

COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES (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.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction 1 (p))

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

EXISTING FOLIO NO.		NAME	
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1. FIRST APPLICANT DETAILS

Name (Mr. / Ms. / M/s.)
(Name should be as per PAN / Aadhaar Card)

Name of Guardian (in case of Minor)

Relationship of Guardian Father Mother Legal Guardian [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]

PAN/PEKRN NO. Date of Birth

KIN (CKYC Identification No.) AADHAAR No #

Email ID Telephone (O)

Mobile No. Telephone (R)

Country Code

Correspondence Address of 1st Applicant

City

Pin State

Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default Foreign

Foreign Address (Mandatory for NRI / FI)

City

Zip Country

TIME STAMP HERE

2. MODE OF HOLDING (Please ✓)

Single Joint Anyone or Survivor

3. JOINT APPLICANT DETAILS

	Second Applicant	Third Applicant
Name (Name should be as per PAN / Aadhaar Card)	<input type="text"/>	<input type="text"/>
PAN/PEKRN (Enclose KYC Acknowledgement)	<input type="text"/>	<input type="text"/>
KIN (CKYC Identification No.)	<input type="text"/>	<input type="text"/>
AADHAAR No #	<input type="text"/>	<input type="text"/>

4. BANK ACCOUNT (Pay Out) Details of First Applicant (Mandatory to attach bank account proof in case the payout bank account is different from the source/investment bank account)

Name of Bank

Branch Name and Address

City Pin

Account No.

IFS Code (Please provide a copy of CANCELLED cheque leaf)

9 digit MICR Code

Account Type (Please ✓)		
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others

TEAR HERE

(To be filled in by the First applicant/Authorized Signatory) : Received from : <input type="text"/>							Signature, Date & Stamp
Scheme Name	Plan (✓)	Option (✓)	Dividend Facility(✓)	Cheque/ DD Amount (Rs.)	Bank and Branch	Cheque / DD No. & Date	
	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments					All purchases are subject to realisation of cheque / demand draft		

5. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-1).

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?

First Applicant (including Minor)	Second Applicant	Third Applicant
<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 the following information (mandatory):

Details	First Applicant (including Minor)	Second Applicant	Third Applicant
Country of Birth			
Place/City of Birth			
Nationality			
Country of Tax Residency 1			
Tax Payer Ref. ID No [^]			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No.2			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or Other, Please specify]			

[^] In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. (Please attach additional sheets if necessary and mention all countries in which applicant is a tax resident & provide relevant details)

6. INVESTMENT AND PAYMENT DETAILS

One time Investment Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form)

Scheme Name			
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of Dividend Transfer facility, please mention target scheme along with plan/option.	
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Frequency	Scheme / Plan / Option	
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer		
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD (Third Party Declaration Mandatory) <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS		
Cheque / D.D. No. & Date	Cheque / DD Amount (Rs.)	Drawn on Bank and Branch	

7. TAX STATUS (Please ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Society	<input type="checkbox"/> LLP
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Trust	<input type="checkbox"/> PIO
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> NPO _____ [Please specify]
<input type="checkbox"/> NRI - Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> Others _____ [Please specify]
<input type="checkbox"/> NRI - Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	
<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	
<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	

8. DEMAT ACCOUNT DETAILS (OPTIONAL)

If you wish to hold units in Demat mode, please provide below details and enclose Latest Client Master / Demat Account Statement
Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name _____	Depository Participant Name _____
DP ID No. <input type="text" value="I"/> <input type="text" value="N"/> _____	Target ID No. _____
Beneficiary Account No. _____	_____

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned.

----- TEAR HERE -----

Any communication in connection with this application should be addressed to the Registrar or the Investment Manager

Investment Manager :
SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai - 400 051
Tel: 022- 61793511
Email: customer.delight@sbimf.com

TOLL FREE NO : 1800 425 5425
Website : www.sbimf.com

Registrar:
Computer Age Management Services Pvt. Ltd.,
SEBI Registration No. : INR000002813)
Rayala Towers, 158, Anna Salai, Chennai - 600 002
Tel: 022 - 2778 6501/ 6551
Email: enq_L@camsonline.com
Website: www.camsonline.com

9. OTHER PERSONAL INFORMATION – (Please ✓)

	First Applicant	Second Applicant	Third Applicant
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
Father's Name			
Spouse's Name			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation (Please ✓)	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____
Gross Annual Income in Rs. (Please ✓):	<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"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<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"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<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"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.
OR Network in Rs.			
Network as of date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office

10. NOMINATION : I wish to nominate the following person/s to receive the proceeds in the event of my death. (With effect from 01/04/2011, for individual investors applying with single holding, Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11)

	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee			
Name of the Guardian (In case Nominee is Minor)			
Percentage (Mandatory if more than one Nominee)			
Relationship with Nominee			
Date of Birth* (Mandatory if Nominee is Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee)	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. NOMINATION : I do not wish to nominate any person at the time of making the investment.

Signature

12. INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION

Name of Contact Person

Is the entity involved / providing any of the following services Yes No Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) Yes No
 For Foreign Exchange / Money Changer Services Yes No Money Lending / Pawning Yes No

NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.

13. DECLARATION : I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that (i) I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment; (ii) the amount invested to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the 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; (iii) the monies invested by me in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"); (iv) I/We am/are aware that a U.S. person (within the definition of the term "US Person" under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/resident of Canada; (v) the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us; (vi) * 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; (vii) ** I/We am/are Non Resident of Indian Nationality/Origin and 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; (viii) *** 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); (ix) all information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting; (x) that we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/ agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same; (xi) I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time; (xii) Towards compliance with tax information sharing laws, such as FATCA and CRS: (a) the Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided; (b) In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities; (c) I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto; (d) as may be required by domestic or overseas regulators/tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/our account or close or suspend my account(s) and (e) I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency; (f) I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same. (xiii) If the name given in the Application is not matching PAN/Aadhar card, application may liable to get rejected or further transactions may be liable to get rejected

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

I/We hereby provide my/our consent for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

SIGNATURE(S) (ALL Applicants must sign)	<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"/>
1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory	
Date	Place		

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.

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

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 1 st Cheque No/s :						
	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"/> Half - Yearly <input type="checkbox"/> Annual		<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"/> Half - Yearly <input type="checkbox"/> Annual		<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"/> Half - Yearly <input type="checkbox"/> Annual	
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th (For February, last business day) <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th (Default) <input type="checkbox"/> 25 th (Any other date from 1 st to 30 th)		<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th (For February, last business day) <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th (Default) <input type="checkbox"/> 25 th (Any other date from 1 st to 30 th)		<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th (For February, last business day) <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th (Default) <input type="checkbox"/> 25 th (Any other date from 1 st to 30 th)	
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 (Default) (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 (Default) (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 (Default) (Select any one)	

<input type="checkbox"/> Use Existing One Time Debit Mandate (if already registered in the Folio)	
Bank Name <input type="text"/>	Bank A/c No <input type="text"/>

TOP-UP SIP

	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.

ONE TIME DEBIT MANDATE FORM (OTM)

UMRN Date

Sponsor Bank Code Utility Code

CREATE I/We, hereby authorize **SBI Mutual Fund** To debit (Please ✓)

MODIFY

CANCEL

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.

PERIOD

From

To

Or Until cancelled

Signature of 1st Bank Account Holder Signature of 2nd Bank Account Holder Signature of 3rd 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 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 (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