

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

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

Table with 5 columns: ARN & Name of Distributor, Branch Code, Sub-Broker ARN Code, Sub-Broker Code, EUIN\*, Reference No.

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.

Table for SIGNATURE(S) with 3 columns: 1st Applicant / Guardian / Authorised Signatory, 2nd Applicant / Authorised Signatory, 3rd 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

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

Main investor details form with fields for Folio No./Application No., Name of 1st Applicant, SIP Cheque No/s, Scheme Name, Plan, Option, Income Distribution cum Capital Withdrawal (IDCW) Facility, Each SIP Instalment Amount, SIP Frequency, SIP Date, SIP Period.

Use Existing One Time Debit Mandate (if already registered in the Folio) section with Bank Name and Bank A/c No fields.

TOP-UP SIP (Select anyone % or Amount) section with fields for Top-Up Percentage, Top-Up Amount Rs., Top-Up Frequency.

TOP-UP SIP CAP (Investor has to choose only one option) section with Top-Up SIP CAP Amount and Top-Up SIP CAP Month-Year fields.

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").

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN and Date fields for the One Time Debit Mandate Form.

Sponsor Bank Code and Utility Code fields.

CREATE, MODIFY, CANCEL buttons and I/We, hereby authorize SBI Mutual Fund To debit (Please check) SB / CA / CC / SB-NRE / SB-NRO / Other.

with Bank fields for Bank Name, IFSC, OR MICR.

an amount of Rupees field.

FREQUENCY: Weekly, Monthly, Quarterly, As & when presented; DEBIT TYPE: Fixed Amount, Maximum Amount.

Folio No. and Moblie No. fields.

Appln No. and Email ID fields.

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 section with From/To date pickers and Signature of 1st, 2nd, and 3rd Bank Account Holder fields.

Name as in Bank records for each signature holder.

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.

## MITRA SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

(New investors subscribing to this option must submit this Form alongwith Common Application Form)

ARN & Name of Distributor	Branch Code <small>(only for SBG)</small>	Sub-Broker ARN Code	Sub-Broker Code	EUNIN* <small>(Employee Unique Identification Number)</small>	Reference No.
ARN-64917				E434563	

**Declaration for "execution-only" transaction (only where EUNIN box is left blank) :** I/We hereby confirm that the EUNIN 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)		
<b>1<sup>st</sup> Applicant / Guardian / Authorised Signatory</b>	<b>2<sup>nd</sup> Applicant / Authorised Signatory</b>	<b>3<sup>rd</sup> Applicant / Authorised Signatory</b>

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

### 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 <sup>st</sup> Applicant	
SIP Cheque No/s	
Scheme Name	SBI _____ Plan: _____ Option: Growth (Default) <small>(List of eligible schemes are given in terms and conditions, refer point no. 3)</small>
SIP Amount (Rs.)	SIP Frequency : Monthly (Default)
SIP Start Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
SIP Tenure	<input type="checkbox"/> 8 Years <input type="checkbox"/> 10 Years <input type="checkbox"/> 12 Years <input type="checkbox"/> 15 Years <input type="checkbox"/> 20 Years <input type="checkbox"/> 25 Years <input type="checkbox"/> 30 Years
Switch-In/SWP Scheme Name (Post completion of SIP Tenure)	SBI _____ Plan: _____ Option: Growth (Default) <small>(List of eligible schemes are given in terms and conditions, refer point no. 3 or mention the same scheme as SIP scheme)</small>
SWP Date: Same as SIP Date	SWP Frequency : Monthly (Default)

SWP Amount (tick any one of the option below from A Or B)

A. As per below matrix basis SIP tenure

SIP Tenure	8 Years	10 Years	12 Years	15 Years	20 years	25 years	30 Years
SWP Amount	1 x SIP Instalment Amount	1.5 x SIP Instalment Amount	2 x SIP Instalment Amount	3 x SIP Instalment Amount	5 x SIP Instalment Amount	8 x SIP Instalment Amount	12 x SIP Instalment Amount

OR

B. Any other Amount (Rs.) \_\_\_\_\_ (This amount should be less than or equal to SWP amount mentioned as per the matrix above)

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

Bank Name \_\_\_\_\_ Bank A/c No \_\_\_\_\_

### TOP-UP SIP

Top-Up Percentage <small>(in multiples of 5% only)</small>	<input type="checkbox"/> 5% <input type="checkbox"/> 10%           OR <input type="checkbox"/> Other _____
Top-Up Amount Rs. <small>(in multiples of Rs. 500 only)</small>	Amount Rs. _____
Top-Up Frequency	<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 ₹ <small>(maximum SIP installment including Top-Up amount)</small>	OR
Top-Up SIP CAP Month-Year	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="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 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 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)

UMRN \_\_\_\_\_ Date

Sponsor Bank Code \_\_\_\_\_ Utility Code \_\_\_\_\_

CREATE <input checked="" type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL <input type="checkbox"/>	I/We, hereby authorize <b>SBI Mutual Fund</b>	To debit (Please <input checked="" type="checkbox"/> ) <input type="text" value="SB / CA / CC / SB-NRE / SB-NRO / Other"/>
	Bank A/c No. _____	

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.: \_\_\_\_\_ Moblie No.: \_\_\_\_\_

Appln 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.

