

**TRANSACTION SLIP (Please fill in BLOCK Letters)**

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
<b>ARN-3086</b>					

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))

\* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 16)**

In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

**INVESTOR DETAILS (MANDATORY)**

EXISTING FOLIO NO. \_\_\_\_\_

Name (Mr/Ms/M/s) \_\_\_\_\_

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

**PAN DETAILS**

First Applicant / Guardian	Second Applicant	Third Applicant
_____	_____	_____
<b>Mandatory Enclosures</b>	<b>Mandatory Enclosures</b>	<b>Mandatory Enclosures</b>
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement
PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____	PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____	PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

**ADDITIONAL PURCHASE REQUEST**

Scheme Name _____	
Plan (Please ✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option. Scheme / Plan / Option _____
Option (Please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
Dividend Facility (Please ✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	
Cheque / DD Amount (Rs.) _____	Drawn on Bank and Branch _____
Investment Amount (Rs. in Figures) _____	Investment Amount (Rs. in Words) _____

**DEMAT ACCOUNT DETAILS**

If you wish to hold units in Demat mode, please provide below details and enclose the latest Client Master / Demat Account Statement (Mandatory). Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. _____	Target ID No. _____
Beneficiary Account No. _____	_____

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned. Further allotment of units (through additional purchase / SIP) in the same scheme/plan will be allotted in Demat mode and investors can do further transactions through their Depository Participant only.

**SWITCH REQUEST**

Amount _____	OR Number of Units _____	OR <input type="checkbox"/> All units (Please ✓)															
From Scheme _____	To Scheme _____																
<table border="1"> <tr> <th>Plan (✓)</th> <th>Option (✓)</th> </tr> <tr> <td><input type="checkbox"/> Regular</td> <td><input type="checkbox"/> Growth</td> </tr> <tr> <td><input type="checkbox"/> Direct</td> <td><input type="checkbox"/> Dividend</td> </tr> </table>	Plan (✓)	Option (✓)	<input type="checkbox"/> Regular	<input type="checkbox"/> Growth	<input type="checkbox"/> Direct	<input type="checkbox"/> Dividend	<table border="1"> <tr> <th>Plan (✓)</th> <th>Option (✓)</th> <th>Dividend Facility (✓)</th> </tr> <tr> <td><input type="checkbox"/> Regular</td> <td><input type="checkbox"/> Growth</td> <td><input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout</td> </tr> <tr> <td><input type="checkbox"/> Direct</td> <td><input type="checkbox"/> Dividend</td> <td><input type="checkbox"/> Transfer</td> </tr> </table>	Plan (✓)	Option (✓)	Dividend Facility (✓)	<input type="checkbox"/> Regular	<input type="checkbox"/> Growth	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout	<input type="checkbox"/> Direct	<input type="checkbox"/> Dividend	<input type="checkbox"/> Transfer	
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<input type="checkbox"/> Direct	<input type="checkbox"/> Dividend	<input type="checkbox"/> Transfer															
In case of Dividend Transfer facility, please mention target scheme along with plan/option. Scheme / Plan / Option _____																	

**REDEMPTION REQUEST**

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



TEAR HERE



**TRANSACTION SLIP - ACKNOWLEDGEMENT**

Sponsor : State Bank of India,  
Investment Manager : SBI Funds Management Pvt. Ltd.  
(A Joint Venture between SBI & AMUNDI)

Folio No. \_\_\_\_\_  
To be filled in by the Investor

(To be filled in by the First applicant/Authorized Signatory) :		Stamp Signature & Date
Received from _____		
<b>Additional Purchase / Redemption</b>	Scheme Name /Plan/Option/Dividend Facility	Amount
		Units
<b>Systematic Investment Plan / Withdrawal Plan</b>	Scheme Name /Plan/Option/Dividend Facility	Amount (Rs.)
		Frequency
<b>Systematic Transfer Plan / Switch Over</b>	Scheme Name /Plan/Option/Dividend Facility	Amount
	From _____ To _____	Units

SIP/SWP Date  1<sup>st</sup>  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup>  30<sup>th</sup> (For February, last business day)

STP Commencement Date \_\_\_\_\_

Change of Address (Please ✓)

