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Declaration for "ex																						
* I/We hereby confirm distributor or notwiths	that the tanding	EUIN boy	x has b e of in-	een in: appror	priaten	nally left b less, if an	olank by n iy, provide	ne/us as ed by the	this is an " employee	execution- /relationsh	only" trar hip manag	rsaction w ger/sales p	/ithout ar person of	f the distr	tion or a ibutor a	advice by nd the di	the employ stributor has	ee/relati s not cha	onship man rged any ac	ager/sales dvisory fees	person o s on this	of the above transaction.
SIGNATURE(S)					-																	
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1. FIRST APP Name 🖙	LICA	NT DE	TAI	LS																		
(Mr. / Ms. / M/s.)																						
(Name should be			NI)																			
Name of Guardi (in case of Minor)		s per PA	(IN)																			
Relationship of C	Guardi	an 🗌	Fath	er	M	lother	Leg	al Guar	dian <b>[Pl</b>	ease man	datorily e	enclose th	e docun	nent evid	encing	the relat	onship of N	linor wit	h Guardian	1]		
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PAN/PEKRN I	NO.	ş									1	Da	te of l	Birth /	Incor	poratio	n 📄					
(Enclose PAN Card C	сору)										J	(As	s per P	AN) (Ma	andato	ory)						
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KIN (CKYC Identification	n No.)											(Enclose	KYC Ac	knowledg	(ement)							
Email ID  😨																						
Email ID pertains	s to	🗌 Se	lf(def	iault)	2 🗌	Spouse	🗌 De	ependei	nt Childr	en 🔲 🛙	Depende	ent Sibli	ng 🗌	Depen	dent F	arents	🗌 Guar	dian	PMS	Cust	odian	POA
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1st Applicant																						
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Foreign Address (Mandatory for NRI / FII )																						
	1		i	i		·							<u> </u>									
City																						
Zip									Cou	ntry												
2. MODE OF	HOLD	ING (	Pleas	se 🗸	)																	
Single				Joir	nt			Anyo	ne or Su	rvivor												
3. JOINT APP				LS		Se	econd	Annli	cant								Third	۵nnl	icant			
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(CKYC Identification			(De)		A) T																	
4. BANK Name of Bank		JUNI	(Pa)	/ Ou	τ) L	Jetalis	S OT FI	Irst A	ppiicar	1t (Manda	atory to a	ttach bank	account	proof in c	ase the	payout b	ank account	is differe	nt from the	source/inves	stment ba	ank account)
Nume of Bank																						
Branch Name																						
and Address																						
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City																		Pin				
Account No.																				e (Pleas	,	
IFS Code											(Please n	rovide a co	nv of CA	NCELLED	cheque	leaf	Savir	ngs	NRO	FCN	íR	
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9 digit MICR Code	<u>ال</u>								<u> </u>	TEAR HE												
	FUND	Sponso	or:St	ate Ba	nk of Ir	ndia								T 01 ''								
		(A Joint	Ventu	ure betv	ween S	SBI & AM	(UNDI)			To be	filled in	by the	Investo	r <b>SLII</b> pr	~	APPL	ICATIO	N NC	).			
(To be filled in a Received from		First ap	plica	nt/Aut	horiz	ed Sigr	natory)	:												1 1		Signature.
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Scheme SBI NIFT		-	_	Plan (, Reg	,	Optio	. ,		CW Faci	t <mark>⊡</mark> Payo		eque A	mount	(ris.)	ba	in and			-que 110.	& Date	<u> </u>	Stamp
INDEX				Dire				Tran														
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Attachments
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All purchases are subject to realisation of cheque

5. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-1).								
Is the applicant(s) Country o								
First Applicant (ind	cluding No	Minor)		Second Yes	Appl	No		Third Applicant P□Yes □No
					L			
If "YES", please provide t	ne tollov	-	ant (including			Cocond A	nulicout	Third Applicant
Details		First Applic	ant (including	winor)		Second A	ppricant	Third Applicant
Country of Birth								
Place/City of Birth								
Nationality								
Country of Tax Residency 1								
Tax Payer Ref. ID No <sup>^</sup>								
Identification Type [TIN or Other, Please specify]								
Country of Tax Residency 2	2							
Tax Payer Ref. ID No.2								
Identification Type [TIN or Other, Please specify]								
Country of Tax Residency 3	3							
Tax Payer Ref. ID No. 3								
Identification Type [TIN or Other, Please specify]								
^ In case Tax Identification Number this to the form. (Please attach ac								ued, please provide an explanation and attach levant details)
@6. INVESTMENT AND F				,		The second of a raw h	provide rel	
One time Investment	ystematic	Investment Pla	an (SIP) (Please	submit SIF	P Enro	Iment & OTM Forr	m) 🗌 MITRA SIP (P	lease submit MITRA SIP Enrolment form & OTM form)
Scheme Name	SBI	NIFTY BA	NK INDEX F	UND				
Plan (Please ✓)	Be	gular	Direct			In case of IDCW T	ransfer facility, please	mention target scheme along with plan/option.
Option (Please ✓)		-		<b>E</b>				
Income Distribution cum	Gr	owth		Frequenc	су	Scheme / Plan /	Option	
Capital Withdrawal (IDCW) Facility (Please 🗸 )		einvestment	Payout	Trans	sfer			
Please refer to Note 28 for details Payment Mode		0		- f - 4				
Cheque No. & Date	Cr	•	Fund Trans	sier		RTGS	Drawn on Banl	k and Propoh
							Diawiron Bain	
7. TAX STATUS (Please 🗸 )				·				
Resident Individual		🗌 Pe	nsion and Retiremer	nt Fund		Governme	ent Body	NGO NGO
Resident Minor (through Gua	rdian)		ancial Institutions			Society*		
NRI (Repatriable)			blic Limited Compan	,		Trust*	t	PIO
NRI– Minor (Repatriable)			vate Limited Compa dy Corporate	iny		Fund of Fu		□ NPO*
NRI – Minor (Non-Repatriable	e)		rtnership Firm			Gratuity F		[Please specify]
Sole-Proprietor	/		/ FPI			AOP		Others
		Ba				BOI		[Please specify]
*Non-Profit Organization [NPO]	(Manda	torv) Yes	— <u> </u>	lf ves. pl	– – lease c	uote Registration	No. of Darpan port	— <u> </u>
We are falling under "Non-Profit	Organizati	on" [NPO] which	has been constitute	ed for relig	gious o	r charitable purpo	ses referred to in cla	ause (15) of section 2 of the Income-tax Act,
1961 (43 of 1961), and is registe	red as a tr	ust or a society	under the Societies	Registratio	on Act	, 1860 (21 of 1860	) or any similar State	e legislation or a Company registered under
If not, please register immediately	y and conf	rm with the above	e information to ave	oid non pro	ocessin	ig of applications.	Failure to get above	confirmation or registration with the portal as
be liable for it for any fines or con	sequences	s as required und	ler the respective sta	atutory req	uireme	ents and authorize	you to deduct such f	confirmation or registration with the portal as ities as applicable. We are aware that we may fines/charges under intimation to us or collect
8. DEMAT ACCOUNT DET								
								/ 🗌 Demat Account Statement
				lication f	orm r			held with the Depository Participant.
National Securities	Deposi	tory Limited	(NSDL)	Depos	sitory	Central Depo	sitory Services	(India) Limited (CDSL)
Participant Name					ipant N	ame		
DP ID No.	Ν			Benefic	ciarv A	.ccount No.		
Beneficiary Account No.								
Please note wherever units are	e allotted	in Demat Mod				ssued by the Dep	pository concerned	1.
				EARHER				
Any communication in con	nection w	ith this applica	tion should be add	aressed t	o the	Registrar or the		ger
Investment Manager : SBI Funds Management L	td		TOL:	1000		4000 000000	Registrar:	e Management Services Ltd.,
(A Joint Venture between	SBI & AN	IUNDI)	TOLL FREE NO ALTERNA					ation No. : INR000002813)
9th Floor, Crescenzo, C-38 G Block, Bandra Kurla Com			+91-22-625	511600 / +9	91-80-2	25512131		rs, 158, Anna Salai,Chennai – 600 002
Bandra (East), Mumbai – 4			Websi	ite : www.	sbimf.	com	Email: enq_s	bimf@camsonline.com

