



SBI MUTUAL FUND
A PARTNER FOR LIFE

E031487

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

SIP ECS/DIRECT DEBIT FACILITY - REGISTRATION CUM MANDATE FORM

Investors subscribing to the scheme through SIP ECS/Direct Debit Facility must complete this form compulsorily along with Common Application Form
(Application should be submitted atleast 30 days before the 1st ECS/Direct Debit Clearing date)

ARN & Name of Distributor ARN - 1739	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	Reference No. (To be filled by Registrar)
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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 17)
In case the subscription amount is Rs. 10,000/- or more and if your Distributor has opted to receive Transaction Charges, Rs. 150 (for first time mutual fund investor) or Rs. 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

Please SIP MICRO SIP SBI CHOTA SIP SIP Registration - by New Investor SIP Renewal
 SIP Registration - by Existing Change in Bank Details

INVESTOR DETAILS
Folio No./Application No. _____
Name of 1st Applicant (Mr/Ms/M/s) _____
Name of Father/Guardian In case of Minor _____
(For Existing Investor please mention Folio Number. For New Applicants please mention the Common Application Form Number)

PAN DETAILS (Furnishing of PAN together with an attested copy of PAN Card is mandatory)
First Applicant / Guardian _____
Second Applicant _____
Third Applicant _____

Mandatory Enclosures: PAN Proof KYC Acknowledgement PAN Proof KYC Acknowledgement PAN Proof KYC Acknowledgement
SIP DETAILS (ECS in select cities or Direct Debit in select banks only) (SEE NOTE 12, 13, 14 & 15)
 SIP with Cheque SIP without Cheque

Scheme Name _____
Options (Please ✓) Growth Dividend Payout Dividend Reinvestment
Each SIP Amount (Rs.) _____ First SIP Cheque No. _____
SIP Date 5th 10th 15th 20th 25th 30th (For February, last business day) No of SIP Installments _____ Frequency Monthly Quarterly
SIP Period From _____ To _____ OR 3 years 5 years 10 years 15 years Perpetual (Select any one)

TOP-UP SIP
Top up Amount Rs. _____ (in multiples of Rs. 500 only) Top-up Frequency (Please ✓ any one) Half - Yearly Annual
(SEE NOTE 12, 13, 14 & 15)

DOCUMENT DETAILS (in case of Micro SIP) Document Description _____ Document Number (if any) _____
MICRO SIP

DECLARATION: I/We hereby, authorize the AMC and their authorised service providers, to debit my/our following bank account directly or by ECS for collection of payments.

BANK PARTICULARS (as per bank records)
Name of 1st Holder _____
Name of 2nd Holder _____
Name of 3rd Holder _____
Name of Bank _____
Branch Name and Address _____
City _____
Account No. _____
9 digit MICR Code _____
IFSC Code _____
(This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)

Account Type (Please ✓)		
Savings	NFO	FCNR
Current	NRE	Other/s

DECLARATION & SIGNATURE: I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in ECS. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We will hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We do not have any existing SIP/Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable to Micro SIP investors only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us and agreed to the terms and conditions mentioned in SDRM.

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

BANKER'S ATTESTATION
Certified that the signature of account holder and the Details of Bank account are correct as per our records.
Signature of authorised Official from Bank (Bank stamp and date) _____

Signature of authorised Official from Bank (Bank stamp and date) _____
The Branch Manager _____
Bank _____ Branch _____ Date _____

Sub: Mandate verification for A/c. No. _____
This is to inform you that I/We have registered for making payment towards my investments in SBI MF by debit to my/our above account directly or through ECS. I/We hereby authorize you to honour such payments for which I/We have signed and endorsed the Mandate Form.
Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.
Thanking you,
Yours sincerely

1st Account Holder / Guardian / Authorised Signatory 2nd Account Holder 3rd Account Holder

SBI MUTUAL FUND A PARTNER FOR LIFE
ACKNOWLEDGEMENT SLIP Folio No. / Application No. _____
(To be filled in by the First applicant/Authorized Signatory) :
Received from _____
an application for Purchase of Units along with 1st Cheque Number _____ For Rs. _____
All purchases are subject to realisation of cheques. Acknowledgement Stamp _____