DRAWN IN FAVOUR OF "SBI TAX ADVANTAGE FUND - SERIES I"

APPLICATION FORM					
ARN & Name of Distributor	Sub-Broker/ Subagent Code	Branch Code	Reference No. (To be filled by Registrar)	Received	
				Date	Time
69253					

1. PARTICULARS OF FIRST APPLICANT (SEE GUIDELINE 1)

EXISTING FOLIO NO. _____

(For Existing unitholders please mention your Folio number, Name and fill point no. 4 of PAN details and then proceed to Investment and Payment details- 7)

NEW UNITHOLDERS INFORMATION (Please fill in BLOCK Letters)

Name of 1st Applicant (Mr/Ms/M/s) _____

Date of Birth* _____ **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 GUIDELINE 2)

Name Mr./Ms./M/s. _____

3. PARTICULARS OF THIRD APPLICANT (SEE GUIDELINE 2)

Name Mr./Ms./M/s. _____

4. PAN DETAILS (Mandatory, as per SEBI Regulations) (SEE GUIDELINE 1 f)

PAN / Form 60 / 61/49A. Application without this information will be rejected. Only for application of above Rs. 50,000 alongwith Form 49A

	PAN	Pan Proof attached (please ✓)	Form 49A	Form 60 / 61 attached (please ✓)
First Applicant / Guardian	_____	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	_____	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	_____	<input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>

5. GENERAL INFORMATION - Please (✓) wherever applicable (SEE GUIDELINE 1 m & n)

Status	Individual <input type="checkbox"/>	Minor through Guardian <input type="checkbox"/>	NRI/PIO <input type="checkbox"/>	Repatriation basis <input type="checkbox"/>	FII <input type="checkbox"/>	HUF <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>
	Trust/Society <input type="checkbox"/>	Company/Body Corporate/PSU <input type="checkbox"/>		Non-repatriation basis <input type="checkbox"/>	AOP / BOI <input type="checkbox"/>		Others <input type="checkbox"/>
Mode of Holding	Single <input type="checkbox"/>	Joint <input type="checkbox"/>		Either or Survivor <input type="checkbox"/>			Any one or Survivor <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"/>		Other <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 GUIDELINE 1)

Local Address of 1st Applicant _____

Landmark _____

City _____ **Pin** _____

District _____ **State** _____

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

Foreign Address (NRI / FII Applicants) _____

City _____

Country _____ **ZIP** _____

TEAR HERE

SBI MUTUAL FUND A partner for life.		ACKNOWLEDGEMENT SLIP To be filled in by the Investor		SBI TAX ADVANTAGE FUND -SERIES I A 10 Year Old-extended ELSS	
Sponsor : State Bank of India, Investment Manager : SBI Funds Management Pvt.Ltd. (A Joint Venture between SBI & SGAM)		APPLICATION NO.			

(To be filled in by the First applicant/Authorized Signatory) :

Received from Name & address _____

Scheme Name	Option (Please ✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	Stamp Signature & Date
SBI TAX ADVANTAGE FUND - SERIES I	Dividend (Payout) <input type="checkbox"/>				
	Growth <input type="checkbox"/>				

All purchase are subject to realisation of cheque / demand draft.

7. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE GUIDELINE 5 & 6)
CHEQUE / DEMAND DRAFT TO BE DRAWN IN FAVOUR OF "SBI TAX ADVANTAGE FUND - SERIES I"

Scheme Name	Option (Please ✓) (SEE GUIDELINE 6)	Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date
SBI TAX ADVANTAGE FUND - SERIES I	Dividend (Payout) <input type="checkbox"/>			
	Growth <input type="checkbox"/>			
Investment Amount (Rs. in Figures)		Investment Amount (Rs. in Words)		

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

Name of Bank									
Branch Name and Address									
City			Pin						
Account No.									
9 digit MICR Code	(This is 9 digit number next to the cheque number. Please provide a copy of cancelled cheque leaf from an ECS/ Direct Credit eligible bank)								
	<table border="1"> <thead> <tr> <th colspan="2">Account Type (Please ✓)</th> </tr> </thead> <tbody> <tr> <td>Savings <input type="checkbox"/></td> <td>NRO <input type="checkbox"/></td> </tr> <tr> <td>Current <input type="checkbox"/></td> <td>NRE <input type="checkbox"/></td> </tr> </tbody> </table>		Account Type (Please ✓)		Savings <input type="checkbox"/>	NRO <input type="checkbox"/>	Current <input type="checkbox"/>	NRE <input type="checkbox"/>	
Account Type (Please ✓)									
Savings <input type="checkbox"/>	NRO <input type="checkbox"/>								
Current <input type="checkbox"/>	NRE <input type="checkbox"/>								

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.

9. DIRECT CREDIT OF REDEMPTION (SEE GUIDELINE 7)

Unit holders having bank account with select banks viz. State Bank of India (core banking branches), HDFC Bank, ICICI Bank, Axis Bank, Kotak Bank, Citi Bank and IDBI Bank will receive their redemption proceeds (if any) directly into their bank account. **Please attach a copy of a cancelled cheque leaf.**

The AMC may alter the list of banks participating in direct credit arrangement from time to time/ withdraw direct credit facility without any prior intimation to unitholders. In the event that direct credit facility is being discontinued, the unit holders will receive redemption payments through other modes such as cheque, demand draft, etc.

If you **do not** wish to receive redemption proceeds **through direct credit**, now or in future, please tick (✓) the box

10. NOMINATION : I wish to nominate the following person/body to receive the amount to my credit in the event of my death. (SEE GUIDELINE 8)

Name of the Nominee			<input checked="" type="checkbox"/> Signature of Guardian* (*Mandatory in case of Minor nominee)
Name of the Guardian*			
Relationship/Body	Date of Birth*		
Address of Nominee/ Guardian*			

11. SERVICES (SEE GUIDELINE 4)

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

E-mail Id _____

12. DECLARATION & SIGNATURE (SEE GUIDELINE 9) : "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."
 * Applicable to other than Individuals / HUF; ** Applicable to NRI;

SIGNATURE(S) All applicants must sign here	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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

Registrar:

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