

**COMMON APPLICATION FORM**
**FOR NEW INVESTORS - FRESH PURCHASE ONLY**

(Please fill in BLOCK Letters only)

(Please use financial transaction form for additional purchase)

Name & ARN Code / RIA Code** / PMRN	Branch Code (Only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Employee/ Reference No.
ARN-146262					

Declaration for "Execution-only" transaction (where the above EUIN box is left blank & no investment advice is solicited) / Registered Investment Advisor (RIA) Transaction:  
 \* 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 or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.  
 \*\* By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Advisor (RIA), the details of my / our transactions in the scheme(s) of SBI Mutual Fund.

SIGNATURE (S)	1 <sup>st</sup> Holder/Authorised Signatory/Guardian	2 <sup>nd</sup> Holder/Authorised Signatory	3 <sup>rd</sup> Holder/Authorised Signatory

**SECTION I - INDIVIDUAL INVESTOR / SOLE PROPRIETOR**

Investor Details	1 <sup>st</sup> Applicant/Minor	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Investor Name (As per Income Tax)			
PAN Number			
Date of Birth (As per Income Tax)	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Guardian Details (In case of Minor) (Please fill details as per Income Tax)	Guardian Name  Guardian PAN	Relationship with Minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian Guardian Date of Birth DD/MM/YYYY	Relationship Proof attached <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Court Order
Mode of Holding	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor(s) <i>(Joint applicants not allowed in case of Minor investment)</i>		
CKYC Number (KIN)			
Tax Status	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor <input type="checkbox"/> Resident Individual <input type="checkbox"/> PIO <input type="checkbox"/> Resident Individual <input type="checkbox"/> PIO <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non Repatriable) <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non Repatriable) <input type="checkbox"/> NRI (Repatriable) <input type="checkbox"/> NRI (Non Repatriable) <input type="checkbox"/> NRI - Minor (Repatriable) <input type="checkbox"/> NRI - Minor (Non Repatriable) <input type="checkbox"/> PIO <input type="checkbox"/> Sole Proprietor <i>(Please attach GST Certificate)</i>		
Power of Attorney (POA) Details - If applicable			
POA Holder Name			
PAN of POA Holder			
POA copy attached	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**SECTION II NON - INDIVIDUAL INVESTOR**

Investor Name (As per Income Tax)			
PAN Number	Date of Incorporation (As per Income Tax)	DD/MM/YYYY	CKYC Number (KIN)
Contact Person Name			
Legal Entity Identifier (LEI Copy to enclosed)	LEI No.	Validity DD/MM/YYYY	Note: LEI code mandatory if investment value is equal to or exceeds ₹ 50 crore limit.
Tax Status of Entity	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> Private Limited Company <input type="checkbox"/> AOP <input type="checkbox"/> NPO* <input type="checkbox"/> Bank & Institutions <input type="checkbox"/> HUF <input type="checkbox"/> Public Limited Company <input type="checkbox"/> BOI <input type="checkbox"/> NGO* <input type="checkbox"/> Gratuity Fund <input type="checkbox"/> LLP <input type="checkbox"/> Government Body <input type="checkbox"/> FOF <input type="checkbox"/> Trust* <input type="checkbox"/> Body Corporate <input type="checkbox"/> FI/FPFI <input type="checkbox"/> Pension & Retirement Fund <input type="checkbox"/> Society* <input type="checkbox"/> NPS Trust* <input type="checkbox"/> Others		
*NPO Declaration: (Mandatory for Trust & Society) (Please attach Darpan Certificate)	*I/We are Non-profit organisation (NPO) <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please quote registration number of Darpan Portal. We are falling under "Non-Profit organisation (NPO)" which has been constituted for religious or charitable purpose referred to in clause (15) of section 2 of Income-Tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State Legislation or Company Registered under the section 8 of the Companies Act, 2013 (18 of 2013). If not registered, please register immediately and confirm with the above information to avoid non processing of applications. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF/AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for any fines or consequences as required under the respective statutory requirement and authorise you to deduct such fines/charges under intimation to us or collect such fines/charges in any other manner as might be applicable.		
Other Details	Is the entity involved/providing any of the following service(s) :		YES NO
	For foreign exchange/money changer services		<input type="checkbox"/> <input type="checkbox"/>
	Money Lending/Pawning		<input type="checkbox"/> <input type="checkbox"/>
	Gaming/Gambling/Lottery services (eg Casinos/betting syndicates)		<input type="checkbox"/> <input type="checkbox"/>
Networth in Rs. (Not older than 1 year) Mandatory	Rs.		As on DD/MM/YYYY

