

- Long term capital appreciation
- Investment in securities covered by Nifty200 Momentum 30 Index



*Investors should consult their financial advisers if in doubt about whether the product is suitable

APPLICATION FORM FOR SBI NIFTY200 MOMENTUM 30 INDEX FUND (Please fill in BLOCK Letters)

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) (Refer Instruction 1 (p))

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)			
1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory	

 EXISTING FOLIO NO.  NAME

1. FIRST APPLICANT DETAILS

 Name 
 (Mr. / Ms. / M/s.)

(Name should be as per PAN)

 Name of Guardian (As per PAN)
 (in case of Minor)

 Relationship of Guardian ☐ Father ☐ Mother ☐ Legal Guardian [Please mandatorily enclose the document evidencing the relationship of Minor with Guardian]

Guardian Date of Birth (As per PAN) (Mandatory)

 PAN/PEKRN NO. 

(Enclose PAN Card Copy)

Date of Birth / Incorporation

(As per PAN) (Mandatory)

Legal Entity Identifier (LEI) for Non-Individuals

Validity

KIN

(CKYC Identification No.)

(Enclose KYC Acknowledgement)

 Email ID 

 Email ID pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

 Mobile No. 

Country Code

Telephone (O)

Telephone (R)

 Mobile No. pertains to ☐ Self(default) ☐ Spouse ☐ Dependent Children ☐ Dependent Sibling ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Correspondence

 Address of 

1st Applicant

City

Pin

State

 Address for Correspondence for NRI Applicants only (Please (✓)) Indian by Default ☐

 Foreign ☐

Foreign Address

(Mandatory for NRI / FII)

City




Zip

Country

TIME STAMP HERE

2. MODE OF HOLDING (Please ✓)
☐ Single ☐ Joint ☐ Anyone or Survivor

3. JOINT APPLICANT DETAILS

	Second Applicant	Third Applicant
Name (Name should be as per PAN) 		
PAN/PEKRN  (Enclose KYC Acknowledgement)		
Date of Birth  (As per PAN) (Mandatory)		
KIN (CKYC Identification No.)		

4. BANK ACCOUNT (Pay Out) Details of First Applicant (Mandatory to attach bank account proof in case the payout bank account is different from the source/investment bank account)

Name of Bank	
Branch Name and Address	
City	Pin
Account No.	
IFS Code	(Please provide a copy of CANCELLED cheque leaf)
9 digit MICR 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

TEAR HERE

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

Scheme Name	Plan (✓)	Option (✓)	IDCW Facility(✓)	Cheque Amount (Rs.)	Bank and Branch	Cheque No. & Date	Signature, Date & Stamp
SBI Nifty200 Momentum 30 Index Fund	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer				
Attachments	All purchases are subject to realisation of cheque						

5. FATCA & CRS INFORMATION: For Individuals / Proprietor (Mandatory). Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-1).

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than "India" ?

First Applicant (including Minor)	Second Applicant	Third Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "YES", please provide the following information (mandatory):

Details	First Applicant (including Minor)	Second Applicant	Third Applicant
Country of Birth			
Place/City of Birth			
Nationality			
Country of Tax Residency 1			
Tax Payer Ref. ID No^			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No.2			
Identification Type [TIN or Other, Please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No. 3			
Identification Type [TIN or Other, Please specify]			

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

6. INVESTMENT AND PAYMENT DETAILS☐ One time Investment ☐ Systematic Investment Plan (SIP) (Please submit SIP Enrolment & OTM Form) ☐ MITRA SIP (Please submit MITRA SIP Enrolment form & OTM form)

Scheme Name	SBI Nifty200 Momentum 30 Index Fund		
Plan (Please ✓)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	In case of IDCW Transfer facility, please mention target scheme along with plan/option.	
Option (Please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <input type="checkbox"/> Frequency	Scheme / Plan / Option	
Income Distribution cum Capital Withdrawal (IDCW) Facility (Please ✓)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Transfer		
Please refer to Note 28 for details of IDCW renaming			
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> Fund Transfer <input type="checkbox"/> RTGS		
Cheque No. & Date	Cheque Amount (Rs.)	Drawn on Bank and Branch	

