

**SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM**

New investors subscribing to the scheme through SIP must submit this Form alongwith Common Application Form

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
<b>ARN - 213585</b>				<b>E - 135246</b>	

Declaration for "execution-only" transaction (only where EUIN box is left blank) : I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)			
	<b>1<sup>st</sup> Applicant / Guardian / Authorised Signatory</b>	<b>2<sup>nd</sup> Applicant / Authorised Signatory</b>	<b>3<sup>rd</sup> Applicant / Authorised Signatory</b>

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		3	
Scheme Name						
Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW
Income Distribution cum Capital Withdrawal (IDCW) Facility	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout
Each SIP Instalment Amount (₹)						
SIP Frequency	<input type="checkbox"/> 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> <small>(For February, last business day)</small>	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup>	<input type="checkbox"/> 30 <sup>th</sup> <small>(For February, last business day)</small>
	<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>	<small>(Any other date from 1<sup>st</sup> to 30<sup>th</sup>)</small>	<input type="checkbox"/> 10 <sup>th</sup> (Default)	<input type="checkbox"/> 25 <sup>th</sup>	<small>(Any other date from 1<sup>st</sup> to 30<sup>th</sup>)</small>
SIP Period	From	To	From	To	From	To
	<input type="checkbox"/> 3 yrs	<input type="checkbox"/> 5 yrs	<input type="checkbox"/> 10 yrs	<input type="checkbox"/> 15 yrs	<input type="checkbox"/> 15 yrs	<input type="checkbox"/> Perpetual (Default)
	<input type="checkbox"/> 15 yrs	<input type="checkbox"/> Perpetual (Default)		<input type="checkbox"/> 15 yrs	<input type="checkbox"/> Perpetual (Default)	
<input type="checkbox"/> 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)						
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
<b>TOP-UP SIP CAP (Investor has to choose only one option)</b>						
Top-Up SIP CAP Amount ₹ (maximum SIP instalment including Top-Up amount)						
OR						
Top-Up SIP CAP Month-Year	[ M M Y Y Y Y Y ]		[ M M Y Y Y Y Y ]		[ M M Y 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 instalments 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, SAL, 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 [ D D M M Y Y Y Y ]

Sponsor Bank Code [ ] Utility Code [ ]

CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize <b>SBI Mutual Fund</b>	To debit (Please <input checked="" type="checkbox"/> )	SB / CA / CC / SB-NRE / SB-NRO / Other
MODIFY	Bank A/c No. [ ]		
CANCEL			

with Bank [ ] Bank Name [ ] IFSC [ ] OR MICR [ ]

an amount of Rupees [ ] ₹

FREQUENCY:  Weekly  Monthly  Quarterly  As & when presented DEBIT TYPE:  Fixed Amount  Maximum Amount

Folio No.: [ ] Moblie No.: [ ]

Appln No. : [ ] Email ID: [ ]

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD	From [ ] [ ] [ ] [ ] [ ] [ ]	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
To	[ 3 ] [ 1 ] [ 1 ] [ 2 ] [ 2 ] [ 0 ] [ 9 ] [ 9 ]	Name as in Bank records	Name as in Bank records	Name as in Bank records
Or	<input type="checkbox"/> Until cancelled			

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 (OTM)**

1. Investors who have already submitted One Time Debit Mandate (OTM) form 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 in the Folio. However, if such investors wish to add a new bank account towards OTM facility may submit the new OTM form.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned (as per bank records).
3. Along with OTM, investors should enclose 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.
4. First applicant / unitholder must be one of the account holder in the bank account. Investor's cheque / bank account details are subject to third party validation.
5. Investors are deemed to have read and understood the terms and conditions of Systematic Investment Plan mentioned in SID, SAI & KIM of the respective Scheme(s) of SBI Mutual Fund.
6. UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
7. Please mention OTM date and OTM "From date" in DDMMYYYY format.
8. For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented" and OTM "To Date" mentioned as "31 12 2099".
9. Please provide all the information / details in the OTM.

### **MANDATORY INFORMATION TO BE PROVIDED IN ONE TIME DEBIT MANDATE (OTM):**

- Date of Mandate
- Bank A/c Type
- Bank A/c No. (please enclose CANCELLED cheque leaf)
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Mandate From date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records

### **INSTRUCTIONS FOR TOP-UP SIP CAP**

1. Investor can choose either Top-Up SIP Cap amount (i.e. maximum SIP installment including Top-Up amount) or Top-Up SIP Cap Month-Year. In case of multiple selection, Top-Up SIP Cap amount will be considered as default selection.
2. If none of the above option is selected by the investor, then the Top-Up SIP will continue as per the SIP end date and Top-Up SIP amount specified by the investor and the maximum amount mentioned in OTM Form shall be considered as Top-Up SIP Cap Amount.
3. Top-Up SIP CAP (Amount): Investor has an option to freeze the Top-Up SIP CAP amount (i.e. maximum SIP installment including Top-Up amount) once SIP installment amount reaches a fixed predefined amount. Maximum Top-Up SIP cap amount should not exceed the maximum amount mentioned in OTM Debit Mandate Form. In case of difference between the Top-Up SIP CAP Amount & the OTM Debit Mandate maximum amount, then amount which is lower of the two shall be considered as the default amount of Top-Up SIP Cap Amount.
4. If SIP Top-Up amount reaches the SIP Top-Up Cap amount before the end of SIP tenure, the Top-Up SIP will cease and last SIP instalment amount will remain constant for remaining installments.
5. Top-Up SIP Cap (Month-year) : This is the date from which Top-Up SIP Cap amount will cease and last SIP instalment amount will remain constant for remaining installments.