HDFC Bank Investment Services Account

HDFC BANK

Application No.: _____

☐ I/ We request you to open an Investment services account to transact in Mutual Funds and link the same to the existing / new Bank account mentioned below: (The holding pattern of Investment Service Account should be similar to the Bank Holding pattern and cannot be changed later)

Name of the bank account holder Holding Pattern ☐ Single Holding (S) ☐ Either or Survivor (E/S) ☐ Non Individual

1st / sole holder

2nd holder

3rd holder

Karta Name / Guardian Name / Authorized Signatory

	PAN No*	Cust ID*	Date of Birth*
1st / sole holder			
2nd holder			
3rd holder			
Karta Name / Guardian Name / Authorized Signatory			

Email ID*:

(The product offering covers, product information, research reports / statement (if any) which would be sent regularly to this ID)

Email ID belongs to ☐ SE - Self ☐ SP - Spouse ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP - Dependent Parents ☐ GD - Guardian;

Contact Number *: (R) (O) (Mobile)

Mobile No belongs to ☐ SE - Self ☐ SP - Spouse ☐ DC - Dependent Children ☐ DS - Dependent Siblings ☐ DP - Dependent Parents ☐ GD - Guardian;

HDFC Bank Account Number Bank Account Type ☐ NRE ☐ NRO ☐ Savings ☐ Current

Nomination : "I/We do hereby nominate the person on __/__/____ in respect of the units held by me/us.

	Nomination 1	Nomination 2	Nomination 3
Name and Address of Nominee			
City / State / Country			
*Date of Birth	D D M M Y Y Y Y PIN CODE:	D D M M Y Y Y Y PIN CODE:	D D M M Y Y Y Y PIN CODE:
*Relation with Applicant:(Refer Pg 2.)	*Allocation %	*Allocation %	*Allocation %
Guardian Name			
Guardian Relationship with minor (Refer Pg.2)			
PAN / Aadhar / DL or Passport / OCI / PIO (for NRI)			
Email Address			
Mobile No.			

☐ *Opt Out Nomination

Declaration

I/ We have read and understood the Terms and Conditions (a copy of which is in my/ our possession) applicable to Investment Services Account. I/ We agree to abide by the same. I/ We declare that the particulars given above are true to the best of my/ our knowledge as on the date of making such applications. I/ We undertake to inform, in writing, of any change in the particulars furnished above. I/ We further agree that any false/ misleading information given by me/ us or suppression of any material fact will render my/ our account liable for termination. I/ We declare that all the details in my/ our relationship record are true and oorrect and any instruction given to you to transact business on my/ our behalf shall be in due conformity with the applicable laws as may for the time being be in force. Any tax implication arising out of any transactions entered in to pursuant to these terms and conditions would be as per the provisions of the Income Tax Act, 1961, or any modification or re-enactment thereof. I/ We agree and declare that any and all tax liability will be my/ our sole responsibility. I/ We shall execute and deliver to the Bank, form time to time such other documents as may be specified by the Bank for compliance or updating of records if any. I/ we have read and understand the terms and conditions applicable to the bank's Investment Services Account and agreed to be bound by the said terms and conditions and including those excluding/limiting your Liability. I/ We agree that the Bank A/c linked to the Investment Services Account will not be closed till the time all my investment holdings are either redeemed or transferred to physical form method. I/ We undertake to make the applicants to the investments aware of the provisions of the terms and conditions and the same will be binding on the applicants by use of the facility provided herein. I/ We will be jointly and severally bound by the terms and conditions of the Bank's Investment Services Account.

Mandate for Investment Services Account

I/ We authorize HDFC Bank Ltd to link the above mentioned HDFC Bank Account/ New account maintained/ being opened by me/ us to the Investment services account and to transfer funds in any form and manner including but not limited to by way of debit/ credit of my/ our account, and issue pay-orders/ demand drafts/ bankers cheque, from my/ our account for the purchase, redemption, switch, receipt of dividends or any such acts for Mutual Fund units in pursuance of the instructions given by me/ us from time to time. I/ We hereby state that all the acts, deeds and things done by the Bank based on such instructions shall be binding on me/ us. This mandate by me/ us is to be adhered to by the Bank in respect of all actions permitted by the RBI and/ or relevant regulations as applicable from time to time.

I/We, the second and third holders, irrevocably constitute the first holder as my/ our agent.

I/ We, the second and third holders agree that the instructions given by the first holder to purchase mutual funds would be funded through the Bank account mentioned herein.

I/ We, the second and third holders agree that the instructions may be given by the first holder in name of the first holder only or first holder jointly with any other persons to the exclusion of second & third holders. The second and the third holders will not raise any objections to the bank acting on such instructions. *I/We hereby confirm that I/We do not wish to appoint nominee(s) for my mutual fund units held in my/out mutual fund folio and understand the issues involved in non -appointment of nominee(s) and further are aware that in cause of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents as issued by Court or other such competent authority, based on the value of assets held in mutual fund folio" ● Please read the Terms & Conditions applicable to Investment Service Account as available on the website www.hdfcbank.com

Signature of

1st Holder 2nd Holder 3rd Holder

Fields marked with (*) are mandatory All applicants needs to be KYC compliant for opening Investment Services Account. **DL refers to Driving License.