7. TAX STATUS (Please ✓)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Pension and Retirement Fund	<input type="checkbox"/> Government Body	<input type="checkbox"/> NGO
<input type="checkbox"/> Resident Minor (through Guardian)	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Society*	<input type="checkbox"/> LLP
<input type="checkbox"/> NRI (Repatriable)	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Trust*	<input type="checkbox"/> PIO
<input type="checkbox"/> NRI (Non-Repatriable)	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> NPS Trust	<input type="checkbox"/> NPO* [Please specify]
<input type="checkbox"/> NRI- Minor (Repatriable)	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Fund of Fund	<input type="checkbox"/> Others [Please specify]
<input type="checkbox"/> NRI – Minor (Non-Repatriable)	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Gratuity Fund	
<input type="checkbox"/> Sole-Proprietor	<input type="checkbox"/> FII / FPI	<input type="checkbox"/> AOP	
<input type="checkbox"/> HUF	<input type="checkbox"/> Bank	<input type="checkbox"/> BOI	

*Non-Profit Organization [NPO] (Mandatory) ☐ Yes ☐ No

If yes, please quote Registration No. of Darpan portal

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the 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 a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

If not, 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 it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to us or collect such fines/charges in any other manner as might be applicable.

8. DEMAT ACCOUNT DETAILS (OPTIONAL)If you wish to hold units in Demat mode, please provide below details and enclose ☐ Latest Client Master / ☐ Demat Account Statement
Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
Depository Participant Name	Depository Participant Name
DP ID No. <input type="text" value="I"/> <input type="text" value="N"/>	Beneficiary Account No. <input type="text"/>
Beneficiary Account No. <input type="text"/>	

Please note wherever units are allotted in Demat Mode, Statement of Account will be issued by the Depository concerned.

TEAR HERE

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
Tel: 022- 61793537
Email: customer.delight@sbimf.com

TOLL FREE NO : 1800 425 5425/1800 2093333
ALTERNATE NON TOLL FREE NO. :
+91-22-62511600 / +91-80-25512131
Website : www.sbimf.com

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

9. OTHER PERSONAL INFORMATION – (Please ✓)

	First Applicant	Second Applicant (NA in case of investments from minors)	Third Applicant (NA in case of investments from minors)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Father's Name			
Spouse's Name			
Occupation (Please ✓)	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Doctor <input type="checkbox"/> Others _____
Gross Annual Income in Rs. (Please ✓):	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr. <input type="checkbox"/> > 1 Cr.
OR Network in Rs.			
Networth as of date	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Related to PEP
Type of address given at KRA	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Reg. Office

10. NOMINATION : I/We wish to nominate the following person/s to receive the proceeds in the event of death. (For individual investors, Nomination is mandatory. However, in case you do not wish to nominate please sign in point 11)

NA in case of investment from minors	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee			
PAN of the Nominee			
Name of the Guardian (In case Nominee is Minor)			
Allocation % (Mandatory if more than one Nominee) (Should not be in decimal)			
Relationship with Nominee			
Date of Birth* (Mandatory if Nominee is Minor)	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>
Signature of Nominee/Guardian (*Mandatory in case of Minor Nominee)			
	Signature of Nominee/Guardian	Signature of Nominee/Guardian	Signature of Nominee/Guardian

11. NO NOMINEE DECLARATION : 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 such competent authority, based on the value of assets held in the mutual fund folio.

