

SYSTEMATIC INVESTMENT PLAN (SIP) REQUEST (Investors subscribing to SIP through ECS/Direct Debit 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
1. Payment Mechanism (Please ✓ any one only)	<input type="checkbox"/> Cheques (Please provide the details below)	<input type="checkbox"/> SIP ECS/ Direct Debit (Please complete SIP ECS/Direct Debit Facility Registration cum Mandate Form)
	SIP Date (Please ✓) <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) No of SIP Installments <input style="width:50px;" type="text"/>	
2. Frequency (Please ✓ any one only)	<input type="checkbox"/> Monthly SIP (Default)	<input type="checkbox"/> Quarterly SIP
4. SIP Period	From <input style="width:100px;" type="text"/>	
	To <input style="width:100px;" type="text"/> OR <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> Perpetual (Select any one)	
4. Cheque(s) Details	No. of Cheques	SIP Installment Amount (in figures)
	Cheque Nos	
Cheques drawn on	Name of Bank & Branch	

TOP- UP SIP (SEE NOTE 12, 13 & 14)	
Top up Amount Rs. (in multiples of Rs. 500 only)	Top-up Frequency (Please ✓ any one) <input type="checkbox"/> Half - Yearly <input type="checkbox"/> Annual

SWP / STP FACILITY REQUEST				
Systematic Withdrawal Plan (SWP) (SWP transactions will be processed on first business day of every month)	Scheme / Plan	SWP installment amount (Rs.)	Amount (in words)	Frequency (Please ✓ any one only)
				<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
SWP From <input style="width:100px;" type="text"/>		SWP To <input style="width:100px;" type="text"/>		
Systematic Transfer Plan (STP)	STP Facility Request (Please ✓ any one only) <input type="checkbox"/> Regular STP <input type="checkbox"/> CASTP <input type="checkbox"/> Flex STP (See Note 8)			
	From (Scheme)		To (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 <input style="width:100px;" type="text"/>				
STP Frequency & Enrolment Period (Please ✓ any one only)	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly	STP Installment Amount (Rs.)	STP From	STP To
	<input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly		<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>

CHANGE OF ADDRESS FOR NON-KYC FOLIOS (Identity and Address proof mandatory)				
Local Address of 1st Applicant	<input style="width:100%; height:20px;" type="text"/>			
Landmark	<input style="width:100%; height:20px;" type="text"/>			
City	<input style="width:100%; height:20px;" type="text"/>			Pin <input style="width:50px;" type="text"/>
State	<input style="width:100%; height:20px;" type="text"/>			
Address for Correspondence for NRI Applicants only (Please ✓) Indian by Default <input type="checkbox"/> Foreign <input type="checkbox"/>				
Foreign Address (Mandatory for NRI / FII)	<input style="width:100%; height:20px;" type="text"/>			
City	<input style="width:100%; height:20px;" type="text"/>			Zip <input style="width:50px;" type="text"/>
Country	<input style="width:100%; height:20px;" type="text"/>			

DECLARATION : I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and I/We hereby declare that I/We have not received or been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby declare that the amount invested/to be invested by me/us in the scheme(s) of SBI Mutual 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. I/We certify that the funds invested do not attract the provisions of Foreign Contribution Regulations Act (FCRA). 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 the scheme is being recommended to me/us. * I/We certify that 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. ** I/We confirm that I/We am/are Non Resident of Indian Nationality/Origin and I/We hereby confirm 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. *** I/We hereby declare that 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). * Applicable to other than Individuals / HUF; ** Applicable to NRIs; *** Applicable to "Micro investments";

SIGNATURE(S) Applicants must sign as per mode of holding	⊗	⊗	⊗
	1st Applicant/Guardian/ Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/ Authorised Signatory

Date <input style="width:100px;" type="text"/>	TEAR HERE	Place <input style="width:100px;" type="text"/>
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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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