

**COMMON APPLICATION FORM FOR EQUITY ORIENTED SCHEMES (Please fill in BLOCK Letters)**

| ARN & Name of Distributor | Branch Code<br>(only for SBG) | Sub-Broker ARN Code | Sub-Broker Code | EUIN*<br>(Employee Unique Identification Number) | Reference No. |
|---------------------------|-------------------------------|---------------------|-----------------|--|---------------|
| ARN-83784                 |                               |                     |                 | E069303  |               |

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 <sup>st</sup> Applicant / Guardian / Authorised Signatory | 2 <sup>nd</sup> Applicant / Authorised Signatory | 3 <sup>rd</sup> Applicant / Authorised Signatory |

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (SEE NOTE 15)**

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 |
|--------------------|------|

**1. FIRST APPLICANT DETAILS**

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

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. (Enclose KYC Acknowledgement) Date of Birth

Legal Entity Identifier (LEI) for Non-Individuals Validity

KIN (CKYC Identification No.)

Email ID

Email ID pertains to  Self(default)  Spouse  Dependent Children  Dependent Sibling  Dependent Parents  Guardian  PMS  Custodian  POA

Mobile No. (Country Code) Telephone (O) Telephone (R)

Mobile No. pertains to  Self(default)  Spouse  Dependent Children  Dependent Sibling  Dependent Parents  Guardian  PMS  Custodian  POA

Correspondence Address of 1st Applicant

City

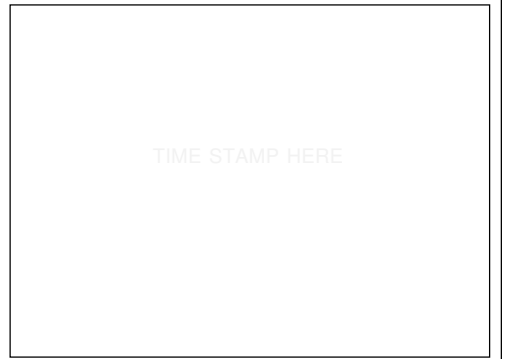
Pin State

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

Foreign Address (Mandatory for NRI / Fill)

City

Zip Country



**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)        |                  |                 |
| PAN/PEKRN (Enclose KYC Acknowledgement) |                  |                 |
| KIN (CKYC Identification No.)           |                  |                 |

**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.

IFSC 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 |

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(To be filled in by the First applicant/Authorized Signatory) :  
Received from :

| Scheme Name | Plan (✓)  | Option (✓)   | IDCW Facility(✓)  | Cheque/ DD Amount (Rs.) | Bank and Branch | Cheque / DD No. & Date | Signature, Date & Stamp |
|-------------|---|--|---|-------------------------|-----------------|------------------------|-------------------------|
|             | <input type="checkbox"/> Regular<br><input type="checkbox"/> Direct | <input type="checkbox"/> Growth<br><input type="checkbox"/> IDCW | <input type="checkbox"/> Reinvestment<br><input type="checkbox"/> Payout<br><input type="checkbox"/> Transfer |                         |                 |                        |                         |

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 <sup>^</sup>                  |                                   |                  |                 |
| 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] |                                   |                  |                 |

<sup>^</sup> 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)

|  |  |   |  |
|--|--|---|--|
| <b>Scheme Name</b>   |  |   |  |
| <b>Plan</b> (Please ✓)   | <input type="checkbox"/> Regular <input type="checkbox"/> Direct   | In case of IDCW Transfer facility, please mention target scheme along with plan/option. |  |
| <b>Option</b> (Please ✓)   | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> Frequency   | <b>Scheme / Plan / Option</b> _____   |  |
| <b>Income Distribution cum Capital Withdrawal (IDCW) Facility</b> (Please ✓) | <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer  |   |  |
| Please refer to Note 28 for details of IDCW renaming                         |  |   |  |
| <b>Payment Mode</b>  | <input type="checkbox"/> Cheque <input type="checkbox"/> DD (Third Party Declaration Mandatory) <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS |   |  |
| <b>Cheque / D.D. No. &amp; Date</b>  | <b>Cheque / DD Amount (Rs.)</b>  | <b>Drawn on Bank and Branch</b>   |  |
|  |  |   |  |