Signature(s) (ALL Applicants must sign)			
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory

12.INSTITUTIONAL INVESTORS ADDITIONAL INFORMATION

Name of Contact Person	<input type="text"/>
Is the entity involved / providing any of the following services	<input type="checkbox"/> Yes <input type="checkbox"/> No Gaming / Gambling / Lottery Services (e.g. Casinos, Betting Syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No
For Foreign Exchange / Money Changer Services	<input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Non-Individual investors should mandatorily fill separate FATCA/CRS & UBO Form (Annexure-I) alongwith this form.

13. GO-GREEN INITIATIVE:

As part of Go-Green initiative, issuance of physical copy of scheme-wise annual reports or abridged summary is limited to those investors whose email id is not available and who specifically opt to receive it in physical form. Please tick here only if you wish to receive the same in physical mode ☐

14. 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 money 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) 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; (ix) 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; (x) 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; (xi) 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 this Form including the taxpayer identification number is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions below and hereby accept the same. (xii) If the name given in the Application is not matching 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 favor of the facility 'SBI Multi Select' which will be invested as per the option selected/ mentioned under clause (5) of the form. We can move the Nomination & No Nominee Declaration point after Declaration. So, that investor can give signature for application details as well as No Nominee declaration at one single place. Please explore if it is feasible.

* Applicable to other than Individuals / HUF; ** Applicable to NRIs;

SIGNATURE(S) (ALL Applicants must sign)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd Applicant / Authorised Signatory
Date		Place	


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Product Labeling

This product is suitable for investors who are seeking*:

- Long term capital appreciation
- Investment in securities covered by Nifty200 Momentum 30 Index

Riskometer



*Investors should consult their financial advisers if in doubt about whether the product is suitable

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.

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)			
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd 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	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <div>Frequency</div>	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <div>Frequency</div>	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW <div>Frequency</div>
Income Distribution cum Capital Withdrawal (IDCW) Facility	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout
Each SIP Instalment Amount (₹)			
SIP Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual
SIP Date (for Monthly, Quarterly, Half-Yearly & Annual)	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th (For February, last business day) <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th (Default) <input type="checkbox"/> 25 th (Any other date from 1 st to 30 th)	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th (For February, last business day) <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th (Default) <input type="checkbox"/> 25 th (Any other date from 1 st to 30 th)	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th (For February, last business day) <input type="checkbox"/> 5 th <input type="checkbox"/> 20 th <input type="checkbox"/> 10 th (Default) <input type="checkbox"/> 25 th (Any other date from 1 st to 30 th)
(for Weekly Fixed Date or Day)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)	<input type="checkbox"/> Fixed dates (1,8,15,22) OR <input type="checkbox"/> Any Day (Default) (Monday to Friday)
SIP Period	From <div></div> To <div></div> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 40 yrs (Select any one)	From <div></div> To <div></div> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 40 yrs (Select any one)	From <div></div> To <div></div> OR <input type="checkbox"/> 3 yrs <input type="checkbox"/> 5 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 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) OR Top-Up Amount Rs. (in multiples of Rs. 500 only)	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other <div></div> OR Amount Rs. <div></div>	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other <div></div> OR Amount Rs. <div></div>	<input type="checkbox"/> 5% <input type="checkbox"/> 10% OR <input type="checkbox"/> Other <div></div> OR Amount Rs. <div></div>
Top-Up Frequency	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual	<input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual

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

Top-Up SIP CAP Amount ₹ (maximum SIP installment including Top-Up amount) OR Top-Up SIP CAP Month-Year	<div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
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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.

ONE TIME DEBIT MANDATE FORM (OTM)



SBI MUTUAL FUND

A PARTNER FOR LIFE

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

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

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)

- 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.
- 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).
- 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.
- 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.
- 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.
- UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
- Please mention OTM date and OTM "From date" in DDDMMYYYY format.
- For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented".
- From date & to date is mandatory. However, the maximum duration for enrollment is 40 years.
- 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
- Mandate To date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records

Instructions for Top-Up SIP

- 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.
- 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.
- 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.
- Percentage SIP Top-up would be computed on the immediately preceding SIP instalment value as on the SIP Top-Up trigger date.
- 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.
- 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.
- In case of Quarterly SIP, only the Yearly frequency is available for Top-up.
- 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.
- All other terms & conditions applicable for regular SIP will also be applicable to Top-up SIP.
- 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:

- 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.
- 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.
- 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.
- 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.

