

SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through Direct Debit/ NACH must fill up the Registration cum Mandate Form)			
<input type="checkbox"/> SIP with Cheque		<input type="checkbox"/> SIP without Cheque	
		In case this application is for Micro SIP (Please tick (✓)) <input type="checkbox"/> MICRO SIP	
Scheme Name/Plan/Option/ Dividend Frequency			
Payment Mechanism (Please ✓ any one)		<input type="checkbox"/> Post Dated Cheques (Please provide the details below)	
		<input type="checkbox"/> SIP Direct Debit/ NACH (Please complete SIP Direct Debit/NACH Registration cum Mandate Form)	
Frequency (Please ✓ any one)			
<input type="checkbox"/> Weekly SIP (1st, 8th, 15th and 22nd)		<input type="checkbox"/> Monthly SIP (Default)	
<input type="checkbox"/> Quarterly SIP			
SIP Date (for Monthly & Quarterly) (Please ✓)			
<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day)			
SIP Tenure			
From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years OR No of SIP Installments <input type="text"/>	
To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		OR <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetual (Select any one)	
Cheque(s) Details			
No. of Cheques		SIP Installment Amount (in figures)	
Cheque Nos			
Cheques drawn on			
Name of Bank & Branch			

SWP / STP FACILITY REQUEST			
Systematic Withdrawal Plan (SWP)			
Scheme / Plan		SWP installment amount (Rs.)	Amount (in words)
SWP From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		SWP To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SWP Date <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th (For February, last business day)			
<input type="checkbox"/> Weekly (1 st , 8 th , 15 th & 22 nd)			
<input type="checkbox"/> Monthly			
<input type="checkbox"/> Quarterly			
<input type="checkbox"/> Half-yearly			
<input type="checkbox"/> Annual			
Systematic Transfer Plan (STP)			
STP Facility Request (Please ✓ any one)		<input type="checkbox"/> Regular STP <input type="checkbox"/> CASTP <input type="checkbox"/> Flex STP	
From (Scheme)		To (Scheme)	
Scheme		Scheme	
Plan (✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct		Plan (✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		Option (✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
		Dividend Facility(✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer	
In case of Dividend Transfer facility, please mention target scheme along with plan/option.			
Scheme / Plan / Option _____			
STP Frequency & Enrolment Period (Please ✓ any one)		STP Installment Amount (Rs.)	
<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly			
		STP From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		STP To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

CHANGE OF ADDRESS FOR NON-KYC FOLIOS (Identity and Address proof mandatory)			
Local Address of 1st Applicant			
<input type="text"/>			
Landmark			
<input type="text"/>			
City			
<input type="text"/> Pin <input type="text"/>			
State			
<input type="text"/>			
Foreign Address (Mandatory for NRI / FII)			
Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>			
<input type="text"/>			
City			
<input type="text"/>			
Country			
<input type="text"/> Zip <input type="text"/>			

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 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); (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;

* Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to "Micro investments"

SIGNATURE(S)		
Applicants must sign as per mode of holding	<input type="checkbox"/>	<input type="checkbox"/>
1st Applicant/Guardian/ Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory
Date		Place

-----TEAR HERE-----

All future communication in connection with this application should be addressed to the Registrars to the scheme or SBIMF Corporate Office.

Investment Manager : SBI Funds Management Pvt. Ltd. (A Joint Venture between SBI & AMUNDI) 9th Floor, Crescenzo, C-38 & 39, G Block, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051 Tel: 022- 61793537 Email: customer.delight@sbimf.com Website : www.sbimf.com	Registrar: Computer Age Management Services Pvt. Ltd., SEBI Registration No. : INR000002813 Rayala Towers, 158, Anna Salai, Chennai – 600 002 Tel: 044 – 30407236, Fax: 044 – 30407101 Email: enq_L@camsonline.com Website: www.camsonline.com
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