

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.
Karvy Stock Broking Ltd. ARN - 0018		ARN-			

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.

1. PARTICULARS OF FIRST APPLICANT (SEE NOTE 1)

I confirm that I am a **First time** investor across Mutual Funds I confirm that I am an **existing** investor in Mutual Funds

EXISTING FOLIO NO. _____ (For Existing unitholders: Please mention your Folio number, Name and PAN details and then proceed to Investment and Payment details- 8)

Name (Mr./Ms./M/s.) _____

Gender Male Female Other (Third Gender) **Date of Birth** [D][D][M][M][Y][Y][Y][Y]

Father's Name _____

Spouse's Name _____

Name of Guardian / Name of Contact Person (in case of Minor) (in case of Institutional Investor) _____

Relationship of Guardian in case of Minor [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian (See Note 1 h)] Father Mother Legal Guardian
(In case of Minor, please fill the following details of Guardian)

Email ID _____

Mobile No. _____
County Code _____

Please register your E-mail address & Mobile number to get alerts & communication via E-mail & SMS.

Telephone (O) _____
County Code _____

Telephone (R) _____
County Code _____

Type of address given at KRA Residential Business Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

PAN _____ **PAN Exempt KYC Ref no (PEKRN for Micro investments) -** _____

AADHAAR No _____ **Type of Identification Document given at KRA** _____

Identification Document No. _____

Document Issuing Country _____

Occupation Professional Business Government Service Private Sector Service Public Sector Service Agriculturist
(Please (✓)) Retired Housewife Student Forex Dealer Doctor Others [Please specify] _____

Gross Annual Income in Rs. (Please tick (✓)): Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. > 1 Cr. **OR**

Networth in Rs. _____ **as of (date)** [D][D][M][M][Y][Y][Y][Y]

Politically Exposed Person [PEP]: Yes No Related to PEP

For Non-individuals : Is the entity involved / providing any of the following services Yes No

- For Foreign Exchange / Money Changer Services Yes No - Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) Yes No

- Money Lending / Pawning Yes No

NOTE: Non-individual applicants should mandatorily fill Annexure - I alongwith this form.

2. PARTICULARS OF SECOND APPLICANT (SEE NOTE 1 & 2)

Name Mr./Ms./M/s. _____

Gender Male Female Other (Third Gender) **Date of Birth** [D][D][M][M][Y][Y][Y][Y]

Father's Name _____

Spouse's Name _____

Type of address given at KRA Residential Business Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

Investors subscribing to the scheme through SIP must complete Registration cum Mandate form compulsorily alongwith application form

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"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				

PAN

AADHAAR No

Occupation (Please ✓) Professional Business Government Service Private Sector Service Public Sector Service Agriculturist
 Retired Housewife Student Forex Dealer Doctor Others [Please specify] _____

Gross Annual Income in Rs. (Please tick ✓): Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. > 1 Cr. **OR**

Networth in Rs. _____ **as of (date)**

Politically Exposed Person [PEP]: Yes No Related to PEP

Mandatory Enclosures PAN Proof KYC Acknowledgement

PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____

Type of Identification Document given at KRA _____

Identification Document No. _____

Document Issuing Country _____

3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 1 & 2)

Name Mr./Ms./M/s.

Gender Male Female Other (Third Gender) **Date of Birth**

Father's Name

Spouse's Name

Type of address given at KRA Residential Business Registered Office

Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

PAN

AADHAAR No

Occupation (Please ✓) Professional Business Government Service Private Sector Service Public Sector Service Agriculturist
 Retired Housewife Student Forex Dealer Doctor Others [Please specify] _____

Gross Annual Income in Rs. (Please tick ✓): Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Cr. > 1 Cr. **OR**

Networth in Rs. _____ **as of (date)**

Politically Exposed Person [PEP]: Yes No Related to PEP

4. FATCA & CRS RELATED INFORMATION (Only for Individuals/Proprietor)

DETAILS OF FIRST APPLICANT

Country of Birth _____ **Place of Birth** _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Identification Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number *	Identification Type* (TIN or Other, please specify)

* It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. 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)

DETAILS OF SECOND APPLICANT

Country of Birth _____ **Place of Birth** _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number *	Identification Type* (TIN or Other, please specify)

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. 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)

----- **TEAR HERE** -----

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

Investment Manager :
SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai – 400 051
Tel: 022- 61793511
Email: customer.delight@sbimf.com