Bandra (East), Mumbai – 400 051
Tel: 022- 61793537
Email: customer.delight@sbimf.com

Website: www.camsonline.com

9. OTHER PERS	SONAL INFORMATIC									
		Fi	rst Applic	ant		econd Appli of investments		(NA in case	Third Appl of investment	icant ts from minors)
Gender		Male	Female	Other	Male	Female	Other	Male	Female	
Father's Name										
Spouse's Name	)									
Occupation (Please ✓)		Profession		Business	Profession		Business	Professio		Business
		Governme	nt Service ctor Service	Agriculturist	Governme	tor Service	Agriculturist Retired		ent Service ector Service	Agriculturist
			tor Service	Housewife	Public Sec		Housewife	_	ector Service	Housewife
		Student		Forex Dealer	Student		Forex Dealer	Student		Forex Dealer
		Doctor			Doctor			Doctor		
		Others			Others		1-5 Lacs	Others _		1-5 Lacs
Gross Annual II (Please ):	ncome in Rs.	Below 1 Lacs		1-5 Lacs	5-10 Lacs		10-25 Lacs	5-10 Lad		10-25 Lacs
(		25 Lacs -	1 Cr.	> 1 Cr.	25 Lacs -	1 Cr.	> 1 Cr.	25 Lacs	- 1 Cr.	> 1 Cr.
OR Networth in	Rs.									
Networth as of	date			010101						
		DDN	I M Y	ΥΥΥ	DDM	ΙΜΥΥΥ	ΥΥ	DD	MMY	ΥΥΥ
Politically Expo	sed Person [PEP]	Yes	No	Related to PEP	Yes	No R	elated to PEP	Yes	No	Related to PEP
Type of address		Residential	Business		Residential	Business	Reg. Office	Residentia		
10. NOMINATIO Nomination is n	N: I/We wish to n nandatory. Howeve	ominate the er, in case y	e following ou do not	person/s to wish to nomi	receive the please	proceeds in sign in poin	the event ont 11)	of death. (	For individ	ual investors,
NA in case of investi			Nominee 1			Nominee 2			Nominee 3	3
Name of the Nomin										
Name of the Guardi										
Allocation % (Manda	atory if more than one Nominee	)								
(Should not be in decima Relationship with N										
Date of Birth* (Man	datory if Nominee is Minor)		M M Y	Y Y Y			y y y		мму	Y Y Y
Signature of Nomin	nee/Guardian									
(*Mandatory in case of M										
		Signa	ture of Nomine	e/Guardian	Signatu	ire of Nominee/G			ture of Nominee	
		-								
issues involved in no	DECLARATION : I / n-appointment of nominee	We hereby con e(s) and further	are aware tha	t in case of death o	f all the account	holder(s), my / a	our mutual fund our legal heirs wo	units held in n วนld need to รเ	ny / our folio ar Jbmit all the rec	nd understand the quisite documents
issues involved in no	DECLARATION : I/ n-appointment of nomined ther such competent auth	We hereby con e(s) and further	are aware tha	t in case of death o	f all the account	holder(s), my / a	our mutual fund our legal heirs wo	units held in n ould need to su	ny / our folio ar Jbmit all the rec	nd understand the quisite documents
issues involved in no	n-appointment of nominee	We hereby con e(s) and further	are aware tha	t in case of death o	f all the account	holder(s), my / a	our mutual fund our legal heirs wo	units held in n ould need to si	ny / our folio ar ubmit all the rec	nd understand the quisite documents
issues involved in no issued by Court or of	n-appointment of nomined ther such competent auth	We hereby con e(s) and further lority, based or	are aware than the value of	t in case of death o	f all the account	holder(s), my / a	our mutual fund our legal heirs wo	units held in n buld need to si	ny / our folio ar ubmit all the rec	nd understand the quisite documents
