



SBI MUTUAL FUND
A PARTNER FOR LIFE

Sponsor : State Bank of India
Investment Manager : SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & SGAM)
191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005. Tel.: 022-22180221-27, www.sbimf.com & www.sbfunds.com

E039709

SIP ECS/DIRECT DEBIT FACILITY : REGISTRATION CUM MANDATE FORM

Investors subscribing to the scheme through SIP ECS/Direct Debit Facility must complete this form compulsorily alongwith Common Application Form
(Application should be submitted atleast 30 days before the 1st ECS/Direct Debit Clearing date)

ARN & Name of Distributor	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	Reference No. (To be filled by Registrar)
16709			

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

Please (✓) SIP MICRO SIP SBI CHOTA SIP SIP Registration - by New Investor SIP Renewal
 SIP Registration - by Existing Change in Bank Details

INVESTOR DETAILS

Folio No./Application No. _____ (For Existing Investor please mention Folio Number / For New Applicants please mention the Common Application Form Number)
Name of 1st Applicant (Mr/Ms/M/s) _____
Name of Father/Guardian in case of Minor _____

PAN DETAILS (Furnishing of PAN together with an attested copy of PAN Card is mandatory)

First Applicant / Guardian	Second Applicant	Third Applicant
Mandatory Enclosures <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	Mandatory Enclosures <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	Mandatory Enclosures <input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement

SIP DETAILS (ECS in select cities or Direct Debit in select banks only)

SIP with Cheque SIP without Cheque
Scheme Name _____
Options (Please ✓) Growth Dividend Payout Dividend Reinvestment
Each SIP Amount (Rs.) _____ First SIP Cheque No. _____
(Note : Cheque should be drawn on bank account mentioned below)
SIP Date 5th 10th 15th 20th 25th 30th (For February, last business day) No of SIP Installments _____ Frequency Monthly SIP Quarterly SIP
SIP Period From _____ To (Please ✓) Till further notice*
* Please refer point no. 13 (xiii) on page no.25

DOCUMENT DETAILS (in case of Micro SIP)
Document Description _____
Document Number (if any) _____

DECLARATION : I/We hereby, authorize the AMC and their authorised service providers, to debit my/ our following bank account directly or by ECS for collection of payments.

BANK PARTICULARS (as per bank records)

Name of 1st Holder _____
Name of 2nd Holder _____
Name of 3rd Holder _____
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 ✓)
 Savings NRO FCNR
 Current NRE Others _____

DECLARATION & SIGNATURE : I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in ECS. 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 AMC, about any changes in my/our bank account. I/We do not have any existing SIP/Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable to Micro SIP investors 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 and agreed to the terms and conditions mentioned in SID/KIM.

SIGNATURE(S)
Applicants must sign as per mode of holding
 1st Account Holder/ Guardian / Authorised Signatory 2nd Account Holder 3rd Account Holder

BANKER'S ATTESTATION

Certified that the signature of account holder and the Details of Bank account are correct as per our records.
Signature of authorised Official from Bank (Bank stamp and date)
Signature of authorised Official from Bank (Bank stamp and date)

The Branch Manager _____ Date _____
Bank _____ Branch _____
Sub : Mandate verification for A/c. No. _____
This is to inform you that I/We have registered for making payment towards my investments in SBIMF by debit to my/our above account directly or through ECS. I/We hereby authorize you to honour such payments for which I/We have signed and endorsed the Mandate Form.
Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.
Thanking you,
Yours sincerely
 1st Account Holder/ Guardian / Authorised Signatory 2nd Account Holder 3rd Account Holder



ACKNOWLEDGEMENT SLIP

Folio No. / Application No. _____

(To be filled in by the First applicant/Authorized Signatory) :
Received from _____
an application for Purchase of Units alongwith 1st Cheque Number _____ For Rs. _____
All purchases are subject to realisation of cheques. Acknowledgement Stamp