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SBI Funds Management Pvt. Ltd.
(A Joint Venture between SBI & AMUNDI)
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Bandra (East), Mumbai – 400 051
Tel: 022- 61793511
Email: customer.delight@sbimf.com

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Email: enq_L@camsonline.com Website: www.camsonline.com

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For third party cl	heque	s plea	ase se	ee Not	e 3 vii.																						

9. STP ENR	OLLME	NT C	DETA	AILS	0	pted	for S	STP:		Yes		■ N	lo	(lf	Yes,	it is m	nanda	itory to	subr	nit ST	P Enre	ollmer	nt Form	/Trans	action	slip)	
10. DEMAT If you wish t Please ensur	o hold u e that th	nits e se	in D equer	emat nce of	moo f nan	nes a	s me	ntion	ed in	the a	det a	ails a icatio	nd e n for	rm ma	atche	s wit	h tha	at of t	he a	ccou	nt he	ld wi	ith the	Depo	sitor	y Part	ndatory ticipant
	ional Se	ecur	ities	Dep	osito	ory L	imite	ed (N	SDL)		+			Cent	tral D)еро	sitor	y Se	rvice	es (In	idia)	Limit	ed (C	DSL))	
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11B. NOMINA	ATION :	I do	not	wish	to no	omina	te an	y per	son a	at the	time	of m	nakin	g the	inves	stmen	ıt.										
Signature																											
12. DECLARATION (SEE NOTE 11): I/We confirm that the information provided in this form is true 8 accurate. I/We have read an 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 indirectly, in making this investment; (ii) the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual Fund ("Me legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislati laws or any notifications, directions issued by any governmental or statutory authority from time to time; (iii) the monies invested by Fund do not attract the provisions of Foreign Contribution Regulations Act ("FCRA"). (We am/are aware that a U.S. person (within the 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.; (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 schemes of various mutual funds from amongst which a scheme of the Fund is being recommended to me/us; (vi) * as per the Me Association of the Company, Bye laws, Trust Deed or Partnership Deed and resolutions passed by the Company i Firm / Trust, I/We am/ar by the transactions for and on behalf of the Company/Firm/Trust; (vii) ** "I/We am/are No Resident of Indian Nationality/Origin and that i have been remitted from abroad through approved banking channels or from my/our Non Resident External/Ordinary account/FCNR Act hold a Permanent Account Number and hold only a single PAN Exempt KYC Reference No. (PEKRN) issued by KYC Registration Agenc aggregate of lump sum and SIP installments in a rolling 12 months period or financial year does not exceed Rs. 50,000/- (Rupea information provided in this application form together with its annexures is/are true and correct to the best of my/our knowledge are use to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indi										any re (the Fu islation d by m in the c J.S. per /her for e Memo am/are hat fur R Accord gency a upees ge and re you as anc choritie gally r t the sa so seek n 30 da n me) t inform reto; (d ur acco esiden ur ovide	bate of nd") i a or an e in the definition or an e in the definition of the definiti	or gifting	s, dirived to the control of the con	ectly or through plicable s of the erm 'US Canada; mpeting ticles of her into riptions e do not that the : (ix) all bshall be e, remit by me/ ding but er such all keep onal, tax be any obliged citutions uired by suspend erstood is Form													
SIGNATURE (ALL Applicar must sign)										(6)	<u>8</u>									⊗							
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Acknowledgement Stamp



Received SIP Enrolment Form from

SIP ENROLMENT FORM
(Please submit SIP enrolment form only if One Time Debit Mandate Form (OTM) registered / submitted in the Folio)

New investors subscribing to	the scheme through SIP must comple	te SIP Enrolment Form & OTM ale	ongwith Common Application Form
(Ap	plication should be submitted atleast 30 da	ays before the 1st Direct Debit/NACH	debit date)

	(Application snould be	e submitted atleast 30 days bet	ore the 1st Direct	Debit/NA	СН аеріт аате)	
ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker	Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-29181 HITESH OZA					E045829	
	,	FILES. 1 1 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	D ():	4 ())		

