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Nev		SIP ENROLME scribing to the scl							lication Form			
ARN & Name of Di		Branch Code (only for SBG)	1	ker ARN Code		oker Code		EUIN* vyee Unique Identi		Reference No.		
75067							E	063823				
Declaration for "execution-only" tra- relationship manager/sales person of												
SIGNATURE(S)												
Upfront commission shall be paid dire		/ Authorised Signat AMFI registered Distributors ba		2 <sup>nd</sup> Applicant / A prs' assessment of variou	uthorised Si	gnatory the service rendered	by the distri	3 <sup>rd</sup> Applicar	nt / Authorised	Signatory		
TRANSACTION CHAR In case the subscription amo	<b>RGES FOR APPL</b>	LICATIONS THROU	JGH DISTR	<b>IBUTORS/AGE</b>	NTS ONLY				stor) or Bs 100/-	(for investor other than		
first time mutual fund investo	or) will be deducted	from the subscription an	nount and paid	to the distributor.	Units will be iss	sued against the	balance	amount invested.				
Folio No./Application	No.											
Name of 1 <sup>st</sup> Applicant					_							
SIP with Cheque No.:												
	1				2			3				
Scheme Name												
Plan	Regular	Direct	Regular	Direct			Regular Direct					
Option	Growth	Growth Dividend Frequency			Growth Dividend Frequency				Growth Dividend Frequency			
Dividend Facility	Reinvest	Reinvest Payout			Reinvest Payout				Reinvest Payout			
Each SIP Instalment Amount (₹)												
SIP Frequency Week		<sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> )	Weekly	(1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup>	and 22 <sup>nd</sup> )		Weekly	and 22 <sup>nd</sup> )				
	Monthly (I			(Default)	Quar	terly	Monthl	Quarterly				
SIP Date (for Monthly &	1 <sup>st</sup>		n ebruary, last business	1 <sup>st</sup>	15 <sup>th</sup>	(For February, las	ist business	1 <sup>st</sup>	15 <sup>th</sup>	(For February, last business		
Quarterly)	5 <sup>th</sup>	20 <sup>th</sup> day)		10 <sup>th</sup>	20 <sup>th</sup>	day)		10 <sup>th</sup>	20 <sup>th</sup>	day)		
SIP Period	From M	MYY	Y Y	From M	MY	YY	Y	From	MY	Y Y Y		
	To M OR 3 yrs		<u> </u>	To M OR 3 yrs	<u>M Y</u>	Y Y	<u> </u>	To M OR 3 vrs	MY			
		☐ 5 yrs ☐ 10			☐ 5 yrs	10 yrs		OR 3 yrs	☐ 5 yrs □ Perpet	10 yrs		
Use Existing One		date (if already reg					any one)					
Bank Name				Bank A/c N	lo							
		1		TOP-UP		2			3			
Top-up Amount Rs.	anly)					-						
(in multiples of Rs. 500 only)   Top-up Frequency Half - Yearly 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 have signed and endorsed the Mandate Form.												
				EBIT MAN	DATE FO		M)					
SBIMUTUA A PARTNER I	FOR LIFE	UMRN					Dat	e D D	MM	Y Y Y Y		
Sponsor Bank Code					ι	Jtility Code						
	e, hereby author	ize SBI Mutua	al Fund		-	To debit (Plea	ase 🗸 )	SB/CA/C	C / SB-NRE /	/ SB-NRO / Other		
MODIFY CANCEL Ban	k A/c No.											
with Bank	Bank N	lame		IFSC				OR MICE	2			
an amount of Rupees							₹					
FREQUENCY: 🔀 W	eekly 🛛 Mon	thly 🛛 Quarterly	/ 🖌 As 8	when present	ed DE	BIT TYPE :	🛛 Fi	ked Amount	🖌 Maxii	mum Amount		
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PERIOD	2 2 0 9 9	date processing charg	ank Accour	nt Holder S	ignature of 2	2 <sup>nd</sup> Bank Acco	unt Hol		nature of 3 <sup>rd</sup> Ba	ank Account Holder		
L		Name as in	Bank reco	ords	Name	as in Bank re	ecords		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.

## **INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE (OTM)**

- 1. Investors who have already submitted One Time Debit Mandate (OTM) form 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 in the Folio. However, if such investors wish to add a new bank account towards OTM facility may submit the new OTM form.
- 2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned (as per bank records).
- 3. Alongwith OTM, investors should enclose 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.
- 4. First applicant / unitholder must be one of the account holder in the bank account. Investor's cheque / bank account details are subject to third party validation.
- 5. Investors are deemed to have read and understood the terms and conditions of Systematic Investment Plan mentioned in SID, SAI & KIM of the respective Scheme(s) of SBI Mutual Fund.
- 6. UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
- 7. Please mention OTM date and OTM "From date" in DDMMYYYY format.
- 8. For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented" and OTM "To Date" mentioned as "31 12 2099".
- 9. Please provide all the information / details in the OTM.

## Mandatory information to be provided in One Time Debit Mandate (OTM):

- Date of Mandate
- Bank A/c Type
- Bank A/c No. (please enclose CANCELLED cheque leaf)
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Mandate From date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records