issues involved in no issued by Court or of Signature(s) (ALL Applicants must sign)	n-appointment of nomined ther such competent auth 1ª Applicant / Guardian / J	We hereby con e(s) and further pority, based or Authorised Sign	are aware than the value of a the va	t in case of death o assets held in the 2 <sup>nd</sup> Applic	f all the account	holder(s), my / c o.	ur mutual fund sur legal heirs wo	ould need to su	ny / our folio an ubmit all the rec Authorised Sig	quisite documents
issues involved in no issued by Court or of Signature(s) (ALL Applicants must sign) 12.INSTITUTION	n-appointment of nominer ther such competent auth 1st Applicant / Guardian / J	We hereby con e(s) and further pority, based or Authorised Sign	are aware than the value of a the va	t in case of death o assets held in the 2 <sup>nd</sup> Applic	f all the account mutual fund foli	holder(s), my / c o.	ur mutual fund i ur legal heirs wo	ould need to su	ubmit all the rec	quisite documents
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issues involved in no issued by Court or of Signature(s) (ALL Applicants must sign) 12.INSTITUTION Name of Contact Is the entity involved	n-appointment of nominer ther such competent auth 1st Applicant / Guardian / J	We hereby con e(s) and further tority, based or Authorised Sign DDITIONAL	are aware tha the value of atory INFORMA	2 <sup>nd</sup> Applic TION	f all the account mutual fund foli	holder(s), my / c o. Signatory ng / Lottery Se	our legal heirs wo	3 <sup>rd</sup> Applicant /	Authorised Sig	natory
issues involved in no issued by Court or of Signature(s) (ALL Applicants must sign) 12.INSTITUTION Name of Contact Is the entity involved For Foreign Exchant NOTE: Non-Individu	n-appointment of nominer ther such competent auth 1** Applicant / Guardian / / IAL INVESTORS AI ct Person d / providing any of the ge / Money Changer Ser val investors should mar	We hereby con e(s) and further pority, based or Authorised Sign DDITIONAL following servi vices	are aware tha the value of atory INFORMA ces Yes Yes	2 <sup>nd</sup> Applic 2 <sup>nd</sup> Applic TION No G No M	f all the account mutual fund fol ant / Authorised aming / Gambli oney Lending /	holder(s), my / c o. Signatory ng / Lottery Se Pawning	our legal heirs wo	3 <sup>rd</sup> Applicant /	Authorised Sig	natory
issues involved in no issued by Court or of Signature(s) (ALL Applicants must sign) 12.INSTITUTION Name of Contact Is the entity involve For Foreign Exchany NOTE: Non-Individu 13. GO-GREEN	n-appointment of nominer ther such competent auth 1** Applicant / Guardian / / IAL INVESTORS AI ct Person d / providing any of the ge / Money Changer Ser val investors should mar	We hereby con e(s) and further fority, based or Authorised Sign DDITIONAL following servivices indatorily fill se	atory INFORMA ces Yes Yes parate FATC	2 <sup>nd</sup> Applic 2 <sup>nd</sup> Applic TION No G No M A/CRS & UBO Fo	f all the account mutual fund fol ant / Authorised aming / Gambli loney Lending / m (Annexure-I)	holder(s), my / c o. Signatory ng / Lottery Se Pawning alongwith this	ervices (e.g. Ca	3 <sup>rd</sup> Applicant / sinos, Betting	Authorised Sig	natory
issues involved in no issued by Court or of Signature(s) (ALL Applicants must sign) 12.INSTITUTION Name of Contact Is the entity involve For Foreign Exchant NOTE: Non-Individu 13. GO-GREEN As part of Go-Green who specifically opt	n-appointment of nominer ther such competent auth 1 <sup>st</sup> Applicant / Guardian / / IAL INVESTORS AI Ct Person d / providing any of the ge / Money Changer Ser Ial investors should mar INITIATIVE: ninitiative, issuance of p to receive it in physical	We hereby con e(s) and further fority, based or Authorised Sign DDITIONAL