

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 Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
Systematrix ARN: 64917				E-029678	

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 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)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

Upright 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

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 1 st Applicant			
SIP with Cheque No.:			
	1	2	3
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"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <u>Frequency</u>	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <u>Frequency</u>
Dividend 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"/> Weekly (1 st , 8 th , 15 th and 22 nd) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly (1 st , 8 th , 15 th and 22 nd) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	<input type="checkbox"/> Weekly (1 st , 8 th , 15 th and 22 nd) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly
SIP Date (for Monthly & Quarterly)	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <small>(For February, last business day)</small>	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <small>(For February, last business day)</small>	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <small>(For February, last business day)</small>
SIP Period	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Select any one)	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Select any one)	From <input type="text"/> To <input type="text"/> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Select any one)

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


 Bank Name Bank A/c No
TOP-UP SIP (all fields mandatory)

	1	2	3
Top-up Amount Rs. (in multiples of Rs. 500 only)			
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

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.

SIGNATURE(S)			
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ONE TIME DEBIT MANDATE FORM (OTM)

 SBI MUTUAL FUND A PARTNER FOR LIFE	UMRN <input type="text"/>	Date <input type="text"/>
Sponsor Bank Code <input type="text"/>	Utility Code <input type="text"/>	
CREATE <input checked="" type="checkbox"/>	I/We, hereby authorize SBI Mutual Fund	To debit (Please <input checked="" type="checkbox"/>) <input type="text"/>
MODIFY <input type="checkbox"/>	Bank A/c No. <input type="text"/>	
CANCEL <input type="checkbox"/>	with Bank <input type="text"/>	IFSC <input type="text"/>
	an amount of Rupees <input type="text"/>	OR MICR <input type="text"/>
FREQUENCY: <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE: <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Folio No.: <input type="text"/>	Moblie No.: <input type="text"/>	
Appln No. : <input type="text"/>	Email ID: <input type="text"/>	
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 <input type="text"/>	Signature of 1 st Bank Account Holder	Signature of 2 nd Bank Account Holder
To <input type="text"/>		
Or <input type="checkbox"/> Until cancelled	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 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