



**SBI MUTUAL FUND**  
A partner for life.

Sponsor : State Bank of India  
Investment Manager : SBI Funds Management Pvt. Ltd.  
(A Joint Venture between SBI & SGAM)  
191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005. Tel.: 022-22180221-27, www.sbimf.com & www.s bifunds.com

**SIP ECS/DIRECT DEBIT FACILITY : REGISTRATION CUM MANDATE FORM**

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 1<sup>st</sup> ECS/Direct Debit Clearing date)

ARN & Name of Distributor	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	Reference No. (To be filled by Registrar)
<b>ARN - 83535 SHAN WEALTH</b>			

Upront 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

Please <input type="checkbox"/> SIP Registration - by New Investor (Complete the Common Application Form compulsorily alongwith this form.)	Please <input type="checkbox"/> SIP	<input type="checkbox"/> MICRO SIP
(✓) <input type="checkbox"/> SIP Registration - by Existing Investor	(✓) <input type="checkbox"/> SBI CHOTA SIP	
<input type="checkbox"/> SIP Renewal		

**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 \_\_\_\_\_

**SIP DETAILS (First SIP cheque and subsequent via ECS in select cities or Direct Debit in select banks only)**

Scheme Name \_\_\_\_\_

Options (Please ✓)  Growth  Dividend Payout  Dividend Reinvestment

Each SIP Amount (Rs.) \_\_\_\_\_

First SIP Cheque No. \_\_\_\_\_ (Note : Cheque should be drawn on bank account mentioned below)

SIP Date  5<sup>th</sup>  15<sup>th</sup>  25<sup>th</sup> No of SIPs \_\_\_\_\_ Frequency  Monthly SIP  Quarterly SIP Enrolment Period (for Monthly SIP)  6 months  12 months

SIP Period From \_\_\_\_\_ To \_\_\_\_\_

**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 & 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 do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable to Micro SIP investors 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)	1st Account Holder	2nd Account Holder	3rd Account Holder
Applicants must sign as per mode of holding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**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 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

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

1st Account Holder 2nd Account Holder 3rd Account Holder

**ACKNOWLEDGEMENT SLIP** Folio No. / Application No. \_\_\_\_\_

(To be filled in by the First applicant/Authorized Signatory) :

Received from \_\_\_\_\_

an application for Purchase of Units alongwith  Cheque  SIP ECS/Direct Debit Cheque Number \_\_\_\_\_ For Rs. \_\_\_\_\_

All purchases are subject to realisation of cheques.

Acknowledgement Stamp