

	A PARTNER FOR LIFE														ΑI	PPLI	CATI	ON	NO.							6-29	810/1
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ARN & Nar	ne of	Distr	ibuto	or	E	Branc (only f	h Coo or SBG)		Su	b-Bro	ker A	ARN	Code	Su	b-Bro	ker	Cod	e (I	Employ	ee Uniq	<b>EUI</b> ue Ide		on Num	ber)	Refer	ence	No.
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Declaration for "ex * I/We hereby confirm															vithout a	nv inte	raction	or advid	ce by the	e emplo	vee/rel	lationsh	nip mana	ager/sal	es perso	n of the	e above
distributor or notwiths																											
SIGNATURE(S)																											
Upfront commissio		Applica I be paid						_			2nd Ap	•				_	-	of vari	ous fac						Signatored by t		tributor
TRANSACTIO	ON C	HARG n amou	ES F	OR Rs. 10	<b>APF</b>	LICA or mo	TION: re and	S TH	IROL ur Dis	JGH tributo	DISTF r has o	RIBU	JTOR to rece	S/AG eive Ti	ENTS ransact	ON tion C	LY (S	SEE s, Rs.	<b>NOT</b> 150 (fo	= 16) or first	time	mutua	I fund	investo	or) or F	Rs. 100	0/- (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 in the subscription amount and paid to the distributor. Units will be issued against the balance amount in the subscription amount and paid to the distributor. Units will be issued against the balance amount in the subscription amount and paid to the distributor. Units will be issued against the balance amount in the subscription amount and paid to the distributor. Units will be issued against the balance amount in the subscription amount and paid to the distributor. Units will be issued against the balance amount in the subscription amount and paid to the distributor. Units will be issued against the balance amount in the subscription amount and paid to the distributor. Units will be issued against the balance amount in the subscription amount and paid to the distributor. Units will be issued against the balance amount in the subscription amount and paid to the distributor. Units will be issued against the balance amount in the subscription amount and paid to the distributor. Units will be issued against the balance amount in the subscription amount and paid to the distributor. Units will be issued against the balance amount and paid to the distributor.													restea.														
I confirm th	nat I a	m a <b>Fi</b> r	st tim	n <b>e</b> inv	estor/	r across	s Mutu	al Fu	nds					[						•			/lutual				
EXISTING FO	DLIO	NO.																					numbe detail		me and	PAN	N
Name (Mr./Ms./M/s.)																											
Gender	Male	F	emale	e [	Oth	ner (Thi	d Gen	der)	Da	te of E	Birth	D	D	M	M	Υ	Υ	Υ	Υ								
Father's Nan	ne																										
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Name of Guard						on nal Inv	estor)																				
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(In case of Mind	or, pie	ase IIII	tne to	llowir	ng ae	talls of	Guaro	ian)							$\overline{}$												
Email ID  Mobile No.	<u> </u>	1	T	T	<u> </u>	<u> </u>		<u> </u>		1			1	<u> </u>	Д,												
			County			-11- 0				0.00	<u> </u>																
Please register your  Telephone (O)	E-mail a	address &	Mobile	number	to get	alerts &	communi	cation v	ia E-ma	ail & SMS	5. 	1	1	1	ī												
10.00		Coun	ty Code	е	_											Man	datory	y Encl	osures	s 📙	PAN	Proof	Ш	KYC A	Acknow	ledger	ment
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(Please (✔))	Retir				usewi			dent					Dealer	10.1 -			Doctor			NE 1	ш		_		ecify] _ <b>O</b>		
Gross Annual	incon	ne in H	S. (PI	ease	TICK	(✔)):	Bel	ow i	Lac	Ш	1-5 Lac	CS	_	·10 La		_	0-25 L			25 Lac	:S - I	Cr.	□>	1 Cr.	U	n	
Networth in Rs													as	of (da	ate)	D	D N	ЛМ	Υ	Υ	Υ	Υ					
Politically Exp							No				o PEP		□ v <sub>o</sub>	. F	J No.												
- For Foreign E						•	_	Yes		No			_	_	」No a./Lott	terv S	ervice	s (e.a	Casi	nos B	Bettino	n Synd	dicates	а г	Yes		No
- Money Lendin	•	•	•					Yes		No			.g / C.a.		g / <b>_</b>	, .	000	.c (c.g	. • • • •	, 2		, <b>-</b> ,		, [			]
NOTE: Non-indiv		•••						exure	- I alc	ongwith	n this fo	orm.											(S	EE N	OTE 1	1 & 2	)
Name				1																			(U				
Mr./Ms./M/s.  Gender	L_ Male		emale		] Oth	er (Thir	d Gene	lor)	Dat	te of B	irth	D	l D	l N/I	N/I												
Father's Nam		Ι		' <u> </u>							 	I		IVI	IVI	I	I		I	 	ı	ī	ı	ı	ī		
Spouse's Na			<u> </u>	<u> </u>	1		<u> </u>	<u>                                       </u>	<u> </u>	<del>                                     </del>	<del>                                     </del>	<u> </u>	<u> </u>	1	<del>                                     </del>	<u> </u>	<del>                                     </del>	+	1	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	1		 
Type of addre		iven a	t KR	A		Resi	dential		1				Busine	ss					Regist	tered C	Office			1			
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SBI MUTUAL A PARTNER F									Pvt. L	.td.	ACK To b		<b>WLE</b> led in b				.IP	AP	PLIC	ATIO	N N	١٥.					
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Scheme	Nam	е		Plan (	` '	<u> </u>	on (🗸)	<del>                                     </del>			cility(	-	Chequ	ie/ DD	Amou	ınt (R	s.) E	Bank a	nd Bra	nch	Che	eque /	DD N	o. & D	ate		te & amp
ı				Reg Dir	_	_	owth vidend	=	leinve ransf		t 🔲 Pa	yout															
Attachments								•							1	All pur	chases	are su	ıbject t	o realis	ation	of che	que/de	emand	draft		