Nominee Relation

AUNT / BROTHER-IN-LAW / BROTHER / DAUGHTER / DAUGHTER-IN-LAW / FATHER / FATHER-IN-LAW / GRAND DAUGHTER / GRAND FATHER / GRAND MOTHER
GRAND SON / MOTHER-IN-LAW / MOTHER / NEPHEW / NIECE / SISTER / SISTER-IN-LAW / SON / SON-IN-LAW / SPOUSE / UNCLE / OTHERS (Please specify)

Guardian Relationship

F-FATHER / M-MOTHER / C-COURT APPOINTED LEGAL GUARDIAN

For Office use

Signature Verified ☐ Yes Bank Account E/S Account OR Single ☐ Yes Customer Details Verified ☐ Yes

Net Banking / Phonebanking Activated ☐ Yes (Application for Netbanking/ Phonebanking to be signed by the **First holder**)

RM Name RM Signature RM Employee Code

Primary RM Name:		Primary RM CAMS Code:	
Shadow RM Name:		Shadow RM CAMS Code:	
Branch Name:		Branch Code:	
LC Code (For use by Coex only):		Date of form filing:	D D M M Y Y Y Y

I here by confirm that all the documents have been seen and verified with Originals.

RM Name RM Signature RM Employee Code

BM Name BM Signature BM Employee Code

(To be verified either by RM/ BM or PBG Advisor)

	CHECKLIST	TICK HERE
1	Ensure that------ **NAME/ PAN NO / CUST ID** of all the applicants are mentioned.	☐
2	In case first applicant is **MINOR— NAME/ PAN NO / CUST ID** of Gaurdian is mentioned	☐
3	In case applicant is **HUF— NAME/ PAN NO / CUST ID** of **Karta** is mentioned	☐
4	HDFC Bank A/c. No is mentioned—In case of existing Bank Customers	☐
5	**Signature** of all Bank Account Holders present on the form	☐
6	Signatures verified----- Tick in Box -YES/NO	☐
7	Customers details verified—Tick in Box—YES/NO	☐
8	**RM NAME/ RM SIGNATURE/ RM EMP CODE** is present on the form	☐
9	**Primary RM CODE/ Shadow RM CODE** (in case of shadow credit) is mentioned	☐
10	Branch Name/Branch Code of the RM is mentioned	☐
11	Any alteration on the form is countersigned by all the applicants	☐
12	Email Id & Contact Numbers of the Customer is mentioned	☐
13	Application for Netbanking / Phonebanking to be signed by the **First holder** (if not registered)	☐
14	CVL Print out of KYC verification is attached with ISA form with proper attestion	☐
15	Debit Mandate attached.	☐

(I) The ISA account Holding pattern has to be lines with the Bank account Holding pattern. For example, **For Bank Account with the A, B & C as holders the ISA Holding patterns can be (i) A, B & C....(ii) A & B.....(iii) A & C only.** The holding pattern once registered cannot be changed in future.

(ii) **KYC certification** for **all the holders** of the **ISA account is mandatory.** Pls attach the KYC certification copies or duly filled KYC application froms for all the proposed holders.

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Declaration form for opting out of nomination

ISA Number	
First Holder Name	
Second Holder Name	
Third Holder Namea	

I hereby confirm that I do not wish to appoint any nominee(s) to my demat account/mutual fund folio at this point of time.

I understand that –

(i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.

(ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).

(iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

Name and Signature of Unitholder(s)

Unitholder (1) Signature:_____ Name: _____

Unitholder (2) Signature:_____ Name: _____

Unitholder (3) Signature:_____ Name: _____

CLIENT PROFILER

HDFC BANK

(MUTUAL FUNDS CLIENT RISK PROFILER AND SUITABILITY FORM)

Section A: Client Profiler

Customer ID : _____

Customer Name :1st Holder_____

: 2nd Holder _____

: 3rd Holder _____

Bank Account Number : _____

Pan No : _____

1.What is your source of funds? (Please tick on any one option)

- ☐ Salaried
- ☐ Business / Self Employed
- ☐ Student/Homemaker/Retired
- ☐ Salaried + Other Income
- ☐ Business + Other Income

2.What is your total Net-worth (excluding primary residence and Net of loans Outstanding)?

- ☐ Below ₹5 lakh
- ☐ ₹5–25 lakh
- ☐ ₹25–50 lakh
- ☐ ₹50 lakh – ₹1 crore
- ☐ Above ₹1 crore

CLIENT RISK PROFILER QUESTIONNAIRES:

Section B: Risk Capacity / Ability to take risk

1.What is your Annual Income? (Please tick on any one option)	**Points**
☐ Below 5 Lakhs	1
☐ 5 Lakhs to 10 Lakhs	2
☐ 10 Lakhs to 20 Lakhs	3
☐ Above 20 Lakhs	4

2.. Which of the following age brackets you fall in (Please tick on any one option)	**Points**
☐ < 35 Years	3
☐ 35 Years - 55 Years	4
☐ 55 Years - 70 Years	2
☐ Above 70 Years	1

3.What is your educational qualification (Please tick on any one option) **Points**

☐ Undergraduate	1
☐ Graduate	2
☐ Postgraduate	3
☐ Graduate / Postgraduate along with financial experience	4

4.Which answer best describes your investment objective ? (Please tick on any one option) **Points**

☐ To meet income needs	1
☐ Long-term capital growth and income	2
☐ Long term capital growth	3
☐ Maximize portfolio growth along with taking considerable risk	4

5.Over what period of time do you expect or need to achieve your Investment Objective? (Please tick on any one option) **Points**

☐ Short Term < 1 year	1
☐ Medium Term 1 - 3 years	2
☐ Long Term 3 - 5 years	3
☐ Very Long Term > 5 years	4

Section C: Risk Tolerance

6.Rate your ability to stick with the investment, if the value fluctuates / yield negative returns ? (Please tick on any one option) **Points**