following servivices Indatorily fill se hysical copy of form. Please t	are aware tha the value of atory INFORMA Ces Yes Yes parate FATC f scheme-wis ick here only	2nd Applie 2nd Applie TION No G No M A/CRS & UBO Fo se annual reports r if you wish to rea	f all the account mutual fund fol aant / Authorised aming / Gambli oney Lending / m (Annexure-I) or abridged sur ceive the same	holder(s), my / c o. Signatory ng / Lottery Se Pawning alongwith this nmary is limite in physical mo	our legal heirs we bur legal heirs we brvices (e.g. Ca i form. d to those investide	3 <sup>rd</sup> Applicant / sinos, Betting	Authorised Sig	natory          Yes       No         Yes       No         Yes       No
issues involved in no issued by Court or of Signature(s) (ALL Applicants must sign)     12.INSTITUTION Name of Contact Is the entity involver For Foreign Exchang NOTE: Non-Individu 13. GO-GREEN As part of Go-Green who specifically opt 14. DECLARATIC Isat our contact Interventional and the sources and is Interventional and the sources and		We hereby con e(s) and further fority, based or Authorised Sign DDITIONAL following servivices indatorily fill se hysical copy of form. Please to he information provides or gifts, direct	are aware tha the value of atory INFORMA Cess Yes Yes parate FATC f scheme-wis ick here only ided in this form y or indirectly, in of any act. rule	2nd Applic 2nd Applic TION No G No M A/CRS & UBO Fo se annual reports r if you wish to reprise r is true & accurate. I/M making this investment se, regulations or any se	f all the account mutual fund fol aming / Authorised aming / Gambli loney Lending / rm (Annexure-I) or abridged sur ceive the same e have read and un ; (ii) the amount inve atute or leoislation o	holder(s), my / c o. Signatory ng / Lottery Se Pawning alongwith this nmary is limite in physical mo jderstood the conter sted/to be invested rany other apolicab	ervices (e.g. Ca form. d to those invest de the scheme by me/us in the scheme by me/us in the scheme	3 <sup>rd</sup> Applicant / sinos, Betting stors whose e related documene eme(s) of SBI Mu	Authorised Sig Authorised Sig Syndicates) mail id is not a nts and I/We hereb tual Fund ("the Fun issued by any goy	natory          natory         Yes       No         Yes       No         Yes       No         yconfirm and declare nd") is derived through remembal or statutory
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SIGNATURE(S)	olicant / Guard	ian / Authorised Signat	ory	2 <sup>nd</sup> Applicant / Au	thorised Signat	tory	3 <sup>rd</sup> Applic	ant / Authorised	Signatory	
Upfront commission shall be paid dire	ectly by the investor to	the AMFI registered Distributors bas		ors' assessment of various	-	rvice rendered b				
Folio No./Application	No.				LIAILS					
Name of 1 <sup>st</sup> Applicant										
SIP Cheque No/s :										
Scheme Name		1			2			3		
Plan	Regular	Direct		Regular	Direct		Regular	Direct		
Option	Growth	Direct	quency	Growth	Direct	Frequence			Frequency	
Income Distribution cum Capital Withdrawal	Reinvest		1 20110 y	Reinvest	Payout		Reinves			
(IDCW) Facility Each SIP										
Instalment Amount (₹)										
SIP Frequency	Monthly (	, _	uarterly eekly	Monthly (De	fault)	Quarter Weekly		(Default)	Quarterly	
	Half - Yea	——————————————————————————————————————	inual	Half - Yearly	/	Annual	Half - Ye	early	Annual	
SIP Date (for Monthly, Quarterly,			<sup>a</sup> (For February, usiness day)	1 <sup>st</sup>	15 <sup>th</sup>	30 <sup>th</sup> (For Fe last business d	dav)	15 <sup>th</sup> [	30 <sup>th</sup> (For February, last business day)	