- 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.
- 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

*Investors should consult their financial advisers if in doubt about whether the product is suitable


MITRA SIP ENROLMENT CUM ONE TIME DEBIT MANDATE FORM					
(New investors subscribing to this option 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.

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)			
	1 st Applicant / Guardian / Authorised Signatory	2 nd Applicant / Authorised Signatory	3 rd 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 1 st Applicant								
SIP Cheque No/s								
Scheme Name	SBI_____ Plan:_____ Option: Growth (Default) (List of eligible schemes are given in terms and conditions, refer point no. 3)							
SIP Amount (Rs.)						SIP Frequency : Monthly (Default)		
SIP Start Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>							
SIP Tenure	<div><input type="checkbox"/> 8 Years<input type="checkbox"/> 10 Years<input type="checkbox"/> 12 Years<input type="checkbox"/> 15 Years<input type="checkbox"/> 20 Years<input type="checkbox"/> 25 Years<input type="checkbox"/> 30 Years</div>							
Switch-In/SWP Scheme Name (Post completion of SIP Tenure)	SBI_____ Plan:_____ Option: Growth (Default) (List of eligible schemes are given in terms and conditions, refer point no. 3 or mention the same scheme as SIP scheme)							
SWP Date: Same as SIP Date				SWP Frequency : Monthly (Default)				
SWP Amount (tick any one of the option below from A Or B)								
<input type="checkbox"/> A. As per below matrix basis SIP tenure								
	SIP Tenure	8 Years	10 Years	12 Years	15 Years	20 years	25 years	30 Years
	SWP Amount	1 x SIP Instalment Amount	1.5 x SIP Instalment Amount	2 x SIP Instalment Amount	3 x SIP Instalment Amount	5 x SIP Instalment Amount	8 x SIP Instalment Amount	12 x SIP Instalment Amount
OR								
<input type="checkbox"/> B. Any other Amount (Rs.)_____ (This amount should be less than or equal to SWP amount mentioned as per the matrix above)								
<input type="checkbox"/> Use Existing One Time Debit Mandate (if already registered in the Folio)								
Bank Name _____				Bank A/c No _____				
TOP-UP SIP								
Top-Up Percentage (in multiples of 5% only) OR	<div><input type="checkbox"/> 5%<input type="checkbox"/> 10%OR<input type="checkbox"/> Other_____</div>							
Top-Up Amount Rs. (in multiples of Rs. 500 only)	Amount Rs._____							
Top-Up Frequency	<div><input type="checkbox"/> Half - Yearly<input type="checkbox"/> Annual</div>							
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	<div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>							
<p>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.</p>								

ONE TIME DEBIT MANDATE FORM (OTM)		
 <div><div>SBI MUTUAL FUND</div><div>A PARTNER FOR LIFE</div></div>	UMRN _____	Date <div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
Sponsor Bank Code _____	Utility Code _____	
<div><div>CREATE <input checked="" type="checkbox"/></div><div>MODIFY</div><div>CANCEL</div></div>	I/We, hereby authorize SBI Mutual Fund	To debit (Please <input checked="" type="checkbox"/>) <div>SB / CA / CC / SB-NRE / SB-NRO / Other</div>
Bank A/c No. _____		
with Bank _____ Bank Name	IFSC _____	OR MICR _____
an amount of Rupees _____	₹ _____	
FREQUENCY: <input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE : <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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 <div><div></div><div></div><div></div></div>	Signature of 1 st Bank Account Holder	Signature of 2 nd Bank Account Holder
To <div><div></div><div></div><div></div></div>	Name as in Bank records	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 me/us and signed by me. 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.