☐ Low - Exit Investment	1
☐ Medium - Partially Exit Investment	2
☐ Medium to High - Partially Exit or Hold Investment	3
☐ High - Hold Investments	4

7.What level of risk are you willing to take on your wealth? ((Please tick on any one option)

Points

☐ Low - You favour capital preservation over investment returns	1
☐ Medium - You will expose a smaller portion of the portfolio to higher risk to generate higher returns	2
☐ Medium to High - You will expose substantial portion of the portfolio to higher risk to generate higher returns	3
☐ High - You will expose higher portion of the portfolio to higher risk to generate higher returns	4

Section D: Product Experience

8.What is your level of knowledge regarding financial markets and products?/ For how many years have you been active in the financial markets? (Please tick on any one option)

	Points
☐ No prior experience I prefer safe options	1
☐ Limited experience I understand FDs, Term & Traditional insurance	2
☐ I have some experience on MFs & Equity Market	3
☐ Strong experience with market linked instruments	4

RISK PROFILE :

Based on your answers, calculate the total points to select your risk profile:	**Points**
☐ Risk Averse	8 to 12
☐ Conservative	13 to 17
☐ Moderate	18 to 22
☐ Aggressive	23 to 27
☐ Very Aggressive	28 to 32

Investment Profile	Description
Very Aggressive	Your primary focus is long-term growth, with a willingness to invest up to 100% in high-risk growth assets like equity funds. You are comfortable with high levels of fluctuation for maximum growth.
Aggressive	You aim to increase the value of your investments over the medium to long term. You can tolerate short to medium-term volatility to achieve your long-term investment goals.
Moderate	You aim to achieve a balance between risk and return. With a moderate risk tolerance, you prefer investments with an equal mix of stocks and bonds related funds to attain stability and favorable returns.
Conservative	You aim for higher returns than deposit rates while protecting your invested sum against inflation; and prefer lower risk over the medium term. The investment value can fluctuate and fall below initial investment.
Risk Averse	Your priority is to safeguard your invested sum while aiming for returns similar to those offered on 3-year deposits. It's important to know that these returns may or may not keep pace with inflation.

RISK PROFILE

Your Risk Profile is_____

The ideal asset allocation for each risk profile is as follows:			
	Asset Class		
Risk Profile	**Equity funds**	**Debt Funds**	**Gold/Silver**
Risk Averse	**0%**	**<= 100%**	**<= 5%**
Conservative	**<= 25%**	**>= 70%**	**<= 5%**
Moderate	**<= 55%**	**>= 40%**	**<= 5%**
Aggressive	**<= 75%**	**>= 20%**	**<= 5%**
Very Aggressive	**<= 100%**	**<= 100%**	**<= 5%**

This risk profiling would be valid for 2 years from the date of profiling. Re-assessment can be done before the expiry of the profile and/or in case of any change in the profile or investment objective.

CLIENT DECLARATION

Following has been understood and noted:

- No returns are guaranteed in any investment products.
- HDFC Bank offers you only incidental advice with respect to your investments in Mutual Funds.
- Any investment in non-recommended investment products will be at sole discretion of the client and at his/her own risk.
- HDFC Bank Limited is an AMFI Registered Mutual Fund Distributor (ARN-0005) and SIF Distributor, APMI Registered PMS Distributor

Declaration:

I/We understand that HDFC Bank Relationship Manager (s) are only showcasing investment opportunities to me/us for investments in Mutual Funds. I/We confirm that all decisions to invest in funds will be at my/our behest and I/we shall not hold HDFC Bank responsible for any losses arising from the same. I also understand for products other than Mutual Fund, Insurance & Sovereign Bonds, HDFC Bank Wealth only acts as a referral agent and these products are referred to me/us as per my/our request.

I/We understand that the Mutual Fund related information published by HDFC Bank may be available in the public domain. This information along with information from Mutual Fund AMCs need to be considered as reference material and will only be a guidance tool for me/us to make effective investment decision. I/We hereby confirm that the information provided above is, to the best of my/our knowledge, accurate and complete in all respects. I/We acknowledge that it is my/our responsibility to promptly inform the Bank of any changes to the information provided herein. I/We understand and agree that HDFC Bank, its affiliates, subsidiaries, directors, officers, and employees shall not be held liable or responsible for any losses, damages, or claims arising from or related to my/our investments with the Bank. Furthermore, We would like to inform you that the responses provided in this form help determine your overall Risk Profile for investments through the Bank. However, these responses do not apply to each specific transaction request. The Bank relies on the accuracy of the information provided to assess your risk profile. It is my responsibility to ensure the information remains current.

☐ I confirm that have read and understood above declaration.

1st/Sole Holders Signature	2nd Holders Signature	3rd Holders Signature

(For Bank Use Only)

Signature Verified: ☐ **Bank Account E/S Account or Single:** ☐ **Customer Details Verified:** ☐

RM Name:_____ RM Signature _____RM EMP Code_____

(Only AMFI certified RMs with valid EUIN can fill the same)

CLIENT RISK PROFILE AND SUITABILITY

(For Offline Mutual Fund transactions)

(Lumpsum \ SIP)

Sr No	I/We would like to invest in the following scheme/s	Plan/Option	Investment Amt	Recommended \ Non - Recommended	Product Risk Rating	Permissible Risk Rating
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Declaration:

I/We agree with my/our risk profile as above and after taking into account the recommended asset allocation relevant to my risk profile, SEBI Risk-O-Meter of the fund and other suggestions mentioned overleaf I/We confirm that: (Tick any one)

☐ **The fund is appropriate for My/Our risk profile (Permissible Risk Rating >= Product Risk Rating)**