Half-Yearly & Annual)	5 <sup>th</sup> 10 <sup>th</sup> (Defau		e from 1 <sup>st</sup> to 30 <sup>th</sup> )	5 <sup>th</sup> 10 <sup>th</sup> (Default)	25 <sup>th</sup>	ner date from 1	5 <sup>th</sup> 10 <sup>th</sup> (Defau		ny other date from 1st to 30th	
(for Weekly Fixed Date	Fixed da	ites (1,8,15,22)		Fixed dates	(1,8,15,22)	lei date ironi i		ites (1,8,15,22)	· <u> </u>	
or Day)	Any Day	OR (Default)	day to Friday)	Any Day (De		(Monday to F	Eriday) Any Day	OR (Default)	(Monday to Friday)	
SIP Period	From			From M	M Y Y		From	м м у		
	To		/ one)	То м	MYY	Y		M M Y		
	OR 3 yrs		ect ,	OR 3 yrs	□ 5 yrs [ □ 20 yrs [	10 yrs	E OR □ 3 yrs		10 yrs	
Use Existing One	1	andate (if already regi	, 0	he Folio)		140 yis	<u>@</u>		40 yrs	
Bank Name		-	TOP-UP S	Bank A/c No SIP (Select any		ount)				
Top-Up Percentage	<b></b>	1			2	Other	5%	3 10% OR	Other	
(in multiples of 5% only) OR	5%	0R 00 00 00 00 00 00 00 00 00 00 00 00 0	Other	5% [	_ 10% OR _ OR	Other	5 % [		Other	
Top-Up Amount Rs. (in multiples of Rs. 500 o	nlv) Amount			Amount Rs			Amount F	ls		
Top-Up Frequency			nual	Half -		Annual		- Yearly	Annual	
Top-Up SIP CAPAmou (maximum SIP installment ind	int ₹	TOP-U	UP SIP C.	AP (Investor has	to choose only	one option	n)			
Top-Up amount) OR	-									
Top-Up SIP CAP Month DECLARATION : I/We here		M M Y Y Y		n are correct and exi	M Y Y	naness to m	ake payments towards	M Y Y	Y Y	
Fund. I/We hereby confirm aware that SBI Mutual Fun	n and declare tha d and its service j	t the monies invested by m providers and bank are auth	ne in the sche horized to proc	emes of SBI Mutual cess transactions by	Fund do not attrac debiting my/our b	ct the provis	ions of Foreign Contrib t through Direct Debit /	ution Regulations NACH facility. If the	Act ("FCRA"). I/We ar transaction is delaye	
account. I/We confirm that	the aggregate of	r incorrect information, I/We f the lump sum investment sand) (applicable for "Micro	(fresh purchas	se & additional purc	hase) and SIP inst	allments in r	olling 12 months perio	d or financial vear i	.e. April to March doe	
mode), payable to him for the terms and conditions a	the different con and contents of th	npeting Schemes of variou le SID, SAI, KIM and Adden	is Mutual Fund Idum issued fi	ds from amongst wl	nich the Scheme i	s being reco	ommended to me/us. I/	We have read, und	lerstood and agreed t	
		endorsed the Mandate For								
SBI MUTUA		1	TIME DE	EBIT MAND	ATE FOR	м (отм	- I I I			
A PARTNER I		UMRN					Date D D	M M Y	r y y y	
Sponsor Bank Code					Utility	/ Code				
CREATE / I/We	e, hereby auth	orize SBI Mutua	al Fund		To de	ebit (Pleas	se 🗸 ) SB / CA /	CC / SB-NRE /	SB-NRO / Other	
	k A/c No.									
with Bank	Banl	< Name		IFSC			OR MIC	R		
an amount of Rupees				<u> </u>		;	₹			
FREQUENCY: 🛛 W	eekly 🛛 M	onthly 🛛 Quarterly	As	& when presente	ed DEBIT	TYPE :	Fixed Amount	Maxii	num Amount	
Folio No.:					Moblie	e No.:				
Appln No. :					Email					
PERIOD	r the debit of ma	andate processing charge	es by the ba	nk whom I am auth	norizing to debit	my account	t as per latest schedu	le of charges of t	he bank.	
From		Signature of 1 <sup>st</sup> Ba	ank Accourt	t Holder Si	gnature of 2 <sup>nd</sup> B	ank Accou	Int Holder	inature of 3rd Ba	nk Account Holder	
То						20000				
This is to confirm that the decl	aration has been a	Name as in			Name as i				n Bank records	
I his is to confirm that the deci I/We have understood that I/ we										