**Note: Non-Individual Investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.**



### SECTION III - CONTACT & BANK DETAILS

Address for Communication	Correspondence Address (Address as per KRA records)		Overseas Address (Mandatory for NRI/PIO/FII applicant)	
	City/Town	Pin	City/Town	Zip
	State	Country	State	Country
	Tel. (Res.)	Tel. (Off.)	Tel. (Res.)	Tel. (Off.)
	Bank Name		Bank Account No.	
Bank Details (Please attach Bank Account proof)	Branch Name		IFSC	MICR (9 Digit)
	Branch Address		City	Pin code
	A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others			
Contact Details	1st Applicant/Minor		2nd Applicant	
Mobile Number	Country Code -		Country Code -	
Given Mobile Number Pertains to	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling
	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS
Email ID				
Given Email ID Pertains to	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children	<input type="checkbox"/> Self	<input type="checkbox"/> Dependent Children
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Parents
	<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Guardian	<input type="checkbox"/> Dependent Sibling
	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS	<input type="checkbox"/> Custodian	<input type="checkbox"/> POA <input type="checkbox"/> PMS

### SECTION IV - INVESTMENT DETAILS

Investment Type	<input type="checkbox"/> Lumpsum Investment		<input type="checkbox"/> Systematic Investment Plan (SIP) (Please Attach SIP & OTM Form)		<input type="checkbox"/> Lumpsum with SIP Investment (Please Attach SIP & OTM Form)
Scheme Details	Scheme 1 (Please provide separate cheque for each Scheme)		Scheme 2 (Please provide separate cheque for each Scheme)		Scheme 3 (Please provide separate cheque for each Scheme)
Scheme Name					
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Dividend)	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Dividend)	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Dividend)	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Dividend)	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Dividend)
IDCW Facility	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvest
IDCW Transfer Details (If selected IDCW transfer)	<input type="checkbox"/> Transfer (In case you wish to transfer IDCW amount to other scheme)		<input type="checkbox"/> Transfer (In case you wish to transfer IDCW amount to other scheme)		<input type="checkbox"/> Transfer (In case you wish to transfer IDCW amount to other scheme)
IDCW Frequency	To Scheme Name		To Scheme Name		To Scheme Name
	Plan	Option	Plan	Option	Plan
	IDCW Facility	IDCW Frequency	IDCW Facility	IDCW Frequency	IDCW Facility
IDCW Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Fortnightly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Daily <input type="checkbox"/> Fortnightly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Daily <input type="checkbox"/> Fortnightly <input type="checkbox"/> Quarterly
	Cheque No. / UTR No. / Reference No.		Cheque No. / UTR No. / Reference No.		Cheque No. / UTR No. / Reference No.
	Cheque Date DD / MM / YYYY		Cheque Date DD / MM / YYYY		Cheque Date DD / MM / YYYY
Amount in Rs.					
Amount in Words					
Drawn on	Bank Name		Bank Name		Bank Name
	Branch Name		Branch Name		Branch Name
	Bank A/c No.		Bank A/c No.		Bank A/c No.
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque <input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque <input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque <input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque <input type="checkbox"/> RTGS/NEFT
	<input type="checkbox"/> Fund Transfer <input type="checkbox"/> OTM	<input type="checkbox"/> Fund Transfer <input type="checkbox"/> OTM	<input type="checkbox"/> Fund Transfer <input type="checkbox"/> OTM	<input type="checkbox"/> Fund Transfer <input type="checkbox"/> OTM	<input type="checkbox"/> Fund Transfer <input type="checkbox"/> OTM
DEMAT Details (Please provide details ONLY if you wish to hold units in / under Demat)	Depository Participant Name		Proof Attached <input type="checkbox"/> Latest Client Master <input type="checkbox"/> Demat Account Statement		
	<input type="checkbox"/> National Securities Depository Limited (NSDL)		<input type="checkbox"/> Central Depository Securities (India) Limited (CDSL)		
	DP ID & Beneficiary Account No.		Beneficiary Account No.		

Note: The sequence of names as mentioned in the MF application form should be as per the sequence of names in Demat account.

Contd.