☐ **The fund is <u>not</u> appropriate for My/Our risk profile but I would like to still invest on "execution only basis"**
(Permissible Risk Rating < Product Risk Rating OR
No Product Risk Rating assigned as the fund is <u>not</u> part of current Recommended list of HDFC Bank)

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1st/Sole Holders Signature **2nd Holders Signature** **3rd Holders Signature**

1.Product Risk Rating and Recommendations:

				Risk Profile					
No	**Category**	**SEBI Fund category**	**SEBI Riskometer**	**Risk Averse**	**Conservative**	**Moderate**	**Aggressive**	**Very Aggressive**	**Fund score**
1	Debt	Overnight funds	Low Risk	Y	Y	Y	Y	Y	1
9	Hybrid	Arbitrage fund	Low Risk	Y	Y	Y	Y	Y	1
3	Debt	Ultra Short duration	Low to Moderate Risk	Y	Y	Y	Y	Y	1
6	Debt	Floater fund	Low to Moderate Risk	Y	Y	Y	Y	Y	1
2	Debt	Liquid funds	Moderate Risk	Y	Y	Y	Y	Y	2
4	Debt	Low duration	Moderate Risk	Y	Y	Y	Y	Y	2
5	Debt	Money market	Moderate Risk	Y	Y	Y	Y	Y	2
7	Debt	Short duration	Moderate Risk	Y	Y	Y	Y	Y	2
8	Debt	Banking & PSU fund	Moderate Risk	Y	Y	Y	Y	Y	2
10	Debt	Medium duration fund	Moderate Risk	Y	Y	Y	Y	Y	2
11	Debt	Medium to Long duration fund	Moderate Risk	Y	Y	Y	Y	Y	2
12	Debt	Long duration fund	Moderate Risk	Y	Y	Y	Y	Y	2
13	Debt	Dynamic Bond	Moderate Risk	Y	Y	Y	Y	Y	2
14	Debt	Gilt funds	Moderate Risk	Y	Y	Y	Y	Y	2
15	Debt	FMP's	Moderate Risk	Y	Y	Y	Y	Y	2
16	Debt	Corporate Bond fund	Moderate Risk	Y	Y	Y	Y	Y	2
20	Debt	Gilt with 10 year constant duration	Moderate Risk	Y	Y	Y	Y	Y	2
17	Hybrid	Conservative Hybrid fund	Moderately High Risk	N	Y	Y	Y	Y	3
22	Hybrid	Equity Savings fund	Moderately High Risk	N	Y	Y	Y	Y	3
18	Hybrid	Balanced Hybrid	Very High Risk	N	Y	Y	Y	Y	4
19	Hybrid	Aggressive Hybrid fund	Very High Risk	N	Y	Y	Y	Y	4
21	Hybrid	Dynamic Asset Allocation or Balanced Adv fund	Very High Risk	N	Y	Y	Y	Y	4
23	Hybrid	Multi-Asset Allocation	Very High Risk	N	Y	Y	Y	Y	4
24	Equity	Index fiunds/ ETFs	Very High Risk	N	Y	Y	Y	Y	4
25	Equity	Large cap funds	Very High Risk	N	Y	Y	Y	Y	4
26	Equity	ELSS	Very High Risk	N	Y	Y	Y	Y	4
27	Equity	Multi Cap funds	Very High Risk	N	Y	Y	Y	Y	4
28	Equity	Flexicap funds	Very High Risk	N	Y	Y	Y	Y	4
29	Equity	Dividend Yield funds	Very High Risk	N	Y	Y	Y	Y	4
30	Equity	Large & Mid cap funds	Very High Risk	N	Y	Y	Y	Y	4
31	Equity	Value funds	Very High Risk	N	Y	Y	Y	Y	4
32	Equity	Contra funds	Very High Risk	N	Y	Y	Y	Y	4
33	Equity	Focussed funds	Very High Risk	N	Y	Y	Y	Y	4
34	Equity	Solution Oriented: Children's	Very High Risk	N	Y	Y	Y	Y	4
35	Equity	Solution Oriented: Retirement	Very High Risk	N	Y	Y	Y	Y	4
36	Equity	Mid cap funds	Very High Risk	N	Y*	Y	Y	Y	5
37	Equity	Small Cap funds	Very High Risk	N	Y*	Y	Y	Y	5
38	Debt	Credit Risk funds	Moderately High Risk	N	N	N	Y	Y	6
39	Equity	Sectoral/Thematic funds	Very High Risk	N	N	N	Y	Y	6
40	Equity	FOF- Overseas funds	Very High Risk	N	N	N	Y	Y	6
41	SIF-Equity	Equity Long-Short Fund	Very High Risk	N	N	N	Y	Y	6
42	SIF-Equity	Equity Ex-Top 100 Long-Short Fund	Very High Risk	N	N	N	Y	Y	6
43	SIF-Equity	Sector Rotation Long-Short Fund	Very High Risk	N	N	N	Y	Y	6
44	SIF-Debt	Debt Long-Short Fund	Very High Risk	N	N	N	Y	Y	6
45	SIF-Debt	Sectoral Debt Long-Short Fund	Very High Risk	N	N	N	Y	Y	6
46	SIF-Hybrid	Active Asset Allocator Long-Short Fund	Moderately High Risk	N	N	Y	Y	Y	6
47	SIF-Hybrid	Hybrid Long-Short Fund	Moderately High Risk	N	N	Y	Y	Y	6

SBI MUTUAL FUND
A PARTNER FOR LIFE

Application No.