ARN-29181 HITESH OZA			E045829	
Declaration for "execution-only" transaction (only				JI
* I/We hereby confirm that the EUIN box has bee advice by the employee/relationship manager/sale				
by the employee/relationship manager/sales perso	on of the distributor and th	e distributor has not char	ged any advisory fees on this tra	ansaction.
SIGNATURE(S)				
1st Applicant / Guardian / Autho			- 1	
Upfront commission shall be paid directly by the invo service rendered by the distributor	estor to the AMFI registered	Distributors based on the II	nvestors' assessment of various fa	ctors including the
TRANSACTION CHARGES FOR APPLICATION	NS THROUGH DISTRIBU	ORS/AGENTS ONLY		
In case the subscription amount is Rs. 10,000/- or mo or Rs. 100/- (for investor other than first time mutual fu the balance amount invested.				
	INVESTOR	DETAILS		
Folio No./Application No.		(Existing unitholders: Please m Application Number)	ention your Folio Number. New applicants: F	lease mention the
Name of 1st Applicant (Mr/Ms/M/s)				
Name of Father/Guardian in case of Minor				
PAN DETAILS				
First Applicant / Guardian	Second	Applicant	Third Applicant	:
Mandatory Enclosures	Mandatory	Enclosures	Mandatory Enclos	lires
PAN Proof KYC Acknowledgement	PAN Proof	KYC Acknowledgement		cknowledgement
PAN Exempt KYC Ref no	PAN Exempt KYC Ref no		PAN Exempt KYC Ref no	
(PEKRN for Micro investments) -	(PEKRN for Micro investr	nents)	(PEKRN for Micro investments) -	
SIP DETAILS (Direct Debit/NACH in select bank	ks only)			
SIP with Cheque SIP withou	ıt Cheque			
Scheme Name				
Plan (Please ✓)	☐ Direct			
Option (Please ✓) ☐ Growth	Dividend (Frequen	cy)		
Dividend Facility (Please ✓) ☐ Reinvestment	☐ Payout			
Each SIP Amount (Rs.)			Cheque No. : Cheque should be drawn on bank accou	unt mentioned below)
SIP Frequency (Please ✓ any one) Weekly SIF	P (1 st , 8 th , 15 th and 22 nd)	Monthly SIP (De	fault) Quarterly SI	P
SIP Date (for Monthly & Quarterly)	5 th 10 th	15 th 20 th 2	5th 30 th (For February, last business day)	
From D D M M Y Y Y	(
SIP Period To D D M M Y Y Y Y	OR 3 years 5	years 10 years	15 years Perpetual	(Select any one)
Debit Bank A/c Details (Mandatory only in case of M	fultiple OTMs (One Time Deb	it Mandates) registered/subn	nitted in the Folio with different bank	c account details)
Bank Name		<u> </u>		
Bank A/c No				
Top-up Amount Rs. (in multiples of Rs. 500 only)		-	f - Yearly Annu	al
DECLARATION: I/We hereby declare that the partinvestment in the schemes of SBI Mutual Fund. transactions by debiting my/our bank account thror incorrect information, I/We would not hold the bank account. I/We confirm that the aggregate comonths period or financial year i.e. April to Marc ARN holder has disclosed to me/us all the comm Schemes of various Mutual Funds from amongs terms and conditions and contents of the SID, SAI/We hereby authorize the bank to honour such particular than the particular transactions of the SID, SAI/We hereby authorize the bank to honour such particular transactions.	rticulars given in this mand I/We are aware that SBI rough Direct Debit / NACH e user institution responsib of the lump sum investmenth does not exceed Rs. 50, issions (in the form of trail t which the Scheme is bei AI, KIM and Addenda issue	ate form are correct and endutual Fund and its service acility. If the transaction is endutuse. I/We will also inform Signature. We will also inform Signature. If the service and it is a service and it is a service. If the service are services and it is a service. If the service are services and it is a service. If the service are services are services and it is a service. If the services are services are services and it is a service. If the services are services are services are services and it is a services. If the services are services are services are services are services. If the services are services are services are services are services are services are services. If the services are services are services are services are services are services. If the services are services and services are ser	ce providers and bank are author delayed or not effected for reaso BI Mutual Fund/RTA about any chonal purchase) and SIP installmeind) (applicable for "Micro investrode), payable to him for the diffus. I/We have read, understood and respective Scheme(s) of SBI Mutual delayed.	orized to process in sof incomplete langes in my/our ents in rolling 12 ments" only). The ferent competing and agreed to the
SIGNATURE(S)				
1st Applicant / Guardian / Auth	orised Signatory 2 nd Ap	olicant / Authorised Sign	natory 3 rd Applicant / Author	ised Signatory
SBI MUTUAL FUND A PARTNER FOR LIFE	ACKNOWLED (To be filled i	-		
Folio No. / Application No.				

2RI W	0.0/12.0110	IVIE DEBIT IVIANDATI Ile for SIP Registrations through N	,	,		
UMRN	THE TON ETTE TO SPENDED		7.01.112.11.120.1.2		Date D D N	M M Y Y Y
Sponsor Ba	ank Code	U	tility Code			
CREATE	✓ I/We, hereby authorize SBI Mut	ual Fund	To debit (F	Please ✓)	SB/CA/CC/SB-N	NRE/SB-NRO/Other
MODIFY CANCEL	Bank A/c No.					
with Bank	Bank Name	IFSC		OR	MICR	
an amount	of Rupees			₹		
FREQUEN	CY: Weekly Monthly Quarte	rly 📝 As & when presented	d DEBIT	TYPE: 🖂	Fixed Amount	✓ Maximum Amount
Folio No.:		Ph	one No.:			
Appln No.		En	nail ID:			
PERIOD From	I Agree for the debit of mandate processing cha		norizing to debit r			le of charges of the bank. f 3 rd Bank Account Holder
	Until cancelled Name a m that the declaration has been carefully read, understood & rod that I am authorized to cancel/amend this mandate by appro			debit my account,	based on the instructi	

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE FORM (OTM)

 Investors who have already submitted One Time Debit Mandate Form (OTM) 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 (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.

- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Alongwith OTM, investors need to provide 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. Investor's cheque/bank account details are subject to third party validation.
- 4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of SBI Mutual Fund.
- Date and validity of the mandate should be mentioned in DD/MM/YYYY format.

- 6. Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by SBI Mutual Fund.
- 7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".
- There is no maximum duration for enrolment. Investor(s)
 has an option to fill 'End Date' or select the option "Until
 Cancelled".

Mandatory Information to be provided by investors in One Time Debit Mandate Form (OTM):

- 1. Date of Mandate
- 2. Bank A/c Type
- 3. Bank Account Number
- 4. Bank Name
- 5. IFSC and/or MICR Code
- 6. Maximum Amount (Rupees and Words)
- 7. Folio No / Appln No
- 8. Mandate Start Date
- 9. Mandate End Date or Until Cancelled
- 10. Signature(s) as per Bank records
- 11. Name(s) as per Bank records