# 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.
- 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).
- Along with 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.
- 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.
- Please mention OTM date and OTM "From date" in DDMMYYYY format.
   For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented".
- From date & to date is mandatory. However, the maximum duration for enrollment is 40 years.

10. Please provide all the information / details in the OTM.

## <u>Mandatory information to be provided in One</u> <u>Time Debit Mandate (OTM)</u>:

- 1. Date of Mandate
- 2. Bank A/c Type
- 3. Bank A/c No. (please enclose CANCELLED cheque leaf)
- 4. Bank Name
- 5. IFSC and/or MICR Code
- 6. Maximum Amount (Rupees and Words)
- 7. Mandate From date
- 8. Mandate To date
- 9. Signature/s of account holders in bank records
- 10. Name/s of account holders as in bank records

### Instructions for Top-Up SIP

- Investors can either opt for fixed amount SIP Top-up or percentage SIP Top-Up option. In case investors selects both the options, percentage SIP Top-Up would be made applicable. In case the investor selects multiple % SIP Top-up options under percentage-based SIP Top-Up option, the lower percentage would be considered.
- The minimum SIP Top-up amount under fixed amount SIP Top-up is Rs. 500 and in multiples of Rs. 500. The minimum Top-up percentage would be 5% of the SIP amount and in multiples of 5% thereof.
- If the Top-up % is not in multiples of 5, it will be rounded down to nearest multiple of 5. The Top-up amount would be rounded off to the nearest Rs. 10.
- 4. Percentage SIP Top-up would be computed on the immediately preceding SIP instalment value as on the SIP Top-Up trigger date.
- The Top-up details cannot be modified once enrolled. In order to make any changes, the investor must cancel the existing SIP and enrol for a fresh SIP with Top-up option.
- 6. In case of Monthly SIP, Half-yearly as well as Yearly frequency are available for Top-up. If the investor does not specify the frequency, the default frequency for Top-up will be considered as Half-yearly.
- 7. In case of Quarterly SIP, only the Yearly frequency is available for Top-up.
- Top up facility will not be applicable for SIP frequencies other than Monthly & Quarterly. SIP Top-up facility will be allowed in all schemes in which SIP facility is being offered.
- 9. All other terms & conditions applicable for regular SIP will also be applicable to Top-up SIP.
- The AMC/Trustee reserves the right to terminate or modify the conditions of the Facility at its discretion.

#### Instructions for Top-up SIP Cap

Under this option, post selecting SIP Top-up option, the investor can define the maximum SIP Top-up Cap, beyond which the SIP instalment will not increase in future. The investor shall have the flexibility to choose either Top-up SIP Cap amount or Top-up SIP Cap Month-Year. In case of multiple selection, Top-up SIP Cap amount will be considered as default selection.

