

Sponsor: State Bank of India
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 (E), Mumbai – 400 051.
 Tel.: 022-61793000 • E-mail: partnerforlife@sbimf.com • Website: www.sbimf.com

THIRD PARTY CHEQUES

THIRD PARTY PAYMENT DECLARATION (SHOULD BE ENCLOSED WITH EACH PAYMENT/SIP ENROLMENT)

Payments by	Parent / Grand-Parents / Related Persons Other than the Registered Guardian
Payments to	To a Minor Folio only; In consideration of : Natural love and affection or as gift only
Maximum value	Not Exceeding Rs. 50,000/- (each regular purchase or as per SIP installment)

APPLICATION AND PAYMENT DETAILS (All details below are mandatory, including relationship, PAN & KYC)

Folio No.	Application Form No.																				
Beneficial Minor's Name																					
Investment Amount in Rs.																					
Payment Cheque No.	Dated <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y														
Cheque Drawn on Bank																					
Cheque Drawn on A/C No.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

DECLARATION AND SIGNATURES:

	Parent / Grand-Parents / Related Persons Other than the Registered Guardian	Guardian of Minor, as registered in the Folio																																								
Name																																										
Relationship with Minor																																										
PAN No.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
KYC Acknowledgement	<input type="checkbox"/> Attached Mandatory for any amount	<input type="checkbox"/> Attached Mandatory for any amount																																								
Declaration	I hereby declare and confirm, the minor stated above is the beneficial owner of the investment details mentioned above and I am providing the funds for these investments on account of my natural love and affection or as gift from my bank account only.	I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receive these funds on behalf of the minor.																																								
Signature																																										
Contact Number																																										

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BANKER'S CERTIFICATE IN CASE OF DEMAND DRAFT / PAY ORDER / ANY OTHER PRE-FUNDED INSTRUMENT

To whomsoever it may concern, we hereby confirm the following details regarding the instrument issued by us:

INSTRUMENT DETAILS:

Instrument Type	<input type="checkbox"/> Demand Draft <input type="checkbox"/> Pay Order / Banker's Cheque									
Instrument Number		Dated	D	D	M	M	Y	Y	Y	Y
Investment Amount in Rs.										
In Favour of / Favouring										
Payable At										

DETAILS OF BANK ACCOUNT DEBITED FOR ISSUING THE INSTRUMENT

Bank Account Number																			Account Type	
Account Holder Details	Name														PAN No.					
1																				
2																				
3																				

IF THE ISSUING BANK BRANCH IS OUTSIDE INDIA

We further declare that we are registered as a Bank/Branch as mentioned below:

Under the Regulator	Name of the Regulator
In the Country	Country Name
Registration No.	Registration Number

We confirm having carried out necessary Customer Due Diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti-Money Laundering laws and other applicable relevant laws in our country.

BRANCH MANAGER / DECLARANT (S)

Signature				Bank & Branch Seal
Name				
Address				
City		State		
Postal Code		Country		
Contact Number				

Important Note : It is clarified that the banker's certificate suggested above is recommendatory in nature, as there may be existing Bank Letters/Certificates/Declarations, which will confirm to the spirit of the requirements, if all required details are mentioned in the certificate.

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THIRD PARTY CHEQUES

CUSTODIAN ON BEHALF OF FII OR CLIENT

Should be enclosed with each payment.

TO WHOMSOEVER IT MAY CONCERN

APPLICATION AND PAYMENT DETAILS (All details below are mandatory)

Folio No.		Application Form No.	
Beneficial Applicant/ Investor Name			
Investment Amount in Rs.			
Payment Mode	<input type="checkbox"/> Cheque	<input type="checkbox"/> Funds Transfer	<input type="checkbox"/> RTGS <input type="checkbox"/> NEFT
Payment Cheque / UTR No.		Dated	D D M M Y Y Y Y
Payment from Bank			
Payment from A/c No.			

We further declare that we are registered as Custodian with SEBI under Registration No. _____

We confirm the beneficial owner as stated above and that this payment is issued by us in our capacity as Custodian to the Applicant / Investor. The sources of this payment is from funds provided to us by the Applicant / Investor.

Signature of Declarant (s)			
Name of Declarant (s)			
PAN No.			
Address of Declarant (s)			
City	State		
Postal Code	Country		

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THIRD PARTY CHEQUES

PAYMENT BY EMPLOYER ON BEHALF OF EMPLOYEE UNDER SYSTEMATIC INVESTMENT PLAN THROUGH PAYROLL DEDUCTIONS

TO WHOMSOEVER IT MAY CONCERN

We hereby declare that the application form no/s: _____ for subscription of units in _____ (Name of the Scheme / Plan / option) is accompanied by Cheque No. _____ dated _____ drawn on _____ (Name of the Bank / Branch).

We confirm that the beneficial owner(s) of the investment in these units is / are _____ (Name of the Employee/s, with employee number/s), who is / are my / our employee/s and am providing the fund for these investments through the payroll deduction.

Signature of Declarant (s)			
Name of Declarant (s)			
PAN No.			
Address of Declarant (s)			
City		State	
Postal Code		Country	
Signature of Beneficiary (ies)			