**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 _____    |
| <input type="checkbox"/> NRI - Minor (Repatriable)         | <input type="checkbox"/> Body Corporate              | <input type="checkbox"/> Fund of Fund    | [Please specify]                      |
| <input type="checkbox"/> NRI - Minor (Non-Repatriable)     | <input type="checkbox"/> Partnership Firm            | <input type="checkbox"/> Gratuity Fund   | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Sole-Proprietor                   | <input type="checkbox"/> FII / FPI                   | <input type="checkbox"/> AOP             | [Please specify]                      |
| <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"/> _____ | Beneficiary Account No. _____                      |
| Beneficiary Account No. _____   | _____  |

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

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

**Investment Manager :**

SBI Funds Management 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- 61793537  
Email: customer.delight@sbimf.com

**TOLL FREE NO : 1800 425 5425/1800 2093333**  
**ALTERNATE NON TOLL FREE NO. :**  
**+91-22-62511600 / +91-80-25512131**  
**Website : www.sbimf.com**

**Registrar:**

Computer Age Management Services Ltd.,  
SEBI Registration No. : INR000002813)  
Rayala Towers, 158, Anna Salai, Chennai - 600 002  
Email: enq\_sbimf@camsonline.com  
Website: www.camsonline.com

**9. OTHER PERSONAL INFORMATION – (Please ✓)**

|   | First Applicant  | Second Applicant<br>(NA in case of investments from minors)  | Third Applicant<br>(NA in case of investments from minors)   |
|---|--|--|--|
| <b>Gender</b>                                 | <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   |
| <b>Father's Name</b>                          |  |  |  |
| <b>Spouse's Name</b>                          |  |  |  |
| <b>Date of Birth</b>                          | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| <b>Occupation (Please ✓)</b>                  | <input type="checkbox"/> Professional <input type="checkbox"/> Business<br><input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist<br><input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired<br><input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife<br><input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer<br><input type="checkbox"/> Doctor<br><input type="checkbox"/> Others _____ | <input type="checkbox"/> Professional <input type="checkbox"/> Business<br><input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist<br><input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired<br><input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife<br><input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer<br><input type="checkbox"/> Doctor<br><input type="checkbox"/> Others _____ | <input type="checkbox"/> Professional <input type="checkbox"/> Business<br><input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist<br><input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired<br><input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife<br><input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer<br><input type="checkbox"/> Doctor<br><input type="checkbox"/> Others _____ |
| <b>Gross Annual Income in Rs. (Please ✓):</b> | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs<br><input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs<br><input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.  | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs<br><input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs<br><input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.  | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs<br><input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs<br><input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.  |
| <b>OR Network in Rs.</b>                      |  |  |  |
| <b>Network as of date</b>                     | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| <b>Politically Exposed Person [PEP]</b>       | <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   |
| <b>Type of address given at KRA</b>           | <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/We wish to nominate the following person/s to receive the proceeds in the event of death. (For individual investors, Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11)**

| NA in case of investment from minors  | Nominee 1                     | Nominee 2                     | Nominee 3                     |
|---|-------------------------------|-------------------------------|-------------------------------|
| <b>Name of the Nominee</b>  |                               |                               |                               |
| <b>PAN of the Nominee</b>   |                               |                               |                               |
| <b>Name of the Guardian (In case Nominee is Minor)</b>                              |                               |                               |                               |
| <b>Allocation % (Mandatory if more than one Nominee) (Should not be in decimal)</b> |                               |                               |                               |
| <b>Relationship with Nominee</b>  |                               |                               |                               |
| <b>Date of Birth* (Mandatory if Nominee is Minor)</b>                               | <input type="text"/>          | <input type="text"/>          | <input type="text"/>          |
| <b>Signature of Nominee/Guardian</b><br>(*Mandatory in case of Minor Nominee)       | <input type="text"/>          | <input type="text"/>          | <input type="text"/>          |
|   | Signature of Nominee/Guardian | Signature of Nominee/Guardian | Signature of Nominee/Guardian |