TERMS AND CONDITIONS FOR MITRA SIP AND OTM

What is MITRA SIP?

MITRA SIP is a facility that allows investor to make initial investment through SIP and after completion of specific tenure, Switch the units to another scheme or continue to remain in the same scheme as per the option selected by the investor and Systematic Withdrawal (SWP) from the target scheme post switch.

TERMS AND CONDITIONS FOR MITRA SIP

- MITRA SIP facility is available under select schemes of SBI Mutual Fund (mentioned below) for a fixed SIP tenure of either 8 years, 10 years, 12 years, 15 years, 20 years, 25 years or 30 years.
- This facility is allowed under 'Monthly' frequency for Growth option of the eligible SIP / SWP schemes.
- Schemes eligible for SIP, Switch-in and SWP:** The target scheme can either be the source scheme (i.e. SIP scheme) or any one of the pre-defined schemes mentioned below.

Name of Schemes (for SIP)	Name of Schemes (for Switch and SWP)
SBI Magnum Equity ESG Fund	SBI Conservative Hybrid Fund
SBI Large & Midcap Fund	SBI Multi Asset Allocation Fund
SBI Magnum Global Fund	SBI BlueChip Fund
SBI Equity Hybrid Fund	SBI Arbitrage Opportunities Fund
SBI Consumption Opportunities Fund	SBI Short Term Debt Fund
SBI Technology Opportunities Fund	SBI Banking & PSU Fund
SBI Healthcare Opportunities Fund	SBI Equity Savings Fund
SBI Contra Fund	SBI Balanced Advantage Fund
SBI Nifty Index Fund	SBI Equity Hybrid Fund
SBI Focused Equity Fund	
SBI Conservative Hybrid Fund	
SBI Magnum MidCap Fund	
SBI Magnum COMMA Fund	
SBI Flexicap Fund	
SBI Multi Asset Allocation Fund	
SBI BlueChip Fund	
SBI Infrastructure Fund	
SBI PSU Fund	
SBI Small Cap Fund	
SBI Banking & Financial Services Fund	
SBI Equity Minimum Variance Fund	
SBI International Access-US Equity FoF	
SBI Nifty Next 50 Index Fund	
SBI Balanced Advantage Fund	
SBI Multicap Fund	
SBI Nifty Midcap 150 Index Fund	
SBI Nifty Smallcap 250 Index Fund	
SBI Dividend Yield Fund	
SBI S&P BSE Sensex Index Fund	
SBI Nifty50 Equal Weight Index Fund	
SBI Energy Opportunities Fund	
SBI Automotive Opportunities Fund	
SBI Innovative Opportunities Fund	
SBI Nifty 500 Index Fund	
SBI Nifty India Consumption Index Fund	
SBI Nifty Bank Index Fund	
SBI BSE PSU Bank Index Fund	
SBI Income Plus Arbitrage Active FOF	
SBI Nifty200 Quality 30 Index Fund	
SBI Nifty200 Momentum 30 Index Fund	

- Minimum installment amount under this facility for SIP / SWP would be the same as prescribed under Monthly frequencies in the respective schemes. All other terms and conditions pertaining to SIP and SWP shall be applicable for MITRA SIP / SWP.
- On completion of the SIP period, the entire accumulated clear unit balance shall be switched on T+15 calendar days to a pre-defined target scheme (T is the last SIP transaction date of the facility) or continue to remain in the same scheme as per option selected by the investor. In case the source and target scheme is different, then switch out from the source scheme would be subject to applicable exit load and taxes if any.
- SWP shall commence from the target scheme from the next month onwards on the same SIP instalment date. The SWP transaction shall be subject to applicable exit load and taxes if any.
- Investor can opt for SWP instalment amount as per the matrix below or specific amount to be mentioned, provided that the amount mentioned by the investor is less than or equal to amount mentioned as per the matrix and shall be subject to minimum SWP amount of the respective schemes.