SECTION V - FATCA & CRS INFORMATION MANDATORY FOR INDIVIDUAL / SOLE PROPRIETOR				
Non-Individual Investors should Mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.				
FATCA & CRS	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Country of Birth				
Place/City of Birth				
Nationality				
Is the applicant(s) Country of Birth/ Nationality/Tax Residency other than India	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please provide following information:				
Country of Tax Residency 1				
Identification Type				
Tax Payer Ref ID No.				
Country of Tax Residency 2				
Identification Type				
Tax Payer Ref ID No.				
Country of Tax Residency 3				
Identification Type				
Tax Payer Ref ID No.				
<b>Note:</b> In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is available or has not yet been issued, please provide an Explanation and attach this to the form. (Please attach additional sheet if necessary and mention all countries in which applicant is a tax resident and provide relevant details)				

SECTION VI - OTHER PERSONAL INFORMATION				
Other Information	1 <sup>st</sup> Applicant/Minor	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant	Guardian
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Father's Name				
Spouse Name				
Occupation	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector
	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor	<input type="checkbox"/> Government Service <input type="checkbox"/> Doctor
	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Professional
	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture <input type="checkbox"/> Retired
	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife	<input type="checkbox"/> Student <input type="checkbox"/> House Wife
	<input type="checkbox"/> Others (Please Specify)	<input type="checkbox"/> Others (Please Specify)	<input type="checkbox"/> Others (Please Specify)	<input type="checkbox"/> Others (Please Specify)
Gross Income Range (in Rs.)  OR Networth in Rs. (Not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs
	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs
	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr	<input type="checkbox"/> 25 lacs - 1 Cr <input type="checkbox"/> 1-5 Cr
	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr	<input type="checkbox"/> 5-10 Cr <input type="checkbox"/> > 10cr
	Rs.	Rs.	Rs.	Rs.
	As on DD/MM/YYYY	As on DD/MM/YYYY	As on DD/MM/YYYY	As on DD/MM/YYYY
Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
Type of Address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office

Contd...



## ACKNOWLEDGMENT SLIP

Application No.:

Name of the Investor	ARN No.:		EUIIN No.:	
	Scheme Name:			
Investment Details	Date: DD/MM/YYYY	Amount:	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW
	Cheque/UTR No.:		Signature, Date & Stamp	
	Bank & Branch Name:			







**SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM**

New investors subscribing to the scheme through SIP must submit this Form along with Common Application Form

ARN & Name of Distributor	Branch Code (only for BIC)	Sub-Broker ARN Code	Sub-Broker Code	EUIIN* (Employee Unique Identification Number)	Reference No.
ARN-146262					

Declaration for "execution-only" transaction (only where EUIIN box is left blank): \* I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employed relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)	1 <sup>st</sup> Applicant / Guardian / Authorised Signatory	2 <sup>nd</sup> Applicant / Authorised Signatory	3 <sup>rd</sup> 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

**INVESTOR DETAILS**

Folio No./Application No.			
Name of 1 <sup>st</sup> Applicant			
SIP Cheque No/s :			
Scheme Name			
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> Frequency	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> Frequency	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> Frequency
Income Distribution cum Capital Withdrawal (IDCW) Facility	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout
Each SIP Instalment Amount (₹)			
SIP Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 25 <sup>th</sup> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 25 <sup>th</sup> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 25 <sup>th</sup> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )
(for Weekly Fixed Date or Day)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)
SIP Period	From To OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 40 yrs	From To OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 40 yrs	From To OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 40 yrs

☐ Use Existing One Time Debit Mandate (if already registered in the Folio)

Bank Name Bank A/c No

**TOP-UP SIP (Select anyone % or Amount)**

Top-Up Percentage (in multiples of 5% only) OR Top-Up Amount Rs. (in multiples of Rs. 500 only)	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other OR Amount Rs.	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other OR Amount Rs.	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other OR Amount Rs.
Top-Up Frequency	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual

**TOP-UP SIP CAP (Investor has to choose only one option)**

Top-Up SIP CAP Amount ₹ (maximum SIP instalment including Top-Up amount)			
Top-Up SIP CAP Month-Year	M M Y Y Y Y Y	M M Y Y Y Y Y	M M Y Y Y Y Y

**DECLARATION :** I/We hereby declare that the particulars given in this mandate form are correct and express my/our 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 or 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 Addendum 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.

**ONE TIME DEBIT MANDATE FORM (OTM)**

**SBI MUTUAL FUND** UMRN Date

Sponsor Bank Code Utility Code

CREATE ☒ I/We, hereby authorize **SBI Mutual Fund** To debit (Please ☒) **SB / CA / CC / SB-NRE / SB-NRO / Other**

MODIFY Bank A/c No.

CANCEL

with Bank Bank Name IFSC OR MICR

an amount of Rupees ₹

FREQUENCY: ☒ Weekly ☒ Monthly ☒ Quarterly ☒ As & when presented DEBIT TYPE: ☒ Fixed Amount ☒ Maximum Amount

Folio No. Mobile No.:

Appin No. Email ID:

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From To

Signature of 1<sup>st</sup> Bank Account Holder Signature of 2<sup>nd</sup> Bank Account Holder Signature of 3<sup>rd</sup> Bank Account Holder

Name as in Bank records 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/We are authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me/us. I/We have understood that I/We are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I/We have authorized the debit.