

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.

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 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> 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

INVESTOR DETAILS												
Folio No./Application No.												
Name of 1 <sup>st</sup> Applicant												
SIP Cheque No/s :												
		1		2		3						
Scheme Name												
Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct						
Option	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW						
Income Distribution cum Capital Withdrawal (IDCW) Facility	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<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"/> Monthly (Default)	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly						
	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly						
	<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						
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>	<input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>	<input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>	<input type="checkbox"/> 30 <sup>th</sup> (For February, last business day)			
	<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 20 <sup>th</sup>		<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 20 <sup>th</sup>		<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 20 <sup>th</sup>				
	<input type="checkbox"/> 10 <sup>th</sup> (Default)	<input type="checkbox"/> 25 <sup>th</sup>	(Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 10 <sup>th</sup> (Default)	<input type="checkbox"/> 25 <sup>th</sup>	(Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 10 <sup>th</sup> (Default)	<input type="checkbox"/> 25 <sup>th</sup>	(Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )			
(for Weekly Fixed Date or Day)	<input type="checkbox"/> Fixed dates (1,8,15,22)	OR		<input type="checkbox"/> Fixed dates (1,8,15,22)	OR		<input type="checkbox"/> Fixed dates (1,8,15,22)	OR				
	<input type="checkbox"/> Any Day (Default)	(Monday to Friday)		<input type="checkbox"/> Any Day (Default)	(Monday to Friday)		<input type="checkbox"/> Any Day (Default)	(Monday to Friday)				
SIP Period	From		From		From		From					
	To		To		To		To					
	OR	<input type="checkbox"/> 3 yrs	<input type="checkbox"/> 5 yrs	<input type="checkbox"/> 10 yrs	OR	<input type="checkbox"/> 3 yrs	<input type="checkbox"/> 5 yrs	<input type="checkbox"/> 10 yrs	OR	<input type="checkbox"/> 3 yrs	<input type="checkbox"/> 5 yrs	<input type="checkbox"/> 10 yrs
		<input type="checkbox"/> 15 yrs	<input type="checkbox"/> 20 yrs	<input type="checkbox"/> 40 yrs		<input type="checkbox"/> 15 yrs	<input type="checkbox"/> 20 yrs	<input type="checkbox"/> 40 yrs		<input type="checkbox"/> 15 yrs	<input type="checkbox"/> 20 yrs	<input type="checkbox"/> 40 yrs

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

Bank Name Bank A/c No

TOP-UP SIP (Select anyone % or Amount)						
Top-Up Percentage (in multiples of 5% only) OR Top-Up Amount Rs. (in multiples of Rs. 500 only)	1		2		3	
	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other			
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	

TOP-UP SIP CAP (Investor has to choose only one option)						
Top-Up SIP CAPAmount ₹ (maximum SIP installment including Top-Up amount) OR						
Top-Up SIP CAP Month-Year						

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my/our 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 Addendum 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.

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN		Date			
Sponsor Bank Code		Utility Code			
CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize	SBI Mutual Fund	To debit (Please <input "="" checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE :	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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		Signature of 1 <sup>st</sup> Bank Account Holder	Signature of 2 <sup>nd</sup> Bank Account Holder		
To			Signature of 3 <sup>rd</sup> 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/We are authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me/us. I/We have understood that I/ we are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I/We have authorized the debit.