

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					ARN Code	_	Sub-Broker Code		EUIN* uployee Unique Identification Number)		Reference No.	
ARN-167174									326136			
Declaration for "execution-only" transaction (only where EUIN box is left blank): " I/We hereby confirm the												
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												
1st App	Applicant / A	uthoris	ed Signatory	rod by the die	3 <sup>rd</sup> Applica	nt / 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			ount and paid	to th	he distributor.	Units wil	I be issued against th				(for investor other than	
Folio No./Application No.												
Name of 1st Applicant												
SIP 1st Cheque No/s:												
	1			2				3				
Scheme Name												
Plan	Regular	Regular Direct			Regular Direct				Regular Direct			
Option	Growth	rowth Dividend Frequency			Growth	ividend Freque			Dividend	Frequency		
Dividend Facility	Reinvest Payout				Reinvest Payout				Reinvest Payout			
Each SIP Instalment Amount (₹)												
SIP Frequency Weekly (1st, 8th, 15th and 22nd)				Weekly (1st, {			8 <sup>th</sup> , 15 <sup>th</sup> and 22 <sup>nd</sup> )		Weekly (1st, 8th, 15th and 22nd)		d 22 <sup>nd</sup> )	
	I≌ ′	Monthly (Default) Quarterly			Monthly (						Quarterly	
CID Data	Half - Yo	early An	nual		Half - Yea	arly	15 <sup>th</sup> 30 <sup>th</sup>	ual	Half - Ye	arly 15 <sup>th</sup>	Annual 30 <sup>th</sup>	
SIP Date (for Monthly, Quarterly,	5 <sup>th</sup>	20 <sup>th</sup> (For Febru	uary, last business day)	H	5 <sup>th</sup>	Н	(For February,	last business day)	5 <sup>th</sup>	20 <sup>th</sup>	(For February, last business day)	
Half-Yearly & Annual)	10 <sup>th</sup> (Defaul	25 <sup>th</sup> (Any other da	ate from 1st to 30th)		10 <sup>th</sup> (Default)		25 <sup>th</sup> (Any other date f	from 1st to 30th)	10 <sup>th</sup> (Default)	25 <sup>th</sup>	(Any other date from 1st to 30th)	
SIP Period From M. M. Y. Y. Y. Y. T.				From M M Y Y Y Y From M M Y Y Y Y Y								
G .				To OR	To							
	□15 yrs	Perpetual (Defau			□15 yrs		Perpetual (Default)	Selecta	□15 yrs	☐ Perpeti	ual (Default)	
Use Existing One Time Debit Mandate (if already registered in the Folio)												
Bank Name Bank A/c No TOP-UP SIP												
		1			TOP-OF	OIF	2			3		
Top-up Amount Rs. (in multiples of Rs. 500 only)												
Top-up Frequency  DECLARATION : I/We here	Half - Yearly Annual Half - Yearly Annual Annual Half - Yearly Annual 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 particulars given in this inflandate form are confered and explices my willingliess to make payments towards investment 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.												
SBI MUTUAL FUND A PARTNER FOR LIFE  ONE TIME DEBIT MANDATE FORM (OTM)  UMRN  Date  Date												
A PARTNER I	FOR LIFE	UMRN						Da	ite D D	M M	Y Y Y	
Sponsor Bank Code							Utility Code					
	e, hereby auth	orize SBI Mutua	I Fund				To debit (P	lease ✓ )	SB/CA/C	C / SB-NRE /	SB-NRO / Other	
MODIFY CANCEL Bank A/c No.												
with Bank Bank Name					sc				OR MICE	8		
an amount of Rupees				₹	OK WIGH	`						
FREQUENCY: Weekly Monthly Quarterly As & when presented DEBIT TYPE: Fixed Amount Maximum Amount											num Amount	
Folio No.:	Ju	Moblie No.:										
Appln No. :					Email ID:							
I Agree for the debit of mandate processing charges by the bank w						whom I am authorizing to debit my account as per latest schedule of charges of the bank.						
PERIOD												
To 3 1 1	2 2 0 9	9 Signature of 1st Ba	nk Accoun	t Ho	older S	Signatu	re of 2 <sup>nd</sup> Bank Acc	count Ho	lder Sigr	nature of 3 <sup>rd</sup> Ba	nk Account Holder	

## **INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE (OTM)**

- 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