Registrar:
Computer Age Management Services Pvt. Ltd.,
SEBI Registration No. : INR000002813
Rayala Towers, 158, Anna Salai, Chennai – 600 002
Tel: 044 – 28881101 / 36
Email: enq_L@camsonline.com
Website: www.camsonline.com

DETAILS OF THIRD APPLICANT

Country of Birth _____ Place of Birth _____

Nationality _____

Are you a tax resident of any country other than India? Yes No

If Yes, please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below:

Country/(ies) (also include USA, where the individual is a citizen/ green card holder of USA)	Tax Payer Identification Number*	Identification Type* (TIN or Other, please specify)

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. 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)

5. GENERAL INFORMATION – Please (✓) wherever applicable (SEE NOTE 1 m & n)

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

6. CONTACT DETAILS (SEE NOTE 1)

Local Address of 1st Applicant _____

City _____ Pin _____

State _____

Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default Foreign

Foreign Address (Mandatory for NRI / FII) _____

City _____

Country _____ Zip _____

7. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details) (SEE NOTE 3)

Name of Bank _____

Branch Name and Address _____

City _____ Pin _____

Account No. _____

9 digit MICR Code _____ (This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)

IFS Code _____

Account Type (Please ✓)		
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

8. INVESTMENT AND PAYMENT DETAILS : I/We would like to invest in the following Scheme of SBI Mutual Fund (SEE NOTE 5)

One time Investment Systematic Investment Plan (SIP) (if Yes, please tick any one)

PDC (In case of SIP through Post Dated Cheques (PDC) it is mandatory to submit Transaction Slip mentioning PDC details)

Direct Debit / NACH (In case of SIP through Direct Debit/NACH it is mandatory to submit SIP Enrolment Form and One Time Debit Mandate Form)

Scheme Name		
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option.
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	Scheme / Plan / Option _____

Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	Cheque / D.D. No. & Date

Investment Amount (Rs. in Figures)	Investment Amount (Rs. in Words)

For third party cheques please see Note 3 vii.

ANNEXURE I - DETAILS OF ULTIMATE BENEFICIAL OWNER/ CONTROLLING PERSON INCLUDING ADDITIONAL FATCA & CRS INFORMATION

Name of the Entity

Customer ID / Folio Number

 PAN Date of incorporation

 Type of address given at KRA Residential Business Registered Office
"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

Type of Identification Document given at KRA

Identification Document No.

Document Issuing Country

Place of incorporation

Country of incorporation

 Entity Constitution Type Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI
Please tick as appropriate Trust Liquidator Limited Liability Partnership Artificial Juridical Person Others specify _____

Please tick the applicable tax resident declaration -

 1. Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide all countries in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country/(ies)	Tax Identification Number [%]	Identification Type [%] (TIN or Other, please specify)

[%] In case Tax Identification Number is not available, kindly provide its functional equivalent. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. In case TIN or its functional equivalent is not available, please provide Company Identification Number (CIN) or Global Entity Identification Number (GEIN) or GIIN, etc.

CIN _____ Global Entity Identification Number (GEIN) _____

 In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code⁸ here _____

FATCA & CRS Declaration
(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)
PART A* (to be filled by Financial Institutions or Direct Reporting NFEs)

 1. We are a: Financial institution¹ or Direct reporting NFE² (please tick as appropriate)

GIIN _____

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

*If the entity is a FI & a tax resident outside India, please fill annexure A.1 below (additional CRS declaration)

Name of sponsoring entity _____

 GIIN not available (please tick as applicable) (Applicable only for Financial Institutions)
 Applied for
 Not required to apply for - please specify 2 digits sub-category³
 Not obtained - Non-participating FI
 Please provide with Form W8-BEN-E, duly filled in

Part A.1 (to be filled by Financial Institution that is a tax resident outside India)

- Whether CRS Jurisdiction: Yes No
 (Please refer to the list of signatories to CRS given in the following link <http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/>)
 (If no, please go to Qs.2)
- Whether FI is an 'Investment Entity'? Yes No
 (Please refer definition 1(iii) of Part D of the FATCA-CRS declaration)
 (If yes, please go to Qs. 3)
- The entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable[^] to investing, reinvesting, or trading in financial assets. Yes No
 (If Yes, please additionally fill Part C)

[^]Entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

- the three-year period ending on 31 March of the year preceding the year in which the determination is made; or
- the period during which the entity has been in existence.

