

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

ARN & Name of Distributor	Branch Code (only for SGG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-93643	DHANANJAY KUMAR			E 097712	

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 <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 (SEE NOTE 15)**

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 FOLIO NO.  NAME

**1. FIRST APPLICANT DETAILS**

Name   
(Mr. / Ms. / M/s.)  
(in case of Minor)  
(Name should be as per PAN)

Name of Guardian

Relationship of Guardian  Father  Mother  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.)

Email ID

Mobile No.

Country Code

Telephone (O)

Telephone (R)

Correspondence Address of   
1st Applicant

City

Pin  State

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

Foreign Address  
(Mandatory for NRI / FI)

City

Zip  Country

**2. MODE OF HOLDING (Please ✓)**

Single  Joint  Anyone or Survivor

**3. JOINT APPLICANT DETAILS**

	Second Applicant	Third Applicant
Name (Name should be as per PAN)	<input type="text"/>	<input type="text"/>
PAN/PEKRN (Enclose KYC Acknowledgement)	<input type="text"/>	<input type="text"/>
KIN (CKYC Identification No.)	<input type="text"/>	<input type="text"/>

**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

Account Type (Please ✓)

Savings  NRO  FCNR  
 Current  NRE  Others

TEAR HERE

(To be filled in by the First applicant/Authorized Signatory) :  
Received from :

Scheme Name	Plan (✓)	Option (✓)	Dividend Facility (✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	Signature, Date & Stamp
	<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				

Attachments  All purchases are subject to realisation of cheque / demand draft

**5. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-1).**

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?

First Applicant (including Minor)	Second Applicant	Third Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "YES", please provide the following information (mandatory):

Details	First Applicant (including Minor)	Second Applicant	Third Applicant
Country of Birth			
Place/City of Birth			
Nationality			
Country of Tax Residency 1			
Tax Payer Ref. ID No <sup>^</sup>			
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]			

<sup>^</sup> 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)

**6. INVESTMENT AND PAYMENT DETAILS**

One time Investment  Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form)

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

**Payment Mode**  Cheque  DD (Third Party Declaration Mandatory)  Fund Transfer  RTGS

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

**7. TAX STATUS (Please ✓)**

<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 _____ [Please specify]
<input type="checkbox"/> NRI - Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> Others _____ [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"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	

**8. DEMAT ACCOUNT DETAILS (OPTIONAL)**

If you wish to hold units in Demat mode, please provide below details and enclose  Latest Client Master /  Demat Account Statement  
Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. <input type="text" value="I N"/>	Beneficiary Account No. _____
Beneficiary Account No. _____	

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned.

----- 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

**TOLL FREE NO : 1800 425 5425**  
**Website : www.sbimf.com**

**Registrar:**  
Computer Age Management Services Pvt. Ltd.,  
SEBI Registration No. : INR000002813)  
Rayala Towers, 158, Anna Salai, Chennai - 600 002  
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			
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.			
Networth as of date			
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
Name of the Nominee			
Name of the Guardian (In case Nominee is Minor)			
Allocation % (Mandatory if more than one Nominee)			
Relationship with Nominee			
Date of Birth* (Mandatory if Nominee is Minor)			
Signature of Nominee/Guardian (*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

Name of Contact Person	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No For Foreign Exchange / Money Changer Services 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. GO-GREEN INITIATIVE:

As part of Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email id is not available and who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode

14. DECLARATION : I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/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 money 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) 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; (ix) 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; (x) 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; (xi) 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. (xii) If the name given in the Application is not matching PAN, application may liable to get rejected or further transactions may be liable to get rejected. By using this application I/We agree to issue a cheque in favor of the facility 'SBI Multi Select' which will be invested as per the option selected/ mentioned under clause (5) of the form.

\* Applicable to other than Individuals / HUF; \*\* Applicable to NRIs;

SIGNATURE(S) (ALL Applicants must sign)	⊗	⊗	⊗
	1 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> 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	EJIN* (Employee Unique Identification Number)	Reference No.
<b>ARN-93643</b>	<b>DHANANJAY KUMAR</b>			<b>E 097712</b>	

Declaration for "execution-only" transaction (only where EJIN box is left blank): I/We hereby confirm that the EJIN 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 Cheque No/s :	1	2
Scheme Name		
Plan	<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 <u>Frequency</u>	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <u>Frequency</u>
Dividend Facility	<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"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> ) <input type="checkbox"/> Daily <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <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"/> 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"/> 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"/> 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> )
SIP Period	From <input type="text"/> To <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 (Default) (Select any one)	From <input type="text"/> To <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 (Default) (Select any one)

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

Bank Name  Bank A/c No

**TOP-UP SIP**

Top-Up Amount Rs. (in multiples of Rs. 500 only)	1	2	3
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 CAP Amount ₹ (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 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.

**ONE TIME DEBIT MANDATE FORM (OTM)**

UMRN  Date

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.:  Mobile 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

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.

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<b>ARN-93643</b>	<b>DHANANJAY KUMAR</b>			<b>E 097712</b>	

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**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"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend <u>Frequency</u>
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"/> Daily	<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> )	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> )	<input type="checkbox"/> Daily
	<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"/> 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"/> 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> )	
SIP Period	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <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 (Default)	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 (Default)	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 (Default)	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 (Default)	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 (Default)	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 (Default)

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

Bank Name  Bank A/c No

**TOP-UP SIP**

Top-Up Amount Rs. (in multiples of Rs. 500 only)	1		2		3	
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 CAP Amount ₹ (maximum SIP installment including Top-Up amount)	1		2		3	
OR	1		2		3	
Top-Up SIP CAP Month-Year	M M Y Y Y Y		M M Y Y Y Y		M M Y Y Y Y	

**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, SAJ, 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.

**ONE TIME DEBIT MANDATE FORM (OTM)**

UMRN  Date

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.:  Mobile 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.