COMMON APPLICATION FORM

(Please fill in BLOCK Letters only)

FOR NEW INVESTORS - FRESH PURCHASE ONLY

(Please use financial transaction form for additional purchase)

Name & ARN Code / RIA Code** / PMRN	Branch Code (Only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Employee/ Reference No.
ARN-0005					

Declaration for "Execution-only" transaction (where the above EUIN box is left blank & no investment advice is solicited) / Registered Investment Advisor (RIA) Transaction:

* 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.

** By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA), the details of my / our transactions in the scheme(s) of SBI Mutual Fund.

SIGNATURE (S)	1st Holder/Authorised Signatory/Guardian	2nd Holder/Authorised Signatory	3rd Holder/Authorised Signatory

SECTION I - INDIVIDUAL INVESTOR / SOLE PROPRIETOR

Investor Details	1st Applicant/Minor	2nd Applicant	3rd Applicant
Investor Name (As per Income Tax)			
PAN Number			
Date of Birth (As per Income Tax)	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Guardian Details (In case of Minor) (Please fill details as per Income Tax)	Guardian Name Guardian PAN	Relationship with Minor: ☐ Father ☐ Mother ☐ Legal Guardian Guardian Date of Birth D D / M M / Y Y Y Y	Relationship Proof attached: ☐ Birth Certificate ☐ Passport ☐ Aadhar Card ☐ Court Order
Mode of Holding	☐ Single ☐ Joint ☐ Anyone or Survivor(s)		***(Joint applicants not allowed in case of Minor investment)***
CKYC Number (KIN)			
Tax Status	☐ Resident Individual ☐ Resident Minor	☐ Resident Individual ☐ PIO	☐ Resident Individual ☐ PIO
	☐ NRI (Repatriable) ☐ NRI (Non Repatriable)	☐ NRI (Repatriable) ☐ NRI (Non Repatriable)	☐ NRI (Repatriable) ☐ NRI (Non Repatriable)
	☐ NRI - Minor (Repatriable) ☐ NRI - Minor (Non Repatriable)		
	☐ PIO ☐ Sole Proprietor ***(Please attach GST Certificate)***		
Power of Attorney (POA) Details - If applicable			
POA Holder Name			
PAN of POA Holder			
POA copy attached	☐	☐	☐

SECTION II NON - INDIVIDUAL INVESTOR

Investor Name (As per Income Tax)			
PAN Number		Date of Incorporation (As per Income Tax) D D / M M / Y Y Y Y	CKYC Number (KIN)
Contact Person Name			
Legal Entity Identifier (LEI Copy to enclosed)	LEI No.	Validity D D / M M / Y Y Y Y	**Note: LEI code mandatory if investment value is equal to or exceeds ₹ 50 crore limit.**
Tax Status of Entity	☐ Partnership Firm ☐ Private Limited Company ☐ AOP ☐ NPO* ☐ Bank & Institutions		
	☐ HUF ☐ Public Limited Company ☐ BOI ☐ NGO* ☐ Gratuity Fund		
	☐ LLP ☐ Government Body ☐ FOF ☐ Trust* ☐ Body Corporate		
	☐ FII/FPI ☐ Pension & Retirement Fund ☐ Society* ☐ NPS Trust* ☐ Others _____		
*NPO Declaration: (Mandatory for Trust & Society) (Please attach Darpan Certificate)	***I/We are Non-profit organisation (NPO)** ☐ **Yes** ☐ **No.** **If yes, please quote registration number of Darpan Portal**_____ We are falling under "Non-Profit organisation (NPO) which has been constituted for religious or charitable purpose referred to in clause (15) of section of 2 of Income-Tax Act,1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act,1860 (21 of 1860) or any similar State Legislation or Company Registered under the section 8 of the Companies Act,2013 (18 of 2013). If not registered, please register immediately and confirm with the above information to avoid non processing of applications. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF/AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We are aware that we may be liable for any fines or consequences as required under the respective statutory requirement and authorise you to deduct such fines/charges under intimation to us or collect such fines/charges in any other manner as might be applicable.		

Other Details	Is the entity involved/providing any of the following service(s) :	YES	NO
	For foreign exchange/money changer services	☐	☐
	Money Lending/Pawning	☐	☐
	Gaming/Gambling/Lottery services (eg Casinos/betting syndicates)	☐	☐

Networth in Rs. (Not older than 1 year) Mandatory	Rs.	As on D D / M M / Y Y Y Y

Note: Non-Individual Investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.

Contd...

SECTION III - CONTACT & BANK DETAILS

Address for Communication	**Correspondence Address** (Address as per KRA records)		**Overseas Address** (Mandatory for NRI/PIO/FII applicant)	
	City/Town	Pin	City/Town	Zip
	State	Country	State	Country
	Tel. (Res.)	Tel. (Off.)	Tel. (Res.)	Tel. (Off.)
Bank Details (Please attach Bank Account proof)	Bank Name		Bank Account No.	
	Branch Name		IFSC	MICR (9 Digit)
	Branch Address		City	Pin code
	A/C Type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others _____			

Contact Details	**1st Applicant/Minor**		**2nd Applicant**		**3rd Applicant**	
Mobile Number	Country Code -		Country Code -		Country Code -	
Given Mobile Number Pertains to	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children
	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents
	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling
	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS
Email ID						
Given Email ID Pertains to	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children	☐ Self	☐ Dependent Children
	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents	☐ Spouse	☐ Dependent Parents
	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling	☐ Guardian	☐ Dependent Sibling
	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS	☐ Custodian	☐ POA ☐ PMS

