SBI MUTUAL FUND A PARTNER FOR LIFE

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

SIP ECS/DIRECT DEBIT FACILITY : REGISTRATION CUM MANDATE FORM

New 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	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-3852			E029058	

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

* 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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 16)

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.

Please (✓) ☐ SIP Registration ☐ SIP Renewal ☐ SIP - 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

First Applicant / Guardian	Second Applicant	Third Applicant
Mandatory Enclosures	**Mandatory Enclosures**	**Mandatory Enclosures**
☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement

PAN Exempt KYC Ref no (PEKRN for Micro investments) -

SIP DETAILS (ECS in select cities or Direct Debit in select banks only) (SEE NOTE 12 &13)

☐ SIP with Cheque ☐ SIP without Cheque

Scheme Name

Plan (Please ✓)	☐ Regular	☐ Direct
Option (Please ✓)	☐ Growth ☐ Dividend ☐ Bonus	
Dividend Facility (Please ✓)	☐ Reinvestment	☐ Payout

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 ☐ Quarterly

SIP Period From D D M M Y Y Y Y To D D M M Y Y Y Y OR ☐ 3 years ☐ 5 years ☐ 10 years ☐ 15 years ☐ Perpetual (Select any one)

TOP-UP SIP (SEE NOTE 12 &13)

Top up Amount Rs. (in multiples of Rs. 500 only) **Top-up Frequency** (Please ✓ any one) ☐ Half - Yearly ☐ Annual

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.

Account Type (Please ✓): ☐ Savings ☐ NRO ☐ FCNR ☐ Current ☐ NRE ☐ Others

9 digit MICR Code (This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)

IFS Code

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 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 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** D D M M Y Y Y Y

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

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SBI MUTUAL FUND A PARTNER FOR LIFE **ARN-3852**

ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

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