PAN	Mandatory Enclosures PAN Proof KYC Acknowledgement										
AADHAAR No	PAN Exempt KYC Ref no (PEKRN for Micro investments)  Type of Identification Document given at KRA										
AADIRATINO	Identification Document No  Document Issuing Country										
Occupation Professional Business Government Service Private S	ector Service Public Sector Service Agriculturist										
(Please (✓)) Retired Housewife Student Forex De											
Gross Annual Income in Rs. (Please tick (✔)): ☐ Below 1 Lac ☐ 1-5 Lacs ☐	5-10 Lacs										
Networth in Rsas of (date)											
Politically Exposed Person [PEP]: Yes No Related to PEP  3. PARTICULARS OF THIRD APPLICANT (SEE NOTE 1 & 2)											
3. PARTICULARS OF THIRD APPLICANT	(SEE NOTE 1 & 2)										
Name           Mr./Ms./M/s.											
Gender Male Female Other (Third Gender) Date of Birth	D M M Y Y Y Y										
Father's Name											
Spouse's Name											
Type of address given at KRA Residential But Residential	siness Registered Office										
Address of tax residence would be taken as available in KRA database. In case of any change, p	lease approach KRA & notify the changes.										
PAN	Mandatory Enclosures PAN Proof KYC Acknowledgement										
	PAN Exempt KYC Ref no (PEKRN for Micro investments)  Type of Identification Document given at KRA										
AADHAAR No	Identification Document No										
Occupation Professional Business Government Service Private S	Document Issuing Country										
(Please (✓)) Retired Housewife Student Forex Dea											
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 Rsas of (date)											
Politically Exposed Person [PEP]: Yes No Related to PEP  4. FATCA & CRS RELATED INFORMATION (Only for Individuals/Propr	istor)										
DETAILS OF FIRST APPLICANT	into i y										
Country of Birth	Diese of Birth										
Nationality	Place of Birth										
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	Tax Payer Identification Number * Identification Type										
(also include USA, where the individual is a citizen/ green card holder of USA)	(TIN or Other, please specify)										
* It is mandatory to supply a TIN or functional equivalent if the country in which you are please provide an explanation and attach this to the form.	e tax resident issues such identifiers. If no TIN is yet available or has not yet been issued,										
(Please attach additional sheets if necessary and mention all countries in which applic	ant 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											
Country (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 sounts in which were	to vocident incure cush identifiers. If no TIN is not qualished any has not ust have incured										
please provide an explanation and attach this to the form.	tax resident issues such identifiers. If no TIN is yet available or has not yet been issued,										
(Please attach additional sheets if necessary and mention all countries in which applic	ant is a tax resident & provide relevant details)										
	<u></u>										
Any communication in connection with this application should be addressed t	o the Registrar or the Invesment Manager										
Investment Manager :	Registrar: Computer Age Management Services Pvt. Ltd.										

