

Until cancelled

A PARTNER FOR LIFE S-2802/18											
SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM New investors subscribing to the scheme through SIP must submit this Form alongwith Common Application Form											
			gn SIP must submit this Form alongwith terms of the control of the			with C	EUIN* Reference No.				
(only for SBG)		Rei Ailly Code 3		Sub-Broker Code	(Emplo		ployee Unique Identification Number)				
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 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											
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 1st Applicant											
SIP 1st Cheque No/s :											
	2				3						
Scheme Name											
Plan	Regular	Direct		Regular		Direct		Regular	Direct		
Option	Growth	Growth Dividend Frequency			Growth Dividend Frequency			Growth Dividend Frequency			
Dividend Facility	Reinvest Payout			Reinvest	Reinvest Payout			Reinvest Payout			
Each SIP											
Instalment Amount (₹)											
SIP Frequency	Weekly (1 st , 8 th , 15 th and 22 nd)	Daily	Weekly (1 st , 8	th , 15 th and 22 nd)	Daily	Weekly (1 st , 8 th , 15 th and	d 22 nd) Daily	
	Monthly (Default) Quarterly			Monthly (Default) Quarterly				Monthly (Default) Quarterly			
	Half - Yea	arly An	ınual	Half - Yea	arly	Annua 15 th 30 th	al	Half - Yea	arly 15 th	Annual 30 th	
SIP Date (for Monthly, Quarterly,	5 th	20 th	ruary, last business day)	5 th	l	Por February, lasti	business day)	5 th	20 th	(For February, last business day)	
Half-Yearly & Annual)	10 th (Defau	25th ———	late from 1st to 20th)	10 th (Default)	ľ	25th		10 th (Default)	25 th	(Any other date from 1st to 30th)	
SIP Period	From (Any other date from 1st to 30st)			From (Any other date from 1st to 30th)				From (Any other date from 1** to 30*)			
	То	M Y Y	one)	То м		и ү ү ү	Y (eu	То м	М У	Y Y Y @	
	OR 3 yrs	☐ 5 yrs ☐ 10	yrs 🚡	OR 3 yrs		☐ 5 yrs ☐ 10 yrs	Select any one)	OR 3 yrs	☐ 5 yrs	10 yrs (euo kua page)	
□15 yrs □ Perpetual (Default)				□15 yrs	☐15 yrs ☐ Perpetual (Default) 📆				□15 yrs □ Perpetual (Default) $\frac{\delta}{2}$		
Use Existing One Time Debit Mandate (if already registered in the Folio)											
Bank Name Bank A/c No TOP-UP SIP											
		1		TOP-OP	ااد	2			3		
Top-up Amount Rs. (in multiples of Rs. 500 only)											
Top-up Frequency	Half - Yearly Annual				Half - Yearly Annual						
DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my willingness to make payments towards investment in the schemes of SBI Mutual Fund. I/We hereby confirm and declare that the monies invested by me in the schemes of SBI Mutual Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). I/We are aware											
that SBI Mutual Fund and its service providers and bank are authorized to process transactions by debiting my/our bank account through Direct Debit / NACH facility. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform SBI Mutual Fund/RTA about any changes in my/our bank											
account. I/We confirm that the aggregate of the lump sum investment (fresh purchase & additional purchase) and SIP installments in rolling 12 months period or financial year i.e. April to March does not exceed Rs. 50,000/- (Rupees Fifty Thousand) (applicable for "Micro investments" only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other											
mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We have read, understood and agreed to											
the terms and conditions and contents of the SID, SAI, KIM and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund. I/We hereby authorize the bank to honour such payments for which I/We have signed and endorsed the Mandate Form.											
SBI MUTUAL FUND A PARTNER FOR LIFE ONE TIME DEBIT MANDATE FORM (OTM) UMRN Date Date											
A PARTNER F	OR LIFE	UMRN					Da	te D D	M M	Y Y Y	
Sponsor Bank Code						Utility Code					
CREATE / I/We	, hereby auth	norize SBI Mutua	al Fund			To debit (Ple	ase ✓)	SB/CA/C	C / SB-NRE /	SB-NRO / Other	
MODIFY		IONZE ODI WIGIGI	ii i diid			(
CANCEL	k A/c No.										
with Bank	Banl	k Name		IFSC				OR MICR			
an amount of Rupees ₹											
FREQUENCY: Weekly Monthly Quarterly As & when presented DEBIT TYPE: Fixed Amount Maximum Amount										num Amount	
Folio No.:	, <u> </u>		-	Moblie No.:	<u> </u>		<u>*</u>	·-			
Appln No. :	r the debit of ma	andate processing charg	es by the ba	 nk whom I am ai	ıthor	Email ID: izing to debit my accour	nt as ne	r latest schedule	of charges of t	he bank.	
PERIOD	7	,g	,			, , , , , , , , , , , , , , , , , , ,			J (
From Signature of 1st Bank Account Holder Signature of 2nd Bank Account Holder Signature of 3nd Bank Account Holder											
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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 (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. Alongwith 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