SBI MUTUAL FUND
A PARTNER FOR LIFE

S-3004/16

SIP ENROLMENT FORM

(Please submit SIP enrolment form only if One Time Debit Mandate Form (OTM) registered / submitted in the Folio)

New investors subscribing to the scheme through SIP must complete SIP Enrolment Form & OTM alongwith Common Application Form

(Application should be submitted atleast 30 days before the 1st Direct Debit/NACH debit date)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-82793				E068403	

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)			
	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. (Existing unitholders: Please mention your Folio Number. New applicants: Please mention the Application Number)

Name of 1st Applicant (Mr/Ms/M/s)

Name of Father/Guardian in case of Minor

PAN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
Mandatory Enclosures	**Mandatory Enclosures**	**Mandatory Enclosures**
☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement
PAN Exempt KYC Ref no (PEKRN for Micro investments) -	**PAN Exempt KYC Ref no (PEKRN for Micro investments) -**	**PAN Exempt KYC Ref no (PEKRN for Micro investments) -**

SIP DETAILS (Direct Debit/NACH in select banks only)

☐ **SIP with Cheque** ☐ **SIP without Cheque**

Scheme Name

Plan (Please ✓) ☐ **Regular** ☐ **Direct**

Option (Please ✓) ☐ Growth ☐ Dividend (Frequency)

Dividend Facility (Please ✓) ☐ Reinvestment ☐ Payout

Each SIP Amount (Rs.)

First Cheque No.
(Note : Cheque should be drawn on bank account mentioned below)

SIP Frequency (Please ✓ any one) ☐ **Weekly SIP (1st, 8th, 15th and 22nd)** ☐ **Monthly SIP (Default)** ☐ **Quarterly SIP**

SIP Date (for Monthly & Quarterly) (Please ✓) ☐ **1st** ☐ **5th** ☐ **10th** ☐ **15th** ☐ **20th** ☐ **25th** ☐ **30th** (For February, last business day)

SIP Period From D D M M Y Y Y Y To D D M M Y Y Y Y **OR** ☐ 3 years ☐ 5 years ☐ 10 years ☐ 15 years ☐ Perpetual (Select any one)

Debit Bank A/c Details (Mandatory only in case of Multiple OTMs (One Time Debit Mandates) registered/submitted in the Folio with **different bank account details**)

Bank Name

Bank A/c No

TOP-UP SIP (all fields mandatory)

Top-up Amount Rs. (in multiples of Rs. 500 only)

Top-up Frequency (Please ✓ any one) ☐ Half - Yearly ☐ 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 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.

SIGNATURE(S)			
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ACKNOWLEDGEMENT SLIP

(To be filled in by Investor)

ARN-82793 E068403

Folio No. / Application No.

Received SIP Enrolment Form from

Acknowledgement Stamp