**11. NO NOMINEE DECLARATION : I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my/ our mutual fund units held in my / our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.**

|   |   |  |  |
|---|---|--|--|
| <b>Signature(s)</b><br>(ALL Applicants must sign) | <input type="text"/>  | <input type="text"/>                             | <input type="text"/>                             |
|   | 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory | 2 <sup>nd</sup> Applicant / Authorised Signatory | 3 <sup>rd</sup> Applicant / Authorised Signatory |

**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. GO-GREEN INITIATIVE:**

As part of Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email id is not available and who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode

**14. 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 money 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) 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; (ix) 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; (x) 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; (xi) 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. (xii) If the name given in the Application is not matching PAN, application may liable to get rejected or further transactions may be liable to get rejected. By using this application I/We agree to issue a cheque in favor of the facility 'SBI Multi Select' which will be invested as per the option selected/ mentioned under clause (5) of the form. We can move the Nomination & No Nominee Declaration point after Declaration. So, that investor can give signature for application details as well as No Nominee declaration at one single place. Please explore if it is feasible.

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

|   |   |  |  |
|---|---|--|--|
| <b>SIGNATURE(S)</b><br>(ALL Applicants must sign) | <input type="text"/>  | <input type="text"/>                             | <input type="text"/>                             |
|   | 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory | 2 <sup>nd</sup> Applicant / Authorised Signatory | 3 <sup>rd</sup> Applicant / Authorised Signatory |
| <b>Date</b>                                       | <input type="text"/>  | <input type="text"/>                             | <input type="text"/>                             |
|   |   | <b>Place</b>                                     | <input type="text"/>                             |

**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<br>(only for SBG) | Sub-Broker ARN Code | Sub-Broker Code | EUIN*<br>(Employee Unique Identification Number) | Reference No. |
|---------------------------|-------------------------------|---------------------|-----------------|--|---------------|
| ARN-83784                 |                               |                     |                 | E069303  |               |

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) |   |  |  |
|              | <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  | 1  |  | 2  |  | 3  |  |
| 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   | <input type="checkbox"/> Regular <input type="checkbox"/> Direct   |
| Option   | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>   | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>   | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>   | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>   | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>   | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW <u>Frequency</u>   |
| 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  | <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 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> ) <input type="checkbox"/> Daily<br><input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual   | <input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> ) <input type="checkbox"/> Daily<br><input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual   | <input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> ) <input type="checkbox"/> Daily<br><input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual   | <input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> ) <input type="checkbox"/> Daily<br><input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual   | <input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> ) <input type="checkbox"/> Daily<br><input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual   | <input type="checkbox"/> Weekly (1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> ) <input type="checkbox"/> Daily<br><input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual   |
| SIP Date<br>(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)<br><input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup><br><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)<br><input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup><br><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)<br><input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup><br><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)<br><input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup><br><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)<br><input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup><br><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)<br><input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup><br><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> ) |
| SIP Period   | From <input type="text"/> To <input type="text"/><br>OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs<br><input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Default) (Select any one)   | From <input type="text"/> To <input type="text"/><br>OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs<br><input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Default) (Select any one)   | From <input type="text"/> To <input type="text"/><br>OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs<br><input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Default) (Select any one)   | From <input type="text"/> To <input type="text"/><br>OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs<br><input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Default) (Select any one)   | From <input type="text"/> To <input type="text"/><br>OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs<br><input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Default) (Select any one)   | From <input type="text"/> To <input type="text"/><br>OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs<br><input type="checkbox"/> 15 yrs <input type="checkbox"/> Perpetual (Default) (Select any one)   |

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

Bank Name  Bank A/c No

**TOP-UP SIP**

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Top-Up Amount Rs. (in multiples of Rs. 500 only) | 1  |  | 2  |  | 3  |  |
| 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 | <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 installment including Top-Up amount) |                      |                      |                      |                      |                      |                      |
| OR  |                      |                      |                      |                      |                      |                      |
| Top-Up SIP CAP Month-Year   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**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 )  SB / CA / CC / SB-NRE / SB-NRO / Other

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 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 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.