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Until cancelled

SBI MUTUAL A PARTNER FO	R LIFE	SIP ENROLMI	ENT CLI	M ONE TH	/IE DERL	Γ ΜΔΝΩΔ	TF EQ	RM		S-2802/18
New investors s		ubscribing to the scheme throu		igh SIP must	submit this	Sub-Broker Code		Common Application Forn EUIN*		
ARN & Name of Distributor		(only for SBG)			Sub-Bro	oker Code		yee Unique Identification Number)		Reference No.
ARN-146262							E 253637		7	
eclaration for "execution-only" tra										
SIGNATURE(S)				<del>2.1</del> 2 1	, ,				<u> </u>	
1st App	olicant / Guardi	ian / Authorised Signat		2 <sup>nd</sup> Applicant / A			3	Brd Applican	t / Authorised	Signatory
<b>FRANSACTION CHAP</b>	RGES FOR AF	PLICATIONS THRO	JGH DISTR	IBUTORS/AGE	NTS ONLY					
n case the subscription amo irst time mutual fund investo			nount and paid	to the distributor.	Jnits will be issu				stor) or Rs. 100/-	(for investor other than
Folio No /Application	No		<u> </u>	NVESTOR	DETAILS					
Folio No./Application	INO.									
Name of 1st Applicant										
SIP 1st Cheque No/s :		1			2	2		3		
Scheme Name	eme Name		-					-		
Plan	n Regular		Direct		Direct	Direct		Regular Direct		
Option	Growth	Dividend Frequency		Regular	<del>''</del>	vividend Frequency		Growth Dividence		Frequency
Dividend Facility	Reinvest Payout			Reinvest	Payout			Reinvest Payout		
Each SIP										
nstalment Amount (₹)										
SIP Frequency	Weekly ( Monthly ( Half - Yea		Daily uarterly nnual	Weekly (* Monthly (* Half - Yea	•	d 22 <sup>nd</sup> )	aily	Weekly ( Monthly ( Half - Yea	,	22 <sup>nd</sup> ) Daily Quarterly Annual
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	1st 5th 10th (Defau	20 <sup>th</sup>	bruary, last business day)  date from 1 <sup>st</sup> to 30 <sup>th</sup> )	1st 5th 10th (Default)	15 <sup>th</sup> 20 <sup>th</sup> 25 <sup>th</sup>	30 <sup>th</sup> (For February, last bus	_ " -	1 <sup>st</sup> 5 <sup>th</sup> 10 <sup>th</sup> (Default)	15 <sup>th</sup> [ 20 <sup>th</sup> 25 <sup>th</sup>	30 <sup>th</sup> (For February, last business day)  (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )
SIP Period	From L To L OR 3 yrs 15 yrs	10	ť	From  To  OR 3 yrs 15 yrs	□ 5 yrs	□ 10 yrs	Select any one)	М	☐ 5 yrs	(auo king to the
Use Existing One	Time Debit Ma	andate (if already reg	istered in th							
Bank Name				Bank A/c N						
		1		TUP-UP	2				3	
Top-up Amount Rs. (in multiples of Rs. 500 c	only)									
Top-up Frequency  DECLARATION: I/We here I/We hereby confirm and of that SBI Mutual Fund and i not effected for reasons of account. I/We confirm that not exceed Rs. 50,000/- (Ri mode), payable to him for the terms and conditions a payments for which I/We I	eby declare that the matter that the different control that the matter that the matte	nonies invested by me in thers and bank are authorize and correct information, I/We the lump sum investment sand) (applicable for "Micropeting Schemes of various SID, SAI, KIM and Addentification in the SID, SAI, KIM and Addentificant bank and Addentification in the SID, SAI, KIM and Addentificant bank and Addentification in the SID, SAI, KIM and Addentificant bank and Addentification in the same support of the same suppor	he schemes of ed to process to would not hole to fresh purchase to investments us Mutual Fundants anda issued fro	are correct and ex f SBI Mutual Fund transactions by de d the user instituti se & additional pur " only). The ARN I ds from amongst v	do not attract the biting my/our basen responsible. It chase) and SIP wolder has discloyhich the Scheme.	he provisions of ank account thro I/We will also in installments in ro osed to me/us all ne is being recor	yments tow Foreign Cor ugh Direct I form SBI M Illing 12 mo I the commi mmended to	vards investmentribution ReDebit / NACHutual Fund/Ronths period coissions (in the property of the property)	gulations Act ("F I facility. If the tra TA about any ch or financial year i e form of trail co e have read, und	CRA"). I/We are aware insaction is delayed or hanges in my/our bank i.e. April to March does mmission or any other erstood and agreed to
 SBI MUTUA		ONE	TIME DI	EBIT MAN	DATE FO	RM (OTM	— — · 1)		. — — —	
A PARTNER F	FOR LIFE	UMRN					Date	D D	M M	Y Y Y
Sponsor Bank Code				Ī	U	tility Code				
	e, hereby auth	orize SBI Mutu	al Fund			o debit (Pleas	se ✓) S	B/CA/C	C / SB-NRE /	SB-NRO / Other
MODIFY	k A/c No.									
with Bank	Banl	k Name		IFSC				OR MICR		
an amount of Rupees						₹	<u> </u>			
REQUENCY: W	eekly 🛛 M	onthly   Quarterly	As &	when present	ed DE	BIT TYPE : [		Amount	✓ Maxir	num Amount
Folio No.:	· —					blie No.:	_			
Appln No. :	. 0	and the second second		]		ail ID:			.6.1	h. h. d
I Agree fo	r the debit of m	andate processing charg	ies by the ba	nk wnom I am au	morizina to de	DIT my account	as per late	est schedule	or charges of t	ne bank.

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.

Signature of 2<sup>nd</sup> Bank Account Holder

Signature of 3rd Bank Account Holder

Signature of 1st Bank Account Holder

## **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