

SIP ECS/DIRECT DEBIT FACILITY : REGISTRATION CUM MANDATE FORM

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

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIIN* (Employee Unique Identification Number)	Reference No.
ARN - 85155				E070576	

 Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction 1 (p))
 * I/We hereby confirm that the EUIIN 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) -	PAN Exempt KYC Ref no (PEKRN for Micro investments) -	PAN Exempt KYC Ref no (PEKRN for Micro investments) -

SIP DETAILS (ECS in select cities or Direct Debit in select banks only) (SEE NOTE 12, 13 & 14)

<input type="checkbox"/> SIP with Cheque	<input type="checkbox"/> SIP without Cheque
Scheme Name _____	
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend
Dividend Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout
Each SIP Amount (Rs.)	First SIP Cheque No. _____ (Note : Cheque should be drawn on bank account mentioned below)
SIP Date <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day)	No of SIP Installments _____ Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
SIP Period	From <input type="text" value="D D M M Y Y Y Y"/> To <input type="text" value="D D M M Y Y Y Y"/> OR <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetual (Select any one)

TOP-UP SIP

(SEE NOTE 12, 13 & 14)

Top up Amount Rs. _____ (in multiples of Rs. 500 only)	Top-up Frequency (Please ✓ any one) <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual
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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	Pin _____
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	
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 : 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/I/We have read and agreed to the terms and conditions mentioned in SID/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/ Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

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 <input type="text" value="D D M M Y Y Y Y"/>
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 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	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1st Account Holder/ Guardian / Authorised Signatory	2nd Account Holder
	3rd Account Holder

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