

**COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES (Please fill in BLOCK Letters)**

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
<b>ARN 93178</b>				<b>E096358</b>	

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 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)			
	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 (SEE NOTE 16)**

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.

EXISTING INVESTOR'S FOLIO NO.

**1. FIRST APPLICANT DETAILS**

Name (Mr. / Ms. / M/s.)			
Name of Guardian (in case of Minor)			
Relationship of Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]		
PAN/PEKRN NO. (Enclose KYC Acknowledgement)	Date of Birth		
KIN (CKYC Identification No.)	AADHAAR No		
Email ID	Telephone (O)		
Mobile No.	Telephone (R)		
Country Code			
Correspondence Address of 1st Applicant	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;">           TIME STAMP HERE         </div>		
City			
Pin			
Address for Correspondence for NRI Applicants only ( Please (✓) ) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>			
Foreign Address (Mandatory for NRI / FII )			
City			
Zip	Country		

**2. MODE OF HOLDING (Please ✓ )**
☐ Single ☐ Joint ☐ Anyone or Survivor

**3. JOINT APPLICANT DETAILS**

	Second Applicant	Third Applicant
Name		
PAN/PEKRN (Enclose KYC Acknowledgement)		
KIN (CKYC Identification No.)		
AADHAAR No		

**4. BANK ACCOUNT (Pay Out) Details of First Applicant (Mandatory to attach bank account proof in case the payout bank account is different from the source/investment bank account)**

Name of Bank			
Branch Name and Address			
City	Pin		
Account No.			
IFS Code	(Please provide a copy of CANCELLED cheque leaf)		
9 digit MICR Code			
<b>Account Type (Please ✓)</b> <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> Others			

TEAR HERE

(To be filled in by the First applicant/Authorized Signatory) : Received from :							Signature, Date & Stamp
Scheme Name	Plan (✓)	Option (✓)	Dividend Facility(✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
	<input type="checkbox"/> Regular	<input type="checkbox"/> Growth	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout				
	<input type="checkbox"/> Direct	<input type="checkbox"/> Dividend	<input type="checkbox"/> Transfer				
Attachments				All purchases are subject to realisation of cheque / demand draft			

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?			
<b>First Applicant (including Minor)</b>		<b>Second Applicant</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If "YES", please provide the following information (mandatory):</b>			
<b>Details</b>	<b>First Applicant (including Minor)</b>	<b>Second Applicant</b>	<b>Third Applicant</b>
Country of Birth			
Place/City of Birth			
Nationality			
Country of Tax Residency 1			
Tax Payer Ref. ID No^			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No.2			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or Other, Please specify]			
^ In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. (Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)			

<input type="checkbox"/> <b>One time Investment</b>		<input type="checkbox"/> <b>Systematic Investment Plan (SIP)</b> (Please submit SIP Enrolment & OTM Form)	
<b>Scheme Name</b>			
<b>Plan</b> (Please ✓)	<input type="checkbox"/> <b>Regular</b> <input type="checkbox"/> <b>Direct</b>	In case of Dividend Transfer facility, please mention target scheme along with plan/option.  <b>Scheme / Plan / Option</b>	
<b>Option</b> (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="text" value="Frequency"/>		
<b>Dividend Facility</b> (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer		
<b>Payment Mode</b>		<input type="checkbox"/> Cheque <input type="checkbox"/> DD (Third Party Declaration Mandatory) <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS	
<b>Cheque / D.D. No. &amp; Date</b>	<b>Cheque / DD Amount (Rs.)</b>	<b>Drawn on Bank and Branch</b>	

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Society	<input type="checkbox"/> LLP
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Trust	<input type="checkbox"/> PIO
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> NPO _____
<input type="checkbox"/> NRI- Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	[Please specify]
<input type="checkbox"/> NRI – Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	
<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	<input type="checkbox"/> Others _____
<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	[Please specify]