SECTION IV - INVESTMENT DETAILS

Investment Type	☐ **Lumpsum Investment**	☐ **Systematic Investment Plan (SIP)** (Please Attach SIP & OTM Form)	☐ **Lumpsum with SIP Investment** (Please Attach SIP & OTM Form)
Scheme Details	**Scheme 1** (Please provide separate cheque for each Scheme)	**Scheme 2** (Please provide separate cheque for each Scheme)	**Scheme 3** (Please provide separate cheque for each Scheme)
Scheme Name			
Plan	☐ Regular ☐ Direct	☐ Regular ☐ Direct	☐ Regular ☐ Direct
Option	☐ Growth ☐ IDCW (Dividend)	☐ Growth ☐ IDCW (Dividend)	☐ Growth ☐ IDCW (Dividend)
IDCW Facility	☐ Payout ☐ Reinvest	☐ Payout ☐ Reinvest	☐ Payout ☐ Reinvest
	☐ Transfer *(In case you wish to transfer IDCW amount to other scheme)*	☐ Transfer *(In case you wish to transfer IDCW amount to other scheme)*	☐ Transfer *(In case you wish to transfer IDCW amount to other scheme)*
IDCW Transfer Details (If selected IDCW transfer)	To Scheme Name	To Scheme Name	To Scheme Name
	Plan / Option	Plan / Option	Plan / Option
	IDCW Facility / IDCW Frequency	IDCW Facility / IDCW Frequency	IDCW Facility / IDCW Frequency
IDCW Frequency	☐ Daily ☐ Weekly	☐ Daily ☐ Weekly	☐ Daily ☐ Weekly
	☐ Fortnightly ☐ Monthly	☐ Fortnightly ☐ Monthly	☐ Fortnightly ☐ Monthly
	☐ Quarterly ☐ Annual	☐ Quarterly ☐ Annual	☐ Quarterly ☐ Annual
Payment Details (Cheque in favour of Scheme Name)	Cheque No. / UTR No./ Reference No.	Cheque No. / UTR No./ Reference No.	Cheque No. / UTR No./ Reference No.
	Cheque Date D D / M M / Y Y Y Y	Cheque Date D D / M M / Y Y Y Y	Cheque Date D D / M M / Y Y Y Y
Amount in Rs.			
Amount in Words			
Drawn on	Bank Name	Bank Name	Bank Name
	Branch Name	Branch Name	Branch Name
	Bank A/c No.	Bank A/c No.	Bank A/c No.
Payment Mode	☐ Cheque ☐ RTGS/NEFT	☐ Cheque ☐ RTGS/NEFT	☐ Cheque ☐ RTGS/NEFT
	☐ Fund Transfer ☐ OTM	☐ Fund Transfer ☐ OTM	☐ Fund Transfer ☐ OTM

DEMAT Details (Please provide details ONLY if you wish to hold units in / under Demat)	Depository Participant Name	Proof Attached ☐ Latest Client Master ☐ Demat Account Statement
	☐ **National Securities Depository Limited (NSDL)**	☐ **Central Depository Securities (India) Limited (CDSL)**
	DP ID & Beneficiary Account No.	Beneficiary Account No.

Note: The sequence of names as mentioned in the MF application form should be as per the sequence of names in Demat account.

Contd...

SECTION V - FATCA & CRS INFORMATION MANDATORY FOR INDIVIDUAL / SOLE PROPRIETOR

Non-Individual Investors should Mandatorily fill separate FATCA/CRS & UBO Form (Annexure - I) along with this form.

FATCA & CRS	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Country of Birth				
Place/City of Birth				
Nationality				
Is the applicant(s) Country of Birth/ Nationality/Tax Residency other than India	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, Please provide following information:				
Country of Tax Residency 1				
Identification Type				
Tax Payer Ref ID No.				
Country of Tax Residency 2				
Identification Type				
Tax Payer Ref ID No.				
Country of Tax Residency 3				
Identification Type				
Tax Payer Ref ID No.				

Note: In case Tax Identification Number is not available, kindly provide its functional equivalent. If no TIN is available or has not yet been issued, please provide an Explanation and attach this to the form. (Please attach additional sheet if necessary and mention all countries in which applicant is a tax resident and provide relevant details)

SECTION VI - OTHER PERSONAL INFORMATION

Other Information	1st Applicant/Minor	2nd Applicant	3rd Applicant	Guardian
Gender	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other	☐ Male ☐ Female ☐ Other
Father's Name				
Spouse Name				
Occupation	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector	☐ Private Sector ☐ Public Sector
	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor	☐ Government Service ☐ Doctor
	☐ Business ☐ Professional	☐ Business ☐ Professional	☐ Business ☐ Professional	☐ Business ☐ Professional
	☐ Agriculturist ☐ Retired	☐ Agriculturist ☐ Retired	☐ Agriculturist ☐ Retired	☐ Agriculture ☐ Retired
	☐ Student ☐ House Wife	☐ Student ☐ House Wife	☐ Student ☐ House Wife	☐ Student ☐ House Wife
	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____	☐ Others (Please Specify) _____
Gross Income Range (in Rs.)	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs	☐ Below 1 Lac ☐ 1-5 Lacs
	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs	☐ 5-10 Lacs ☐ 10-25 Lacs
	☐ 25 lacs - 1 Cr ☐ 1-5 Cr	☐ 25 lacs - 1 Cr ☐ 1-5 Cr	☐ 25 lacs - 1 Cr ☐ 1-5 Cr	☐ 25 lacs - 1 Cr ☐ 1-5 Cr
OR	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr	☐ 5-10 Cr ☐ > 10cr
Networth in Rs. (Not older than 1 year)	Rs.	Rs.	Rs.	Rs.
	As on D D / M M / Y Y Y Y	As on D D / M M / Y Y Y Y	As on D D / M M / Y Y Y Y	As on D D / M M / Y Y Y Y
Politically Exposed Person (PEP)	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP	☐ Yes ☐ No ☐ Related to PEP
Type of Address given at KRA	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office

Contd...