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

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 Bir	th										
Nationality																								
Are you a tax resident of If Yes, please indice (also include	cate all c	countries in	n which you Counti	are res	sident		purp							nce Nu								on Typ ease s		/)
please provide an (Please attach add	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 (/))																							
5. GENERAL INFOR	RIMATI	ON – Plea	ase(🗸)w Tax Statu				9													(5				
NRI (Repatriable) NRI (Non-Repatriable) NRI (Non-Repatriable) NRI – Minor (Repatr NRI – Minor (Non-R Pension and Retired Financial Institutior	Resident Minor (through Guardian)  NRI (Repatriable)  NRI (Non-Repatriable)  NRI – Minor (Repatriable)  Pension and Retirement Fund Financial Institutions  CONTACT DETAILS  Public Lin  Private Li  Body Cor  Partnersh  FII / FPI  HUF  Bank									Govern Society Trust NPS Tr Fund of Gratuity AOP BOI	ust Fund	- 			         	NGO LLP PIO NPO Others	5		spec	ify]	Sil Jo	ngle int ly one irvivor	or	( )
	AILS					1										,	,			(S	EE N	OTE '	1)	
Address of 1st Applicant																			<u> </u>	L	<u> </u>	<u> </u>		
City																		Pin						
State	ss for Co	orresponde	nce for NRI A	oplican	ts only	/ ( Pleas	se (✔) '	) Indian	by De	efault			Fore	eian 🗆	7									
Foreign Address					,		(, ),	,			_				_	ī	ī	I		I	1	T.	ī	1 1
(Mandatory for NRI / FII )																								
Country														Zip		I					1	I		
7. BANK PARTICULARS (As per SEBI Regulations it is mandatory for Investors to provide their bank account details) (SEE NOTE 3)																								
Name of Bank	<u> </u>	ı	1 1		ı					ī							ī			ı		ī	ĺ	
Branch Name and Address																								
City						<u> </u>		 										l			+			
Account No.																		Pin		_	(DI			
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IFS Code																L	Curr	ent	NR	E		thers_		
8. INVESTMENT AN	ND PAY	YMENT I	DETAILS	: I/We v	would	like to	inves	st in th	ne fol	lowing	Sche	me of	SBI M	lutual I	Fund						(SEI	E NOT	ΓE 5	
One time Investr	ment		s <sub>1</sub>	Auto	case o o Deb	f SIP th	nroug S	h Pos	t Date	f Yes, ped Che	ques	(PDC)	it is n	nandat	•									,
Scheme Name Plan (Please 🗸 )		Reg	ular			Direct					ln r	ase of	Divido	nd Tron	nefor f	acility	please	mentic	in taras	at enh	eme al	ona with	n nlan	/ontion
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Option (Please ✓)  Dividend Facility (Pleas	se ✓)	Gro	nvestment			ayout			Tra	ansfer	Scl	neme	/ Plan	/ Opti	on_									
Chen	ue / DD	Amount (	Rs.)						Drav	vn on E	∣— Banka	nd B	anch						Chec	ue/	D.D. N	lo. & D	ate	
3.00							-		-															
Investmen	Investment Amount (Rs. in Figures)											Inv	estme	nt Am	ount	(Rs.	in Wor	ds)						
For third party cheque	es pleas	e see Not	e 3 vii.																					

