

A PARTNER FO								August-2023	
New	v investors s	SIP ENROLME					FORM Common Application Forn	1	
ARN & Name of Di		Branch Code (only for SBG)	1	er ARN Code		ker Code	EUIN*	Reference No.	
ARN-118251						(Em	ployee Unique Identification Number)		
relationship manager/sales person of t	laration 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 items in the intentional provided by the employee 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 and the distributor and the distributor and the distributor has not charged any advisory fees on this transaction and the distributor and the distributor and the distributor has not charged any advisory fees on this transaction and the distributor and the distributor and the distributor has not charged any advisory fees on this transaction and the distributor and the distributor and the distributor has not charged any advisory fees on this transaction and the distributor and the distributor and the distributor has not charged any advisory fees on this transaction and the distributor and the distributor and the distributor has not charged any advisory fees on this transaction and the distributor and the distributor has not charged any advisory fees on this transaction and the distributor and the distributor has not charged any advisory fees on the distributor and th								
SIGNATURE(S) 1st Applicant / Guardian / Authorised Signatory 2nd Applicant / Authorised Signatory 2nd Applicant / Authorised Signatory 3rd Applicant / Authorised Signatory Upfront commission shall be paid directly by the investor to the AMF1 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.									
Folio No./Application No.									
Name of 1st Applicant									
SIP Cheque No/s :				2			3		
Scheme Name					2				
Plan	Regular Direct			Regular Direct			Regular Direct	Regular Direct	
Option	Growth	DCW Freq	luency	Growth	IDCW	Frequency	Growth DCW	Frequency	
Income Distribution cum Capital Withdrawal (IDCW) Facility Each SIP	Reinvest	Payout		Reinvest	Payout		Reinvest Payout		
Instalment Amount (₹)									
SIP Frequency	Monthly (Daily Half - Yea	☐ We	iarterly [eekly nual	Monthly (D Daily Half - Year	,	Quarterly Weekly Annual	Monthly (Default) Daily Half - Yearly	Quarterly Weekly Annual	
SIP Date	1 st		(For February,	1 st	15 th	30 th (For February,	1 st 15 th	30 th (For February,	
(for Monthly, Quarterly, Half-Yearly & Annual)	5 th	20 th	e from 1st to 30th)	5 th	20 th	last business day) other date from 1st to 30t	5 th 20 th 10 th (Default) 25 th (A	last business day) ny other date from 1st to 30th)	
(for Weekly Fixed Date	Fixed da	tes (1,8,15,22)	· — — 1 ₇	Fixed date	s (1,8,15,22)	other date nom 1 to 50	Fixed dates (1,8,15,22)	7	
or Day)	Any Day	OR ' (Default) (Mone	day to Friday)	OR Any Day (Default) (Monday to Friday)			OR Any Day (Default)		
SIP Period	From	M M Y Y		From M	MY	Y Y Y	From M M Y	YYY	
	То	vi M Y Y		О М	M Y	Y Y Y	To M M Y	oue)	
	OR ☐ 3 yrs ☐ 15 yrs	_ , , , ,	호	DR ☐ 3 yrs ☐ 15 yrs	☐ 5 yrs ☐ 20 yrs	☐ 10 yrs ☐ 30 yrs	OR ☐ 3 yrs ☐ 5 yrs ☐ 15 yrs ☐ 20 yrs	☐ 10 yrs	
Use Existing One Time Debit Mandate (if already registered in the Folio)									
Bank Name Bank A/c No TOP-UP SIP (Select anyone % or Amount)									
		1	IOP-OP SI	r (Select any	one % or Ar 2	nount)	3		
Top-Up Percentage (in multiples of 5% only) OR 5% 10% OR Other OR			Other	5%			5% 10% OR Other OR		
Top-Up Amount Rs. (in multiples of Rs. 500 only) Amount		Rs		Amount Rs.			Amount Rs.		
· 1		ılf - Yearly Annual		Half - Yearly Annual			Half - Yearly Annual		
TOP-UP SIP Top-Up SIP CAPAmount ₹ (maximum SIP installment including Top-Up amount) Top-Up amount)			JP SIP CA	P (Investor ha	s to choose on	ly one option)			
Top-Up SIP CAP Month-Year				М	M Y Y	YY	M M Y Y		
DECLARATION: I/We hereby declare that the particulars given in this mandate form are correct and express my/our 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 Addendum 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									
Sponsor Bank Code					Util	ity Code			
CREATE / I/We	, hereby auth	orize SBI Mutua	al Fund		То	debit (Please 🗸	SB / CA / CC / SB-NRE /	SB-NRO / Other	
MODIFY	A/c No.								
with Bank	Bank	k Name	ı	FSC		1 1 = 1	OR MICR		
an amount of Rupees FREQUENCY: Weekly Monthly Quarterly As & when presented DEBIT TYPE: Fixed Amount Maximum Amount									
FREQUENCY: We	eriy <u>V</u> M	onuny <u>N Quarterly</u>	✓ AS &	wilen presen		lie No.:	i ixea ∧iriourit	mam Amount	
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			•		-	•	J		
From To		Signature of 1st B	ank Account I	Holder S	ignature of 2 nd	Bank Account H	older Signature of 3 rd Ba	nk Account Holder	

Name as in Bank records

Name as in Bank records

Name as in Bank records