

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

New investors subscribing to the scheme through SIP must submit this Form alongwith Common Application Form

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
24863				E043887	

Declaration for "execution-only" transaction (only where EUIN box is left blank) : * 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)		
1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd 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

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

Folio No./Application No.		
Name of 1 st Applicant		
	1	2
Scheme Name		3
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <u>Frequency</u>
Dividend Facility	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout
Each SIP Instalment Amount		
SIP Frequency	<input type="checkbox"/> Weekly (1 st , 8 th , 15 th and 22 nd) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly (1 st , 8 th , 15 th and 22 nd) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly
SIP Date (for Monthly & Quarterly)	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th (For February, last business day) <input type="checkbox"/> 10 th <input type="checkbox"/> 25 th	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th (For February, last business day) <input type="checkbox"/> 10 th <input type="checkbox"/> 25 th
SIP Period	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Select any one)	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Select any one)

Use Existing One Time Debit Mandate (if already registered in the Folio)

Bank Name Bank A/c No

TOP-UP SIP (all fields mandatory)

	1	2	3
Top-up Amount Rs. (in multiples of Rs. 500 only)			
Top-up Frequency	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.

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

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN Date

Sponsor Bank Code Utility Code

CREATE I/We, hereby authorize **SBI Mutual Fund** To debit (Please)

MODIFY Bank A/c No.

CANCEL with Bank Bank Name IFSC OR MICR

an amount of Rupees ₹

FREQUENCY: Weekly Monthly Quarterly As & when presented DEBIT TYPE : Fixed Amount Maximum Amount

Folio No.: Moblie No.:

Appln No. : Email ID:

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD
From
To
Or Until cancelled

Signature of 1st Bank Account Holder _____ Signature of 2nd Bank Account Holder _____ Signature of 3rd Bank Account Holder _____

Name as in Bank records _____ Name as in Bank records _____ Name as in Bank records _____

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I have authorized the debit.