

SBI CHOTA SIP DIRECT DEBIT FACILITY : REGISTRATION CUM MANDATE FORM

Investors subscribing to the scheme through SIP Direct Debit Facility must complete this form compulsorily alongwith Common Application Form

(Application should be submitted atleast 30 days before the 1st Direct Debit Clearing date)

ARN & Name of Distributor	Branch Code (only for SBI and Associate Banks)	Sub-Broker Code	Reference No. (To be filled by Registrar)

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

Please (✓) SIP Registration - by New Investor (Complete the Common Application Form compulsorily alongwith this form.) Please (✓) SIP

SIP Registration - by Existing Investor SIP Renewal MICRO SIP

INVESTOR DETAILS

Folio No./Application No. (For Existing Investor please mention Folio Number / For New Applicants please mention the Common Application Form Number)

Name of 1st Applicant (Mr/Ms/M/s)

Name of Father/Guardian in case of Minor

PAN DETAILS (Furnishing of PAN together with an attested copy of PAN Card is mandatory)

First Applicant / Guardian	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

SIP DETAILS (First SIP cheque and subsequent via Direct Debit)

(SEE NOTE 12, 13, 14 & 15)

Scheme Name

Each SIP Amount (Rs.) First SIP Transaction via Cheque No. (Note : Cheque should be drawn on bank account mentioned below)

SIP Date 5th 15th 25th No of SIPs Frequency M O N T H L Y (Only Monthly frequency, minimum 60 months)

SIP Period From To

DOCUMENT DETAILS (in case of Micro SIP) Document Description
Document Number (if any)

DECLARATION : I / We hereby , authorize the AMC and their authorised service providers , to debit my / our following bank account directly for collection of payments.

BANK PARTICULARS

Name of 1st Holder

Name of 2nd Holder

Name of 3rd Holder

Name of Bank

Branch Name and Address

City Pin

Account No.

9 digit MICR Code (This is 9 digit number next to the cheque number. Please provide a copy of CANCELLED cheque leaf)

IFS Code

Account Type (Please ✓)		
<input type="checkbox"/> Savings	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> Others _____

DECLARATION & SIGNATURE : I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above to debit my/our account directly or through participation in ECS. If the transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform AMC, about any changes in my/our bank account. I/We do not have any existing SIP/Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000 in a year (applicable to Micro SIP investors only). The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us/I/We have read and agreed to the terms and conditions mentioned in common Equity KIM.

SIGNATURE(S) Applicants must sign as per mode of holding

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Account Holder	2nd Account Holder	3rd Account Holder

BANKER'S ATTESTATION

Certified that the signature of account holder and the Details of Bank account are correct as per our records.

Signature of authorised Official from Bank (Bank stamp and date)

Signature of authorised Official from Bank (Bank stamp and date)

The Branch Manager Date

Bank Branch

Sub : Mandate verification for A/c. No.

This is to inform you that I/We have registered for making payment towards my investments in SBIMF by debit to my /our above account directly . I/We hereby authorize you to honour such payments for which I/We have signed and endorsed the Mandate Form.

Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

Thanking you,
Yours sincerely,

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

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

Received from :

an application for Purchase of Units alongwith 1st Cheque Number For Rs.

All purchases are subject to realisation of cheques.

Acknowledgement Stamp

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