20	S	B		N		U	T	U	A	L	F	U	N)
	A	Р	A	R	T	Ν	E	R	F	0	R	L	I	F	Е

S-2804/17

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 D	istributor	Branch Code (only for SBG)	Sub-Bro	ker ARN Cod	e Sub-Bro	oker Code	EUI Employee Unique Ide		Reference No.		
113651							E164733	·			
Declaration for "execution-only" to elationship manager/sales person of											
SIGNATURE(S)					• *						
				2 nd Applicant / A			3rd Applicant / Authorised Signatory				
TRANSACTION CHAI	RGES FOR AF	PLICATIONS THROU	JGH DISTR	IBUTORS/AGI	ENTS ONLY	, i i i i i i i i i i i i i i i i i i i					
In case the subscription am first time mutual fund invest	tor) will be deduct	ed from the subscription an	nount and paid	d to the distributor.	Units will be issu	, Rs. 150/- (for firs led against the ba	lance amount invest	ved.	- (for investor other than		
Folio No./Application	No.			INVESTOR	DETAILS						
Name of 1st Applicant											
SIP with Cheque No.:											
		1		2		3					
Scheme Name											
Plan	Regular	Direct		Regular	Direct		Regula	Direct			
Option	Growth	Growth Dividend Frequency			Dividen	d Frequency	Growth	Growth Dividend Frequency			
Dividend Facility	Reinvest	Payout		Reinvest	Payout		Reinve	st 📄 Payout			
Each SIP Instalment Amount											
SIP Frequency	Weekly	$(1^{st}, 8^{th}, 15^{th} \text{ and } 22^{nd})$		Weekly	y (1st, 8th, 15th a	and 22 nd)	U Wee	ekly (1 st , 8 th , 15 th			
			uarterly		/ (Default)	Quarter	·	thly (Default)	Quarterly		
SIP Date (for Monthly ୫	1 st	15 th 30 th (For Fe	ebruary, last business	1 st	15 th	(For February, last bu day)	usiness 1 st	15 th	(For February, last business		
Quarterly)	10 th	25 th		10 th	25 th	uay)	10 th	25 th	day)		
SIP Period	From	и м ү ү		From	MY	γγγγ	From	м м ү	ΥΥΥΥ		
	To OR 3 yrs	□ 5 yrs □ 10	Y	To M OR 3 yrs	5 yrs	Y Y Y	To OR3y	rs 🗌 5 yrs	Y Y Y		
	□15 yrs		yrs elect any one)		Perpet	10 yrs			10 yrs tual (Select any one)		
Use Existing One	-	andate (if already reg									
Bank Name				Bank A/c I	No						
		1	TOP-U	P SIP (all fie	lds mandat 2	ory)		3			
Top-up Amount Rs. (in multiples of Rs. 500	only)										
Top-up Frequency	H	lalf - Yearly	Annual		alf - Yearly	Annua 🗌		lalf - Yearly	Annual		
confirm and declare that the	, monies invested	particulars given in this mane by me in the schemes of SB	I Mutual Fund	do not attract the p	provisions of Fore	ign Contribution Re	egulations Act ("FCR/	A"). I/We are aware t	that SBI Mutual Fund and		
incorrect information, I/We	would not hold the	o process transactions by de user institution responsible. ase) and SIP installments in r	I/We will also i	inform SBI Mutual F	und/RTA about a	ny changes in my/c	our bank account. I/W	e confirm that the ag	gregate of the lump sum		
investments" only). The ARI from amongst which the Sc	N holder has disclo heme is being reco	osed to me/us all the commis ommended to me/us. I/We ha	sions (in the fo	orm of trail commis rstood and agreed t	sion or any other o the terms and c	mode), payable to onditions and cont	him for the different tents of the SID, SAI,	competing Schemes KIM and Addenda is	of various Mutual Funds		
	SBI Mutual Fund.	I/We hereby authorize the b	ank to honour	such payments for	which I/We have	signed and endors	sed the Mandate Forr	n.			
SIGNATURE(S)	pplicant / Guar	dian / Authorised Signa	atory	2 nd Applicant /	Authoricod Si	anatory	2rd Ann	licant / Authoris	ad Signatory		
				2 Applicant /							
	AL FUND	0	NE TIME	DEBIT MAN	DATE FORI	M (OTM)	-				
A PARTNER	FOR LIFE	UMRN					Date	D M M	Y Y Y Y		
Sponsor Bank Code				I	U	ility Code					
	e, hereby auth	norize SBI Mutua	al Fund		То	o debit (Please	e ✔) SB / CA	CC / SB-NRE	/ SB-NRO / Other		
MODIFY	nk A/c No.										
with Bank	1	k Name		IFSC			OR MI	CR			
an amount of Rupees						₹					
	reekly 🖂 M	onthly X Quarterly	/ 🖌 As 8	when present			Fixed Amoun	t 🖌 Maximun	n Amount		
Folio No.:				4		olie No.:					
Appln No. :	or the debit of m	andate processing charg	les hv the ba	ink whom I am a		ail ID:	as per latest schoo	ule of charges of	the bank		
PERIOD					anonzing to de	account a	יס אסי ומנסט פטוופר	are of charges Of			
From To 3 1 1	2 2 0 9	 g Signature of 1 st B	ank Accour	nt Holder	Signature of 2 ^r	d Bank Accoun	t Holder S	ignature of 3 rd B	ank Account Holder		
Or Until car					-						
		Name as in	Bank reco	rds	Name	as in Bank reco	ords	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 FORM (OTM)

- 1. Investors who have already submitted a 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 OTM form.
- 2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- 3. 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 guidelines.
- 4. Investors are deemed to have read and understood the terms and conditions of SIP, SID, SAI and KIM of the respective Scheme(s) of SBI Mutual Fund.
- 5. The UMRN, Sponsor Bank Code and Utility Code are meant for office use only and need not be filled by investors.
- 6. Please mention OTM date and OTM "From" Date in DD/MM/YYYY format.
- 7. For the convenience of investors, the frequency of the OTM mandate mentioned as "As & when presented" and OTM "To Date" mentioned as "31-12-2099".
- 8. Please provide all the required information / details in the OTM. First applicant/ unitholder must be one of the account holder in the bank account.

Mandatory fields to be mentioned by investor in One Time Debit Mandate (OTM):

- Date of Mandate
- Bank A/c Type
- Bank account number
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Folio No / Appln No
- Mandate Start date
- Mandate To date or Until Cancelled
- Signatures as per bank records
- Names as per bank records