P **SBI MUTUAL FUND** A partner for life. A

Principal Trustee : State Bank of India, Investment Manager : SBI Funds Management Pvt. Ltd. (A Joint Venture between SBI & SGAM) 191, Maker Towers 'E', Cuffe Parade, Mumbai - 400 005.

· ·						221-27, <u>w</u>																
	SIP I	EASY	PAY	AUT	O DE	BIT (EC	:S) F	ACIL	ITY	: REG	ISTR	ATI	ON	CUV	/ MA	ND.	ATE	FORM	1			
Investors subscribing to the scheme through SIP Easy Pay Facility to complete this form compulsorily along with Common Application Form														Form								
(Application should be submitted atleast 30 days before the 1 st ECS & Debit Clearing date)																						
ARN & Name of Distributor						Branch Code							Sub-Broker/ Subagent Code						Reference No. (To be filled by Registrar)			
KETAN SAMPAT																				J ,		
ARN - 12673																						
Please 🗸 any on	e only		SIP R	Regist	tration	tion - by Existing Investor						SIF	P Reg	istra	tion -	• / alongwit	h this form)				
			(Flease			inton Applica			TOR	DETAI	_S	(000	ipioto ti		inen ripp	lioution		, on pareon	ulongini		.,	
Folio No. / Applic	cation No.																					
(For Existing Investor			lio Nur	nber/	For New /	Applicants	please	ementic	on the C	Common	Applica	ation	Form	Numbe	er)							
Name of 1st App	licant /																					
Minor																						
Name of Father/ Guardian in case		r																				
			sip d	DETA	ILS (Fi	rst SIP o	hequ	e and	subse	equent	via <mark>Ea</mark>	syPa	ay in	selec	t citie:	s onl	y)					
Scheme																						
Option (Please ✓)	Growth			Div			d	If Divide			l mode	e (Ple	ease ✔) Payout				Rein	t				
Each SIP Amount (Rs.)																						
	• •																					
First SIP Transaction via Cheque No. (Note : Cheque should be drawn on bank account mentioned below)																						
SIP Date (Please of	choose)	5 th		15 th		25 th					of S	fSIPs										
Frequency (Please	only) Monthly SIP (Defau								y SIP													
SIP Period		From	D	D	M	M	Y	ΥY	Y	То	D	D		M	Μ	Y	ΥY	Υ				
DECLARATION :	I / We here	eby , au	thoriz	e the	AMC an	d their au	thoris	sed ser	vice p	roviders	s , to d	ebit	my / d	our fo	llowin	g bar	ık acc	ount dir	ectly or	by ECS	(Debit	
Clearing) for colle	ection of	paymer	nts.																			
						PART	ICU	LARS	OF B	ANK A	ccol	UNT										
Name of 1st Acc Holder	ount																					
Name of 1st Join	nt Holder																					
Name of 2nd Join	nt Holder																					
Name of Bank &	Branch																					
City																		Pin				
-																		Accour	t Type	(Plassa	Δ	
Account No. 9 digit MICR Code (Mandatory)																	Sovi		птуре	NRO	•)	
					Please provide a copy o							(Mandatory) Savings			•							
(This is 9 digit number next to the cheque number) cheque leaf from an ECS eligible bank Current NRE																						
DECLARATION & I/We hereby decla			icular	s aive	n above	are corr	ect ar	nd expr	ess m	v willin	aness	to m	nake	pavm	ents r	eferr	ed ab	ove to d	lebit m	v/our a	ccount	
directly or throug	gh particip	pation i	in ECS	S. If th	he trans	action is	delay	yed or	not et	ffected	at all f	for r	reaso	ns of	f incor	nplet	e or i	ncorrec	t inforr	nation,	I/We	
would not hold th the terms and co						ve will al	so inf	orm Al	vic, a	bout an	y char	nges	in my	y/our	bank	ассоі	unt. I/	we hav	e read	and agi	eed to	
							1															
SIGNATURE (S) (as in Bank																						
record)	\otimes					\otimes							\otimes)						
		nature	1st A	Accou	int Hold						e 2nd Account He							gnature 3rd Account Holder				
								BANKER'S ATTESTATION														
Certified that the signature of account holder and the Details of Bank account are Signature of authorised Official from Bank (Bank stamp and date)																						
correct as per our	r records.																					
Ciava atuma u anifia	ation Dec	auroch (To los	notot	un a el les s	the Cuel		. Dave														
Signature verific	ation Red	quest (lo be	retai	nea by	the Cust	omer	's Ban	<)													
The Branch Mana	aaer																_			_		
Bank	1901					В	ranch								D	ate	D	D M	M	YY	ΥY	
						D	runen															
Sub : Mandate ve																						
This is to inform y ECS (Debit Cleari																		ve acco	unt dire	ectly or	through	
Further, I authoriz	ze my rep					•				0								arges, i	f any, r	nay be	charged	
to my/our account.																						
Thanking you, Yours sincerely																						
.ca.s smeerery																						
\otimes						\otimes									\otimes							
Signature 1st	Account	t Hold	er			Sig	natu	re 2nd	Acco	ount Ho	older				Ũ	Sig	natu	re 3rd /	Accour	nt Hold	er	
									_					-								
	AL FUND				ACK	NOWL					IP		lio No									
A partner	for life.					To be fi	ned in	by the	invest	or		Ар	plica	uon I	νO. L							
(To be filled in by th			Authori	ized S	ignatory)):																
Received from Nam an application for P			lonawi	ith C	heque	SIP	EasyPa	y Auto F	ebit (EC	CS) Facility	4	Fo	r Rs.									
All purchases are subje			•		neque Nu					,		10	. 1.3.						Ackr	owledgen	nent Stamp	