SBI MUTUAL FUND
A PARTNER FOR LIFE

S-1809/21

SBI MULTI SELECT - SIP
SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

New investor opting for Multi Select SIP must submit this form along with SBI Multi Select Application Form

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

Declaration 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/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

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.

Name of 1st Applicant

SIP 1st Cheque No/s :

Plan A

- ☐ SBI Focused Equity Fund ₹
- ☐ SBI Contra Fund ₹
- ☐ SBI Credit Risk Fund ₹
- ☐ SBI Equity Savings Fund ₹

TOTAL ₹

Plan B

- ☐ SBI Flexicap Fund ₹
- ☐ SBI Equity Hybrid Fund ₹
- ☐ SBI Short Term Debt Fund ₹
- ☐ SBI Savings Fund ₹

TOTAL ₹

Plan C ☐ (Default)

- ☐ SBI Bluechip Fund ₹
- ☐ SBI Debt Hybrid Fund ₹
- ☐ SBI Balanced Advantage Fund ₹
- ☐ SBI Savings Fund ₹

TOTAL ₹

Plan D ☐

- ☐ SBI _____ ₹
- ☐ SBI _____ ₹
- ☐ SBI _____ ₹
- ☐ SBI _____ ₹

TOTAL ₹

Note : The minimum investment amount for SIP in all eligible schemes will be as per the existing details pertaining to Monthly SIP as stated in their respective SID/KIM.

Plan	☐ Regular ☐ Direct	**Option**	☐ Growth
Income Distribution cum Capital Withdrawal (IDCW) Facility	☐ Reinvest ☐ Payout		☐ IDCW Frequency
SIP Frequency	**MONTHLY**		
SIP Date	☐ 1st ☐ 5th ☐ 10th (Default) ☐ 15th ☐ 20th ☐ 25th ☐ 30th (For February, last business day) (Any other date from 1st to 30th)		
SIP Period	From D D M M Y Y Y Y To D D M M Y Y Y Y	**OR**	☐ 3 yrs ☐ 5 yrs ☐ 10 yrs ☐ 15 yrs ☐ Perpetual (Default) (Select any one)

☐ **Use Existing One Time Debit Mandate (if already registered in the Folio)**

Bank Name _____ Bank A/c No _____

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 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 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.

ONE TIME DEBIT MANDATE FORM (OTM)

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UMRN _____ Date D D M M Y Y Y Y

Sponsor Bank Code _____ Utility Code _____

CREATE ✓
MODIFY
CANCEL

I/We, hereby authorize **SBI Mutual Fund** To debit (Please✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No. _____

with Bank Bank Name IFSC _____ OR MICR _____

an amount of Rupees _____ ₹ _____

FREQUENCY: ☒ ~~Weekly~~ ☒ ~~Monthly~~ ☒ ~~Quarterly~~ ☑ As & when presented DEBIT TYPE : ☒ ~~Fixed Amount~~ ☑ Maximum Amount

Folio No.: _____ Moblie No.: _____

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

From _____

To 31 12 2099

Or ☐ ~~Until cancelled~~

Signature of 1st Bank Account Holder | **Signature of 2nd Bank Account Holder** | **Signature of 3rd Bank Account Holder**

Name as in Bank records | **Name as in Bank records** | **Name as in Bank records**

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I have authorized the debit.

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE (OTM)

1. 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.
2. 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).
3. Alongwith 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.
5. 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.
7. Please mention OTM date and OTM "From date" in DDMMYYYY format.
8. For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented" and OTM "To Date" mentioned as "31 12 2099".
9. Please provide all the information / details in the OTM.

Mandatory information to be provided in One Time Debit Mandate (OTM):

- Date of Mandate
- Bank A/c Type
- Bank A/c No. (please enclose CANCELLED cheque leaf)
- Bank Name
- IFSC and/or MICR Code
- Maximum Amount (Rupees and Words)
- Mandate From date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records

Please Note :

Terms & Conditions of respective schemes will be applicable.