<p><b>If you wish to hold units in Demat mode, please provide below details and enclose <input type="checkbox"/> Latest Client Master / <input type="checkbox"/> Demat Account Statement</b></p> <p>Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.</p>	
<p align="center"><b>National Securities Depository Limited (NSDL)</b></p>	<p align="center"><b>Central Depository Services (India) Limited (CDSL)</b></p>
<p>Depository Participant Name _____</p>	<p>Depository Participant Name _____</p>
<p>DP ID No.            <b>I    N</b>            _____</p>	<p>Target ID No.            _____</p>
<p>Beneficiary Account No.    _____</p>	<p>_____</p>
<p>Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned.</p>	

Any communication in connection with this application should be addressed to the Registrar or the Investment Manager

**Registrar:**  
Computer Age Management Services Pvt. Ltd.,  
SEBI Registration No. : INR000002813)  
Rayala Towers, 158, Anna Salai, Chennai – 600 002  
Tel: 022 - 2778 6501/ 6551  
Email: enq\_L @camsonline.com  
Website: www.camsonline.com

### 9. OTHER PERSONAL INFORMATION – (Please ✓ )

	First Applicant	Second Applicant	Third Applicant
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Father's Name			
Spouse's Name			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (Please ✓)	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____
Gross Annual Income in Rs. (Please ✓):	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.
OR Network in Rs.			
Network as of date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office

**10. NOMINATION :** I wish to nominate the following person/s to receive the proceeds in the event of my death. (With effect from 01/04/2011, for individual investors applying with single holding, Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11)

	Nominee 1	Nominee 2	Nominee 3
<b>Name of the Nominee</b>			
<b>Name of the Guardian</b> (In case Nominee is Minor)			
<b>Percentage</b> (Mandatory if more than one Nominee)			
<b>Relationship with Nominee</b>			
<b>Date of Birth*</b> (Mandatory if Nominee is Minor)	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
<b>Signature of Nominee/Guardian</b> (*Mandatory in case of Minor Nominee)	⊗	⊗	⊗

**11. NOMINATION :** I do not wish to nominate any person at the time of making the investment.

Signature	
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## 12. INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION

<b>Name of Contact Person</b>																					
Is the entity involved / providing any of the following services		<input type="checkbox"/> Yes	<input type="checkbox"/> No			Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates)														<input type="checkbox"/> Yes	<input type="checkbox"/> No
For Foreign Exchange / Money Changer Services		<input type="checkbox"/> Yes	<input type="checkbox"/> No			Money Lending / Pawning														<input type="checkbox"/> Yes	<input type="checkbox"/> No

**NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.**

**13. DECLARATION :** We confirm that the information provided in this form is true & accurate. We have read and understood the contents of all the scheme related documents and We hereby confirm and declare that

(i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the Fund") is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time; (iii) the monies invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We am/are aware that a U.S. person (within the definition of the term 'US Person' under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/resident of Canada; (v) the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us; (vi) \* as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) \*\* I/We am/are Non Resident of Indian Nationality/Origin and that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account; (viii) \*\*\* I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand); (ix) all information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting; (x) that we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me / us, including all changes, updates to such information as and when provided by me / us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same; (xi) I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; (xii) Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto; (d) as may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency; (f) I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same.

\* Applicable to other than Individuals / HUF; \*\* Applicable to NRIs; \*\*\* Applicable to "Micro investments"

SIGNATURE(S) (ALL Applicants must sign)	⊗	⊗	⊗
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date			Place

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.
ARN- 93178		-		E096358	

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

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 <sup>st</sup> Applicant												
SIP with Cheque No.:												
	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"/> Dividend <input type="text"/> Frequency				<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="text"/> Frequency				<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="text"/> Frequency			
Dividend 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"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> ) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly				<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> ) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly				<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> ) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly			
SIP Date (for Monthly & Quarterly)	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>				<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>				<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>			
SIP Period	From <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <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"/> <input type="text"/> <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"/> <input type="text"/> <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"/> <input type="text"/> <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"/> <input type="text"/> <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 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> Applicant / Authorised Signatory

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN

Date

Sponsor Bank Code

Utility Code

CREATE ☒

MODIFY

CANCEL

I/We, hereby authorize **SBI Mutual Fund**

To debit (Please ☒)

Bank A/c No.

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 1<sup>st</sup> Bank Account Holder

Signature of 2<sup>nd</sup> Bank Account Holder

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 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.