9. STP ENROLLMENT DETAILS OPTED for STP: Yes No (If Yes, it is mandatory to submit STP Enrollment Form/Transaction slip)																										
10. DEMAT ACCOUNT DETAILS																										
Please ensure the	If you wish to hold units in Demat mode, please provide below details and enclose the latest Client Master / Demat Account Statement (Mandatory). Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.																									
Nation	National Securities Depository Limited (NSDL)  Central Depository Services (India) Limited (CDSL)																									
Depository Participant Name												eposi	tory oant Na	ma												
DP ID No.		١,	N					Ī	Ī			•														
Beneficiary Accou	ınt No.									_	Ta	rget i	D No.	1	T	ī			1		1					1
Please note whe	erever uni	ts are	allot	ted in	n Den	nat M	lode,	State	ment	of A	Accou	int w	ill be	issue	d by	the	Depos	itory	cond	erne	d. Fu	rther a	llotme	nt of	units	(througl
additional purcha																								tory P	articip	ant only
individual investor	's applying	with s	ingle l	holdir	ng, No	minat	perso tion is	mand	atory.	How	e pro ever,	in cas	s in the	do no	t wish	to no	ain. (\ minate	plea:	se sig	n poi	nt 11 E	2011, IC 3.)	" (S	EE N	OTE	10)
Name of the Nom	inee																					_				
Name of the Guar	dian																					_				
Percentage																										
Relationship		Date of Birth <sup>⋆</sup> D D M M Y Y Y S ⊗ Signature of Nominee/Gu																								
Address of Nomir Guardian	nee/	Signature of Nominee/ (*Mandatory in case of Mino																								
Name of the Nom	inee																									
Name of the Guar	rdian																									
Percentage																										
Relationship		Date of Birth <sup>⋆</sup> D D M M Y Y Y X ⊗																								
Address of Nomin	nee/																									Guardiai r nominee
Name of the Nom	inee										1	1										(	-idatory i			
Name of the Guar	rdian																					$\dashv$				
Percentage																										
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Address of Nomin	nee/																					Sigr				Guardia
Guardian  11B NOMINAT	ION · I do	not :	wish	to no	mina	te an	v ner	son a	at the	time	of m	nakin	a the	inve	etmen	nt						(*Ma	ndatory	in case	of Mino	r nominee
Signature	1B. NOMINATION: I do not wish to nominate any person at the time of making the investment.  Signature																									
12. DECLARATION (SEE NOTE 11):  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 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 ARIN holder has disclosed to me/us all the commissions (in the form of trail commission or on where 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, We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust; (vii) ** 1/We am/are Non Resident External/Ordinary account/FCNR Account; (viii) *** 1/We do not hold a Permanent Account Number and hold only a single PAM Exempt KYC Reference No. (PERK) sued by KYC Reg																										
Applicants must																										
sign as per mode of holding																										
	$\otimes$									3									8							
	1st Appl	licant	/ Guar	rdian	/ Auth	orise	d Siar	ator			d Apn	lican	ıt / Aut	horise	ed Sia	nato	ry	+		3rd A	pplic	ant / Au	ıthoris	ed Sin	nator	, ,
Date	.3						91		'		-1-1-				Pla		•							9		•



## SIP ENROLMENT FORM

(Please submit SIP enrolment form only	if One Time Debit Mandate Form (C	OTM) registered / submitted in the Folio

(Application should be submitted atleast 30 days before the 1st Direct Debit/NACH debit date) ARN & Name of Distributor EUIN\*
(Employee Unique Identification Number) Branch Code (only for SBG) Sub-Broker ARN Code Sub-Broker Code Reference No. E329507 ARN-78041

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.

				1 <sup>st</sup> Applican	it / Guardian /	Authori	sed S	ignatory	2 <sup>nd</sup> Ap	plicant / Αι	ıthoris	ed Signate	ory	3 <sup>rd</sup> App	licant /	Auth	orised S	ignato	ory
SIC	GNA <sup>-</sup>	ΓURE(	(S)																
<i>y</i>	LITE	CITIPIT	Oy t	se/relationsinp	manager/sales	person	OI THE	distribute	n ana i	ie distributo	i iias i	ior charge	a an	y auvisory	1003 01	1 11113	Hansach	UII.	

