

SIP ENROLMENT FORM

(Please submit SIP enrolment form only if One Time Debit Mandate Form (OTM) registered / submitted in the Folio)

New investors subscribing to the scheme through SIP must complete SIP Enrolment Form & OTM alongwith Common Application Form

(Application should be submitted atleast 30 days before the 1st Direct Debit/NACH debit date)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-109217				E150257	

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 inappropriateness, 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

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. _____ (Existing unitholders: Please mention your Folio Number. New applicants: Please mention the Application Number)

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

Name of Father/Guardian in case of Minor _____

PAN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
_____	_____	_____

Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures
<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) - _____
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SIP DETAILS (Direct Debit/NACH in select banks only)

<input type="checkbox"/> SIP with Cheque	<input type="checkbox"/> SIP without Cheque
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Scheme Name _____

Plan (Please ✓)	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
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Option (Please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend (Frequency) _____
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Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment	<input type="checkbox"/> Payout
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Each SIP Amount (Rs.)	First Cheque No. _____
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(Note : Cheque should be drawn on bank account mentioned below)

SIP Frequency (Please ✓ any one)	<input type="checkbox"/> Weekly SIP (1 st , 8 th , 15 th and 22 nd)	<input type="checkbox"/> Monthly SIP (Default)
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SIP Date (for Monthly & Quarterly) (Please ✓)	<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day)	
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SIP Period	From <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y To <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y	OR <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetual (Select any one)
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Debit Bank A/c Details (Mandatory only in case of Multiple OTMs (One Time Debit Mandates) registered/submitted in the Folio with different bank account details)

Bank Name _____

Bank A/c No. _____

TOP-UP SIP (all fields mandatory)

Top-up Amount Rs. (in multiples of Rs. 500 only) _____	Top-up Frequency (Please ✓ any one)	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual
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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 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)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

Folio No. / Application No. _____	ACKNOWLEDGEMENT SLIP (To be filled in by Investor)
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Received SIP Enrolment Form from _____

Acknowledgement Stamp

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ONE TIME DEBIT MANDATE FORM (OTM)

(Applicable for SIP Registrations through NACH/DIRECT DEBIT)

UMRN

Date

Sponsor Bank Code	<input type="text"/>	Utility Code	<input type="text"/>	
CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize SBI Mutual Fund	To debit (Please <input checked="" type="checkbox"/>)	SB/CA/CC/SB-NRE/SB-NRO/Other	
MODIFY	Bank A/c No. <input type="text"/>	<input type="text"/>		
CANCEL	<input type="text"/>			
with Bank <input type="text"/>	Bank Name <input type="text"/>	IFSC <input type="text"/>	OR MICR <input type="text"/>	
an amount of Rupees <input type="text"/>	₹ <input type="text"/>			
FREQUENCY: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE: <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount		
Folio No.: <input type="text"/>	Phone No.: <input type="text"/>			
Appln No.: <input type="text"/>	Email ID: <input type="text"/>			
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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Or <input type="checkbox"/> Until cancelled		Signature of 1 st Bank Account Holder <input type="text"/>	Signature of 2 nd Bank Account Holder <input type="text"/>	Signature of 3 rd Bank Account Holder <input type="text"/>
		Name as in Bank records <input type="text"/>	Name as in Bank records <input type="text"/>	Name as in Bank records <input type="text"/>

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.

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INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE FORM (OTM)

1. Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third party validation.
4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund.
5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
6. Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by SBI Mutual Fund.
7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".
8. There is no maximum duration for enrolment. Investor(s) has an option to fill 'End Date' or select the option "Until Cancelled".

Mandatory Information to be provided by investors in One Time Debit Mandate Form (OTM):

1. Date of Mandate
2. Bank A/c Type
3. Bank Account Number
4. Bank Name
5. IFSC and/or MICR Code
6. Maximum Amount (Rupees and Words)
7. Folio No / Appln No
8. Mandate Start Date
9. Mandate End Date or Until Cancelled
10. Signature(s) as per Bank records
11. Name(s) as per Bank records