<b>PERIOD</b> From <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> To <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	_____ Signature of 1 <sup>st</sup> Bank Account Holder _____ Name as in Bank records	_____ Signature of 2 <sup>nd</sup> Bank Account Holder _____ Name as in Bank records	_____ Signature of 3 <sup>rd</sup> Bank Account Holder _____ Name as in Bank records
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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 me/us and signed by me. 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.

**SYSTEMATIC TRANSFER PLAN ENROLLEMENT FORM (Please fill in BLOCK Letters)**

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-64917				E434563	

**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

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 (MANDATORY)**

**EXISTING FOLIO NO./ APPLICATION NO.**  
 (For existing unitholders) (For new investors)

Name (Mr/Ms/M/s)

E-mail ID

Mobile No.

**PAN DETAILS**

First Applicant / Guardian	Second Applicant	Third Applicant
Mandatory Enclosures	Mandatory Enclosures	Mandatory Enclosures
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement

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

**STP DETAILS**

Type of STP (Please ✓ the Option)	<input type="checkbox"/> Regular STP	<b>For Swing STP</b>		
	<input type="checkbox"/> Flex STP	<input type="checkbox"/> Normal STP	<input type="checkbox"/> Top-up STP	
	<input type="checkbox"/> CASTP	<input type="checkbox"/> Top-up amount _____	<input type="checkbox"/> Top-up percentage _____ (annualised)	
	<input type="checkbox"/> Swing STP	Whether existing investment amount in Target scheme to be considered for calculation of swing STP amount		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
STP Frequency & Enrolment Period (For Daily, Monthly, Quarterly)	<input type="checkbox"/> Daily <input type="checkbox"/> Quarterly	STP Installment Amount (Rs.)	STP From	STP To
	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly			
(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)		D D M M Y Y Y Y	D D M M Y Y Y Y
STP Date (For Monthly or Quarterly)	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> _____ (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )			
Scheme Details	From (Scheme)		To (Scheme)	
	Scheme			
	Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Plan (✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
	Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Option (✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend
			Dividend Facility(✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer
	In case of Dividend Transfer facility, please mention target scheme along with plan/option.			
	<b>Scheme / Plan / Option</b>			

**DECLARATION** I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We certify that the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA). 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 certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust. \*\* I/We confirm that I/We am/are Non Resident of Indian Nationality/Origin and I/We hereby confirm that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account. \*\*\* I/We hereby declare that I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand).

\* Applicable to other than Individuals / HUF; \*\* Applicable to NRIs; \*\*\* Applicable to "Micro investments";

SIGNATURE(S) Applicants must sign as per mode of holding			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

Date		Place	
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**SYSTEMATIC WITHDRAWAL PLAN ENROLMENT FORM (Please fill in BLOCK Letters)**
**INVESTOR DETAILS (MANDATORY)**
**EXISTING FOLIO NO./ APPLICATION NO.**  
 (For existing unitholders) (For new investors)

**Name**  
 (Mr/Ms/M/s)

**E-mail ID**
**Mobile No.**
**SWP DETAILS**

	1		2		3	
<b>Scheme Name</b>						
<b>Plan</b>	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
<b>Option</b>	<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>
<b>Dividend Facility</b>	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Payout
<b>SWP Instalment Amount</b>						
<b>SWP Frequency</b>	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Daily <input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Daily <input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Daily <input type="checkbox"/> Half - Yearly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly <input type="checkbox"/> Annual
<b>SWP Date</b> (for Monthly, Quarterly, Half-Yearly & Annual)	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> (Any other date from 1 <sup>st</sup> to 30 <sup>th</sup> )	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> (Default) <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 30 <sup>th</sup> (For February, last business day) <input type="checkbox"/> (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) <input type="checkbox"/> (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) <input type="checkbox"/> (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) <input type="checkbox"/> (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) <input type="checkbox"/> (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) <input type="checkbox"/> (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) <input type="checkbox"/> (Monday to Friday)
<b>SWP Period</b>	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Perpetual	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Perpetual	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Perpetual	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Perpetual	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Perpetual	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> Perpetual

**DECLARATION** I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. I/We certify that the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA).

\* I/We certify that as per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust. \*\* I/We confirm that I/We am/are Non Resident of Indian Nationality/Origin and I/We hereby confirm that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Account.

\* Applicable to other than Individuals / HUF; \*\* Applicable to NRIs

<b>SIGNATURE(S)</b> Applicants must sign as per mode of holding in the Folio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>1<sup>st</sup> Applicant / Guardian / Authorised Signatory</b>	<b>2<sup>nd</sup> Applicant / Authorised Signatory</b>	<b>3<sup>rd</sup> Applicant / Authorised Signatory</b>
Date	Place		