



SBI MUTUAL FUND
A PARTNER FOR LIFE

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

Nomination Form (Registration / Addition / Cancellation)

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"/>	Percentage	<input type="text"/>
Name of the Guardian	<input type="text"/>		
Relationship	<input type="text"/>	Date of Birth*	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Address of Nominee/ Guardian	<input type="text"/>		
City	<input type="text"/>	Pin	<input type="text"/>
State	<input type="text"/>		
Signature of Nominee/ Guardian (*Mandatory in case of Minor nominee)	<input type="text"/>		

Name of the Nominee	<input type="text"/>	Percentage	<input type="text"/>
Name of the Guardian	<input type="text"/>		
Relationship	<input type="text"/>	Date of Birth*	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Address of Nominee/ Guardian	<input type="text"/>		
City	<input type="text"/>	Pin	<input type="text"/>
State	<input type="text"/>		
Signature of Nominee/ Guardian (*Mandatory in case of Minor nominee)	<input type="text"/>		

Name of the Nominee	<input type="text"/>	Percentage	<input type="text"/>
Name of the Guardian	<input type="text"/>		
Relationship	<input type="text"/>	Date of Birth*	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Address of Nominee/ Guardian	<input type="text"/>		
City	<input type="text"/>	Pin	<input type="text"/>
State	<input type="text"/>		
Signature of Nominee/ Guardian (*Mandatory in case of Minor nominee)	<input type="text"/>		

SIGNATURE(S)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

In case of multiple holders in the folio, all holders must sign the request for registration / addition / cancellation of nomination irrespective of mode of holding

Date	<input type="text"/>	Place	<input type="text"/>
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