SIP Tenure	Monthly SWP Instalment
8 years	1 x monthly SIP instalment
10 years	1.5 x monthly SIP instalment
12 years	2 x monthly SIP instalment
15 years	3 x monthly SIP instalment
20 years	5 x monthly SIP instalment
25 years	8 x monthly SIP instalment
30 Years	12 x monthly SIP instalment

For example, for a 10 years SIP with instalment amount of Rs 10,000, SWP amount must be less than or equal to Rs 15,000 (i.e 1.5 times of monthly SIP instalment). If SWP amount mentioned on application form is greater than the applicable slab, then it shall lead to rejection of the application. In case investor does not fill in any SWP amount, the default amount shall be as per the applicable slab given above.

- In case no SIP tenure is selected, the default tenure shall be 12 years. In case no SIP date is selected, the default date shall be 10.
- In case, no scheme is mentioned in the target scheme section in Switch-In/ SWP, the SWP shall be triggered from existing source SIP scheme itself.
- SWP Date will be same as the SIP date. The Start date of SWP will be the month following the last SIP instalment date and the SWP End Date will be perpetual i.e. the SWP under this facility shall be processed till units are available in the respective target scheme. In case, the SWP trigger date is a non- business day,

the next business day shall be considered as trigger date.

- This facility shall get discontinued in the following events:
 - On cancellation of SIP before the end of tenure, the switch trigger and SWP will cease.
 - In case, redemption / switch-out processed in Source Scheme during the SIP tenure, the Switch trigger and SWP will cease, however SIP shall continue under the source scheme as normal SIP.
 - In case redemption / switch-out is processed in Source Scheme after the SIP tenure till the execution of switch trigger, the switch trigger and the SWP will cease.
- SIP Top-Up and SIP Pause is allowed under this facility. However, SWP would get registered based on the initial SIP instalment amount / slab mentioned in the application form.
- Under a single folio, an investor can have multiple registrations under this facility. However, if investor wishes to invest in multiple schemes, investor shall have to submit separate MITRA SIP registration forms.
- This facility will not be available under DEMAT mode and for Minor investors.

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE (OTM)

- 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.
- 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).
- 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.
- 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.
- 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.
- UMRN, Sponsor Bank Code and Utility Code are meant for Office use only and need not be filled by investors.
- Please mention OTM date and OTM "From date" in DDMMYYYY format.
- For the convenience of the investors the frequency of the mandate mentioned as "As and When Presented".
- From date & To date is mandatory. However, the maximum duration for enrollment is 30 years.
- 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
- Mandate To date
- Signature/s of account holders in bank records
- Name/s of account holders as in bank records

INSTRUCTIONS FOR TOP-UP SIP CAP

- Investor can choose either Top-Up SIP Cap amount (i.e. maximum SIP installment including Top-Up amount) or Top-Up SIP Cap Month-Year. In case of multiple selection, Top-Up SIP Cap amount will be considered as default selection.
- If none of the above option is selected by the investor, then the Top-Up SIP will continue as per the SIP end date and Top-Up SIP amount specified by the investor and the maximum amount mentioned in OTM Form shall be considered as Top-Up SIP Cap Amount.
- Top-Up SIP CAP (Amount): Investor has an option to freeze the Top-Up SIP CAP amount (i.e. maximum SIP installment including Top-Up amount) once SIP installment amount reaches a fixed predefined amount. Maximum Top-Up SIP cap amount should not exceed the maximum amount mentioned in OTM Debit Mandate Form. In case of difference between the Top-Up SIP CAP Amount & the OTM Debit Mandate maximum amount, then amount which is lower of the two shall be considered as the default amount of Top-Up SIP Cap Amount.
- If SIP Top-Up amount reaches the SIP Top-Up Cap amount before the end of SIP tenure, the Top-Up SIP will cease and last SIP instalment amount will remain constant for remaining installments.
- Top-Up SIP Cap (Month-year) : This is the date from which Top-Up SIP Cap amount will cease and last SIP instalment amount will remain constant for remaining installments.