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ACKNOWLEDGMENT SLIP

Application No.:

Name of the Investor			**ARN No.:**	**EUIN No.:**
			Scheme Name:	
Investment Details	**Date:** D D / M M / Y Y Y Y	**Amount:**	**Plan:** ☐ Regular ☐ Direct	**Option:** ☐ Growth ☐ IDCW
	Cheque/UTR No.:		Signature, Date & Stamp	
	Bank & Branch Name:			

SECTION VII - NOMINATION

Nomination (Applicable for individual Investors except Minor)	☐ **I/We wish to Nominate the following person(s). (ALL THE BELOW FIELDS ARE MANDATORY)** **OR** ☐ **I/We do not wish to Nominate - Nominee OPT Out** (Please sign Declaration for No Nomination) **#**		
Nominee Details	**Nominee 1**	**Nominee 2**	**Nominee 3**
Name of the Nominee			
PAN of Nominee (Optional)			
Allocation% (Total of allocation% should be 100%)			
Relationship of Nominee with investor			
Nominee Date of Birth (Mandatory if Nominee is Minor)	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Guardian Name (In case Nominee is Minor)			
Nominee/Guardian Address			
Nominee/Guardian Contact Details	Mobile No.	Mobile No.	Mobile No.
	Email Id	Email Id	Email Id
Identification Details of Nominee/Guardian (in case of Minor)- Please tick any one Option	☐ PAN Card ☐ Aadhar (last 4 Digits)	☐ PAN Card ☐ Aadhar (last 4 Digits)	☐ PAN Card ☐ Aadhar (last 4 Digits)
	☐ Passport(NRI/PIO/OCI) ☐ Driving Licence	☐ Passport(NRI/PIO/OCI) ☐ Driving Licence	☐ Passport(NRI/PIO/OCI) ☐ Driving Licence
Please mention ID Number of the opted Option	Identification Number	Identification Number	Identification Number
# Declaration for No Nomination:	I/we hereby confirm that I/We do not wish to appoint any nominee(s) for my/our mutual fund units held in my/our folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by court or other competent authority, based on the values of assets held in my/our mutual fund folio.		
***Signature(s)** (All Applicants must Sign)	1st Applicant	2nd Applicant	3rd Applicant

***If the account holder affixes thumb impression instead of signature, Please use separate nomination form.**

I / We want the details of my / our nominee to be printed in the Statement of Account, provided to me / us by the AMC as follows; (please tick, as appropriate)

☐ Name of Nominee(s) with Details and Percentage ☐ Nomination without Details and Percentage (Default Option)

Go Green Initiative

All communication related to your investment, scheme-wise annual report or abridged summary will be sent to your registered Email ID. However if you wish to receive the above in physical form, please tick below box.

☐ **I wish to receive scheme wise annual report or abridged summary through physical mode.**

DECLARATION : I/We confirm that the information provided in this form is true & accurate. I/We have read and understood the contents of all the scheme related documents and I/We hereby confirm and declare that **(i)** I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment. **(ii)** The amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund ("the Fund") is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. **(iii)** The monies invested by me/us in the schemes of the Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). **(iv)** I/We am/are aware that a U.S. person (within the definition of the term 'US Person' under the US Securities laws) / resident of Canada are not eligible for investments with the Fund and I/We am/are not a U.S. person/resident of Canada. **(v)** The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/her for the different competing schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us. **(vi)** $As per the Memorandum and Articles of Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company / Firm / Trust, I/We am/are authorised to enter into the transactions for and on behalf of the Company/Firm/Trust. **(vii)** @I/We am/are Non Resident of Indian Nationality/Origin and that funds for the subscriptions have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/ FCNR Account. **(viii)** I/We do not hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agency and also confirm that the aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupees Fifty Thousand) per Financial year per AMC (Applicable for "Micro Investments" only). **(ix)** All information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge and belief and I/We shall be liable in case any of the specified information is found to be false or untrue or misleading or misrepresenting. **(x)** That we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same. **(xi)** I/We shall keep you forthwith informed in writing about any changes/modification to the information provided or any other additional information as may be required by you from time to time. **(xii)** Towards compliance with tax information sharing laws, such as FATCA and CRS: **(a)** The Fund may be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from investors. I/We ensure to advise you within 30 days should there be any change in any information provided. **(b)** In certain circumstances (including if the Fund does not receive a valid self-certification from me) the Fund may be obliged to share information on my account with relevant tax authorities. **(c)** I/We am aware that the Fund may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. **(d)** As may be required by domestic or overseas regulators/ tax authorities, the Fund may also be constrained to withhold and pay out any sums from my/ our account or close or suspend my account(s) and **(e)** I/We understand that I am / we are required to contact my tax advisor for any questions about my/our tax residency. **(f)** I have understood the information requirements of this form (read along with the FATCA/CRS instructions) and hereby confirm that the information provided by me/us on these form, including the tax payer identification number is true, correct and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and accept the same. **(xiii)** I/We understand that, a penalty shall be levied on every inaccurate reportable account as provided under the Income Tax Act, 1961. The MF/AMC has the right to recover this penalty from the unit holder(s) or retain out of any money in its possession, due to inaccurate information or false self-certifications provided by unit holders. **(xiv)** If the name/date of birth/date of incorporation given in the Application is not matching with PAN, Application may liable to get rejected or further transactions may be liable to get rejected. By using this application, I/We agree to issue a cheque in favour of the scheme which will be invested as per the option selected/mentioned under clause (Section IV) of the form. **$Applicable to other than Individuals/HUF; @Applicable to NRI**

I/We have read, understood & agree to the terms & conditions mentioned in the SID & KIM of the respective Scheme(s) along with the above declaration. I/We hereby confirm that the information provided by me/us on this form is true, correct and complete.