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.	(Existing unitholders: Please (Application Number)	mention your Folio Number. New applicants: Please mention the												
Name of 1st Applicant (Mr/Ms/M/s)														
Name of Father/Guardian in case of Minor														
PAN DETAILS														
First Applicant / Guardian	Second Applicant	Third Applicant												
Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures												
PAN Proof KYC Acknowledgement PAN Proof KYC Acknowledgement PAN Proof KYC Acknowledgement PAN Exempt KYC Ref no														
PAN Exempt KYC Ref no (PEKRN for Micro investments) - PAN Exempt KYC Ref no (PEKRN for Micro investments) - PAN Exempt KYC Ref no (PEKRN for Micro investments) - PAN Exempt KYC Ref no (PEKRN for Micro investments) - PAN Exempt KYC Ref no														
SIP DETAILS (Direct Debit/NACH in select bank	s only)													
SIP With Cheque SIP without Cheque  Scheme Name														
Plan (Please ✓ )														
Option (Please ✓)														
Option (Please ✓)     □ Growth     □ Dividend (Frequency)       Dividend Facility (Please ✓)     □ Reinvestment     □ Payout														
Each SIP Amount (Rs.)  First Cheque No.														
SIP Frequency (Please I any one) Weekly SIP (1st, 8th, 15th and 22nd) Monthly SIP (Default) Quarterly SIP														
SIP Date (for Monthly & Quarterly)	5 <sup>th</sup> 10 <sup>th</sup> 15 <sup>th</sup> 20 <sup>th</sup>	25 <sup>th</sup> 30 <sup>th</sup> (For February, last business day)												
From   D   D   M   M   Y   Y   Y   Y														
To   D   M   M   Y   Y   Y   Y   Y   Y   Y   Y	OR 3 years 5 years 10 years	15 years Perpetual (Select any one)												
Debit Bank A/c Details (Mandatory only in case of M	ultiple OTMs (One Time Debit Mandates) registered/sub	mitted in the Folio with different bank account details												
Bank Name														
Bank A/c No														
TOP-L	IP SIP (all fields mandatory)													
Top-up Amount Rs. (in multiples of Rs. 500 only)	Top-up Frequency (Please ✓ any one)	alf - Yearly Annual												
investment in the schemes of SBI Mutual Fund. transactions by debiting my/our bank account thro	iculars given in this mandate form are correct and I/We are aware that SBI Mutual Fund and its servough Direct Debit / NACH facility. If the transaction is user institution responsible. I/We will also inform S	ice providers and bank are authorized to process s delayed or not effected for reasons of incomplete												

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

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SIGNATURE(S)		
5.5t.(b)	1	

1st Applicant / Guardian / Authorised Signatory 2nd Applicant / Authorised Signatory 3rd Applicant / Authorised Signatory

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# **ACKNOWLEDGEMENT SLIP**

(To be filled in by Investor)

olio No. / Application No.											
eceived SIP Enrolment Form from											Acknowledgement Stam

	WANDATE FORW (OTW) tions through NACH/DIRECT DEBIT)											
UMRN	Date D D M M Y Y Y Y											
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 & wh	nen presented DEBIT TYPE : X Fixed Amount 📝 Maximum Amount											
Folio No.:	Phone No.:											
Appln No. :	Email ID:											
PERIOD  From  To  Signature of 1st Bank Account Ho	whom I am authorizing to debit my account as per latest schedule of charges of the bank.  Older Signature of 2 <sup>nd</sup> Bank Account Holder Signature of 3 <sup>nd</sup> Bank Account Holder											
Or Until cancelled 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 sig 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 to cancel / amendment request to the User entity / Corporate or the bank where I have authorized to cancel / amendment request to the User entity / Corporate or the bank where I have authorized to cancel / amendment request to the User entity / Corporate or the bank where I have authorized to cancel / amendment request to the User entity / Corporate or the bank where I have authorized to cancel / amendment /												

## **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.
- 4. 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.

- 6. Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by SBI Mutual Fund.
- 7. 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):

- 1. Date of Mandate
- 2. Bank A/c Type
- 3. Bank Account Number
- 4. Bank Name
- 5. IFSC and/or MICR Code
- 6. Maximum Amount (Rupees and Words)
- 7. Folio No / Appln No
- 8. Mandate Start Date
- 9. Mandate End Date or Until Cancelled
- 10. Signature(s) as per Bank records
- 11. Name(s) as per Bank records