

SBI CHOTA SIP DIRECT DEBIT FACILITY : REGISTRATION CUM MANDATE FORM

Investors subscribing to the scheme through SIP Direct Debit Facility must complete this form compulsorily alongwith Common Application Form (Only for Growth Plans of SBI Magnum Balanced Fund, SBI MMPS 93, SBI Contra Fund and SBI Blue Chip Fund with minimum 60 installments under Monthly frequency)

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

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
71279				E062011	

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 (SEE NOTE 16)

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 Registration SIP Renewal SIP - Change in Bank Details

INVESTOR DETAILS

Folio No./Application No.		(For Existing Investor please mention Folio Number / For New Applicants please mention the Common Application Form 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
<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> PAN Proof <input type="checkbox"/> KYC Acknowledgement

PAN Exempt KYC Ref no (PEKRN for Micro investments) -

SIP DETAILS (Direct Debit with select Banks)

SIP with Cheque SIP without Cheque

Scheme Name

Plan (Please ✓) Regular Direct

Option (Please ✓) Growth Dividend

Dividend Facility (Please ✓) Reinvestment Payout

Each SIP Amount (Rs.) First SIP Transaction via Cheque No. (Note : Cheque should be drawn on bank account mentioned below)

SIP Date 5th 10th 15th 20th 25th 30th (For February, last business day) Frequency M O N T H L Y Enrolment Period NO. OF MONTHS

SIP Period From To OR 5 years 10 years 15 years Perpetual (Select any one)

DECLARATION : I / We hereby, authorize the AMC and their authorised service providers, to debit my / our following bank account directly 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	Pin <input type="text"/>									
Account No.										
9 digit MICR Code	(This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)									
IFS Code										
<table border="1"> <tr> <th colspan="3">Account Type (Please ✓)</th> </tr> <tr> <td><input type="checkbox"/> Savings</td> <td><input type="checkbox"/> NRO</td> <td><input type="checkbox"/> FCNR</td> </tr> <tr> <td><input type="checkbox"/> Current</td> <td><input type="checkbox"/> NRE</td> <td><input type="checkbox"/> Others _____</td> </tr> </table>		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 _____
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 _____								

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 would not hold the user institution responsible. I/We will also inform AMC, 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/We have read and agreed to the terms and conditions mentioned in common Equity KIM.

SIGNATURE(S)			
Applicants must sign as per mode of holding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	1st Account Holder	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 Date

Bank Branch

Sub : Mandate verification for A/c. No.

This is to inform you that I/We have registered for making payment towards my investments in SBIMF by debit to my /our above account directly. 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 2nd Account Holder 3rd Account Holder

(To be filled in by the First applicant/Authorized Signatory) : Received from : <input type="text"/> an application for Purchase of Units alongwith All purchases are subject to realisation of cheques.	1st Cheque Number <input type="text"/>	For Rs. <input type="text"/>	Acknowledgement Stamp
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