ANNEXURE I - DETAILS OF ULTIMATE BENEFICIAL OWNER/ CONTROLLING PERSON INCLUDING ADDITIONAL FATCA & CRS INFORMATION

Name of the Entity																									
Customer ID / Folio Number																									
PAN											Date of incorporation D D / M M / Y Y Y Y														
Type of address given at KRA	<input type="checkbox"/> Residential										<input type="checkbox"/> Business										<input type="checkbox"/> Registered Office				
<small>*Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"</small>																									
Type of Identification Document given at KRA																									
Identification Document No.																									
Document Issuing Country																									
Place of incorporation																									
Country of incorporation																									
Entity Constitution Type <small>Please tick as appropriate</small>	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify _____																								

Please tick the applicable tax resident declaration -
1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No

(If yes, please provide all countries in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number [*]	Identification Type (TIN or Other, please specify)

^{*} In case Tax Identification Number is not available, kindly provide its functional equivalent. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

 In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code³ here

FATCA & CRS Declaration
(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)
PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a:	GIIN																								
Financial institution ¹	<input type="checkbox"/>	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity																							
or																									
Direct reporting NFE ²	<input type="checkbox"/>																								
(please tick as appropriate)																									
GIIN not available (please tick as applicable)		<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ³																							
(Applicable only for Financial Institutions)		<input type="checkbox"/> Not obtained – Non-participating FI																							

¹Refer 1 of Part D | ²Refer 3(vii) of Part D | ³Refer 1A of Part D | ⁴Refer 3(viii) of Part D

PART B Ultimate Beneficial Ownership [UBO] / Controlling Persons Declaration
Category
☐ Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed#.

Security ISIN#

Name of the Listed Company (applicable if the investor is subsidiary/associate):

#mandatory in case of Listed company or subsidiary of the Listed Company

<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm / LLP	<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Public Charitable Trust
<input type="checkbox"/> Private Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Trust created by a Will	<input type="checkbox"/> Others [please specify] _____

PART C UBO / Controlling Person(s) details**Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit?**☐ Yes ☐ No

If **'YES'** - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below. **BEN2 form as downloaded from MCA portal is attached as documentary evidence of the UBO information or any other applicable supporting documents like shareholding pattern of the entity and its associates. Further, we hereby consent to submitting the appropriate documentary evidence substantiating this as and when required at AMC/RTA end.**

If **'NO'** - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#.			
UBO / SMO PAN# For Foreign National, TIN to be provided]			
% of beneficial interest#.	>10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>	>10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest. <input type="checkbox"/> NA. (for SMO) <input type="checkbox"/>
UBO / SMO Country of Tax Residency#.			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>	Yes – PEP. <input type="checkbox"/> Yes – Related to PEP. <input type="checkbox"/> N – Not a PEP. <input type="checkbox"/>
UBO / SMO Address [include City, Pincode, State, Country]	Address: City: Pincode: State: Country:	Address: City: Pincode: State: Country:	Address: City: Pincode: State: Country:
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>
UBO / SMO Email			
UBO / SMO Mobile			
UBO / SMO Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/>
UBO / SMO Father's Name			
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.
BEN2 Form or any other relevant supporting documents as applicable**	Attached <input type="checkbox"/>	Attached <input type="checkbox"/>	Attached <input type="checkbox"/>

Mandatory column.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

** Documentary proof for UBO.

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank/Mutual Fund to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we 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.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with SBI Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal

Authorized Signatory	Authorized Signatory	Authorized Signatory
Name:	Name:	Name:
Designation:	Designation:	Designation:

Place: _____

Date: __/ __/ __