Terms and conditions of Top-up SIP Cap facility are as follows:

- Top-up SIP Cap Amount: Investor has an option to fix the Top-up SIP amount i.e. maximum SIP instalment including Top-up amount. The pre-defined amount should be equal to or lesser than the maximum amount mentioned by the investor in One Time Mandate Form (OTM). The instalment amount after Top-up shall not exceed the amount mentioned in OTM at any given time.
- 2. In case of difference between the Top-up SIP Cap amount & OTM Debit Mandate, then amount which is lower of the two shall be considered as the Top-up SIP Cap amount.
- 3. If SIP amount (including SIP Top-up amount) reaches the Top-up Cap before the end of SIP tenure, the SIP Top up will cease and SIP instalment amount will remain constant for remaining SIP Tenure.
- Top-up SIP Cap Month-Year: It is the month from which SIP Top-up amount will cease and last SIP instalment including Top-up amount will remain constant till the end of SIP tenure.

- If none of the above options is selected by the investor, the SIP Top-up will continue as per the SIP end date subject to the maximum amount mentioned in OTM form.
- 6. The AMC/Trustee reserves the right to terminate or modify the conditions of the Facility at its discretion.

Illustration for Top us SIP

#### Fixed amount Top-up SIP:

SIP Tenure	01-Mar- 2017 to 1-Mar-2022
SIP Amount (Rs)	5000
SIP Frequency	Monthly
Top-up Amount	1000
Top-up Frequency	Yearly

SIP From Date	SIP To Date	SIP Amount (Rs)	SIP Top-up Amount (Rs)	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	1000	6000
01-Mar-19	01-Feb-20	6000	1000	7000
01-Mar-20	01-Feb-21	7000	1000	8000
01-Mar-21	01-Feb-22	8000	1000	9000

In the above scenario, if the investor specifies an SIP Top-up cap amount of Rs. 7000. The calculation would be as shown below:

SIP From Date:	SIP To Date	SIP Amount (Rs)	SIP Top-up Amount (Rs)*	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	1000	6000
01-Mar-19	01-Feb-20	6000	1000	7000
01-Mar-20	01-Feb-21	7000	N.A	7000
01-Mar-21	01-Feb-22	7000	N.A	7000

In the above scenario, if the investor specifies SIP Top-up Cap month and Year as Dec 2019. The calculation would be as show below:

SIP From Date	SIP To Date	SIP Amount (Rs)	SIP Top Amount (Rs)*	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	1000	6000
01-Mar-19	01-Feb-20	6000	1000	7000
01-Mar-20	01-Feb-21	7000	N.A.	7000
01-Mar-21	01-Feb-22	7000	N.A.	7000

Percentage Top-up SIP:

SIP Tenure	01-Mar- 2017 to 1-Mar-2022
SIP Amount (Rs)	5000
SIP Frequency	Monthly
Top-up Percentage	10%
Top-up Frequency	Yearly

SIP From Date	SIP To Date	SIP Amount (Rs)	SIP Top-up Amount (Rs)*	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	500	5500
01-Mar-19	01-Feb-20	5500	550	6050
01-Mar-20	01-Feb-21	6050	610	6660
01-Mar-21	01-Feb-22	6660	670	7330

\* SIP Top-up amount is rounded off to nearest Rs. 10

In the above scenario, if the investor specifies an SIP Top-up cap amount of Rs. 6500. The calculation would be as shown below:

SIP From Date:	SIP To Date	SIP Amount (Rs)	SIP Top-up Amount (Rs)*	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	500	5500
01-Mar-19	01-Feb-20	5500	550	6050
01-Mar-20	01-Feb-21	6050	610	6500
01-Mar-21	01-Feb-22	6500	N.A	6500

\* SIP Top-up amount is rounded off to nearest Rs. 10

In the above scenario, if the investor specifies SIP Top-up Cap month and Year as Dec 2019. The calculation would be as show below:

SIP From Date	SIP To Date	SIP Amount (Rs)	SIP Top Amount (Rs)*	SIP Amount post Top-up (Rs)
01-Mar-17	01-Feb-18	5000	N.A.	5000
01-Mar-18	01-Feb-19	5000	500	5500
01-Mar-19	01-Feb-20	5500	550	6050
01-Mar-20	01-Feb-21	6050	N.A	6050
01-Mar-21	01-Feb-22	6050	N.A	6050

\* SIP Top-up amount is rounded off to nearest Rs. 10