Name as in Bank records



Until cancelled

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM									
ARN & Name of Distributor		Branch Code (only for SBG)	Sub-Bro	ker ARN Code	Sub-Bro	oker Code	EUIN* (Employee Unique Identification Nu	Reference No.	
ARN-16709		(only ion obey					E039709	moery	
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 and the distributor has not charged any advisory fees on this transaction.									
SIGNATURE(S)									
1st App Upfront commission shall be paid	2 nd Applicant / A the investors' assess	J	, , ,	3 rd Applicant / Author ervice rendered by the distributor	orised Signatory				
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 1 st Cheque No/s :				T					
Scheme Name		1			2			3	
Plan	Regular	Direct		Regular	Direct		Regular Dir	ect	
Option	Growth		quency	Growth	Dividen	d Frequenc		idend Frequency	
Dividend Facility	Reinvest	Payout	1	Reinvest	Payout			yout	
Each SIP					<u> </u>				
Instalment Amount (`)									
SIP Frequency		(= = = = = = = = = = = = = = = = = = =	uarterly nnual	Weekly (1 Monthly (Half - Yea	,	d 22 nd) Quarter Annual	Weekly (1st, 8th, 15 Monthly (Default) Half - Yearly	th and 22 nd) Quarterly Annual	
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	1st 5th 10th (Defaul	20th	bruary, last businessday) datefrom 1st to 30th)	1st 5th 10th(Default)	15th 20th 25th	30th (For February, last bu	sinessday) 5th 10th Default	15th 30th (For February, last business of 20th (Any other date from 1st to 30	
SIP Period	From To OR 3 yrs	5 yrs 10	yrs (au)	From M To M OR 3 yrs	M Y Syrs	10 yrs	From M M M OR 3 yrs 9	90 Ake page 2 Perpetual (Default)	
Use Existing One		andate (if already reg	<u></u>	_ ,		uai (Deiauit)	<u>8</u>	erpetual (Delault)	
Bank Name Bank A/c No									
		1		TOP-UP	SIP 2			3	
Top-up Amount Rs. (in multiples of Rs. 500 only) Top-up Frequency Half - Yearly Annual			Half - Yearly Annual			ual Half - Yearly	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									
Sponsor Bank Code Utility Code									
	e, hereby auth	orize SBIMutua	al Fund		Т	o debit (Pleas	e ✓) SB/CA/CC/SB-I	NRE / SB-NRO / Other	
MODIFY CANCEL Bank A/c No.									
with Bank Name IFSC OR MICR OR MICR									
an amount of Rupees									
FREQUENCY: Weekly Monthly Quarterly As & when presented DEBIT TYPE : Fixed Amount									
Appln No. :									
I Agree for	r the debit of ma	andate processing charg	ges by the ba	ink whom I am au		ail ID: bit my account	as per latest schedule of charg	es of the bank.	
From Signature of 1st Bank Account Holder Signature of 2nd Bank Account Holder Signature of 3nd Bank Account Holder									

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.

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