PART B (please fill any one as appropriate "to be filled by NFEs")

1.	Is the Entity a <i>publicly traded company</i> ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2.	Is the Entity a related <i>entity</i> ⁵ of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an <i>active</i> ⁶ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> (Mention code – refer 2c of Part D)
4.	Is the Entity a <i>passive</i> ⁷ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹Refer 1 of Part D | ²Refer 3(vii) of Part D | ³Refer 1A of Part D | ⁴Refer 2a of Part D | ⁵Refer 2b of Part D | ⁶Refer 2c of Part D | ⁷Refer 3(ii) of Part D | ⁸Refer 3(viii) of Part D

PART C UBO / Controlling Person Declaration (UBO details are not required for Listed Company / Subsidiary or Controlled by a Listed Company)

Category (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (please specify _____)

Please list below details of each controlling person(s)¹⁰, confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). (Please attach additional sheets if necessary).

S.No.	1	2	3
Name of Beneficial Owner / Controlling Person			
Percentage of Beneficial Interest			
Gender (Male/Female/Other)			
Date of Birth			
Father's Name			
Country of Birth			
Place of Birth			
Nationality			
PAN			
Country of Tax Residency *			
Tax ID No Or Equivalent for each country %			
Tax ID Type (TIN or Other)			
Type Code (CP/UBO Code) ⁹			
Occupation Type (Service/ Others/ Business/ Not categorised)			
Address Type (Residential/Business/Registered Office)			
Residence address for tax purpose			
ZIP			
State			
Country			

⁹Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

¹⁰It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form

⁹Refer 3(iv) (A) of Part D | ¹⁰Refer 3(iv) of part D

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank/Mutual Fund to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we 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.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with SBI Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions and Definitions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name		
Designation		1st Authorised Signatory
Name		
Designation		2nd Authorised Signatory
Name		
Designation		3rd Authorised Signatory

Place _____

Date / / _____

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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 <small>(only for SBG)</small>	Sub-Broker ARN Code	Sub-Broker Code	EUIN* <small>(Employee Unique Identification Number)</small>	Reference No.
Karvy Stock Broking Ltd. ARN - 0018		ARN-			

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)			
	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. _____	<small>(Existing unitholders: Please mention your Folio Number. New applicants: Please mention the Application Number)</small>
Name of 1st Applicant <small>(Mr/Ms/M/s)</small> _____	
Name of Father/Guardian <small>in case of Minor</small> _____	

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 <small>(PEKRN for Micro investments) - _____</small>	PAN Exempt KYC Ref no <small>(PEKRN for Micro investments) - _____</small>	PAN Exempt KYC Ref no <small>(PEKRN for Micro investments) - _____</small>

SIP DETAILS (Direct Debit/NACH in select banks only)

<input type="checkbox"/> SIP with Cheque <input type="checkbox"/> SIP without Cheque									
Scheme Name _____									
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct								
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend (Frequency) _____								
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout								
Each SIP Amount (Rs.) _____	First Cheque No. _____ <small>(Note : Cheque should be drawn on bank account mentioned below)</small>								
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) <input type="checkbox"/> Quarterly SIP								
SIP Date (for Monthly & Quarterly) <small>(Please ✓)</small>	<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 <small>(For February, last business day)</small>								
SIP Period	From <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td></tr></table> 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 <small>(Select any one)</small>								

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. <small>(in multiples of Rs. 500 only)</small> _____	Top-up Frequency <small>(Please ✓ any one)</small> <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)			
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory

Folio No. / Application No. _____	
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)

Date

UMRN

Sponsor Bank Code Utility Code

CREATE I/We, hereby authorize **SBI Mutual Fund** To debit (Please) SB/CA/CC/SB-NRE/SB-NRO/Other

MODIFY

CANCEL 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.: Phone 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.

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE FORM (OTM)

- 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.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- 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.
- 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.
- Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
- Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by SBI Mutual Fund.
- For the convenience of investors, the frequency of the mandate mentioned "As and when presented".
- 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):

- Date of Mandate
- Bank A/c Type
- Bank Account Number
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Folio No / Appln No
- Mandate Start Date
- Mandate End Date or Until Cancelled
- Signature(s) as per Bank records
- Name(s) as per Bank records