Signature(s) (All Applicants must Sign)	**1st Applicant/Guardian/ Authorised Signatory - Affix Rubber Stamp**	**2nd Applicant Authorised Signatory - Affix Rubber Stamp**	**3rd Applicant Authorised Signatory - Affix Rubber Stamp**

Date: / / **Place:**

Any communication in connection with this application should be addressed to the Registrar or the Investment Manager

Investment Manager :
SBI Funds Management Ltd.
(A Joint Venture between SBI & AMUNDI)
9th Floor, Crescenzo, C-38 & 39,G Block, Bandra Kurla Complex,
Bandra (East), Mumbai - 400 051.

Registrar:
Computer Age Management Services Ltd.,
(SEBI Registration No. : INR000002813)
Rayala Towers, 158, Anna Salai,Chennai - 600 002.
Email: enq_sbimf@camsonline.com • Website: www.camsonline.com

Toll Free	**Email ID**	**Website**
1800 425 5425 / 1800 209 3333 +91-22-62511600/+91-80-25512131 (for overseas investors)	customer.delight@sbimf.com	www.sbimf.com

SBI MUTUAL FUND
A PARTNER FOR LIFE

March 2024

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM

New investors subscribing to the scheme through SIP must submit this Form alongwith Common 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.
ARN-0005					

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

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

INVESTOR DETAILS

Folio No./Application No.

Name of 1st Applicant

SIP Cheque No/s :

	1	2	3
Scheme Name			
Plan	☐ Regular ☐ Direct	☐ Regular ☐ Direct	☐ Regular ☐ Direct
Option	☐ Growth ☐ IDCW _____	☐ Growth ☐ IDCW _____	☐ Growth ☐ IDCW _____
Income Distribution cum Capital Withdrawal (IDCW) Facility	☐ Reinvest ☐ Payout	☐ Reinvest ☐ Payout	☐ Reinvest ☐ Payout
Each SIP Instalment Amount (₹)			
SIP Frequency	☐ Monthly (Default) ☐ Quarterly ☐ Daily ☐ Weekly ☐ Half - Yearly ☐ Annual	☐ Monthly (Default) ☐ Quarterly ☐ Daily ☐ Weekly ☐ Half - Yearly ☐ Annual	☐ Monthly (Default) ☐ Quarterly ☐ Daily ☐ Weekly ☐ Half - Yearly ☐ Annual
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	☐ 1st ☐ 15th ☐ 30th (For February, last business day) ☐ 5th ☐ 20th ☐ 10th (Default) ☐ 25th (Any other date from 1st to 30th)	☐ 1st ☐ 15th ☐ 30th (For February, last business day) ☐ 5th ☐ 20th ☐ 10th (Default) ☐ 25th (Any other date from 1st to 30th)	☐ 1st ☐ 15th ☐ 30th (For February, last business day) ☐ 5th ☐ 20th ☐ 10th (Default) ☐ 25th (Any other date from 1st to 30th)
(for Weekly Fixed Date or Day)	☐ Fixed dates (1,8,15,22) OR ☐ Any Day (Default) _____ (Monday to Friday)	☐ Fixed dates (1,8,15,22) OR ☐ Any Day (Default) _____ (Monday to Friday)	☐ Fixed dates (1,8,15,22) OR ☐ Any Day (Default) _____ (Monday to Friday)
SIP Period	From _____ To _____ **OR** ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs ☐ 15 yrs ☐ 20 yrs ☐ 40 yrs (Select any one)	From _____ To _____ **OR** ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs ☐ 15 yrs ☐ 20 yrs ☐ 40 yrs (Select any one)	From _____ To _____ **OR** ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs ☐ 15 yrs ☐ 20 yrs ☐ 40 yrs (Select any one)

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

Bank Name _____ Bank A/c No _____

TOP-UP SIP (Select anyone % or Amount)

	1	2	3
Top-Up Percentage (in multiples of 5% only)	☐ 5% ☐ 10% OR ☐ Other_____	☐ 5% ☐ 10% OR ☐ Other_____	☐ 5% ☐ 10% OR ☐ Other_____
OR	OR	OR	OR
Top-Up Amount Rs. (in multiples of Rs. 500 only)	Amount Rs._____	Amount Rs._____	Amount Rs._____
Top-Up Frequency	☐ Half - Yearly ☐ Annual	☐ Half - Yearly ☐ Annual	☐ Half - Yearly ☐ Annual

TOP-UP SIP CAP (Investor has to choose only one option)

Top-Up SIP CAPAmount ₹ (maximum SIP installment including Top-Up amount)			
OR			
Top-Up SIP CAP Month-Year			

DECLARATION : I/We hereby declare that the particulars given in this mandate form are correct and express my/our 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 Addendum 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.

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ONE TIME DEBIT MANDATE FORM (OTM)

UMRN _____ Date _____

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 _____ 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 _____

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/We are authorizing the User entity/Corporate to debit my account, based on the instruction as agreed and signed by me/us. I/We have understood that I/ we are authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /Corporate or the bank where I/We 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. 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.
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".
9. 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.

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

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

1. 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.
2. 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.
3. 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.
5. 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.
8. 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.
10. 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:

1. 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.
4. 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.
5. 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