SBI MUTUAL FUND
A partner for life.

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.
Tel.: 022-22180221-27, www.sbimf.com & www.sbifunds.com

SIP EASYPAY AUTO DEBIT (ECS) FACILITY : REGISTRATION CUM MANDATE FORM

Investors subscribing to the scheme through SIP Easy Pay Facility to complete this form compulsorily alongwith Common Application Form

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

ARN & Name of Distributor	Branch Code	Sub-Broker/ Subagent Code	Reference No. (To be filled by Registrar)
ARN-26503			

Please ✓ any one only | **SIP Registration - by Existing Investor** (Please do not fill the Common Application Form) ☐ | **SIP Registration - by New Investor** (Complete the Common Application Form compulsorily alongwith this form.) ☐

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 / Minor

Name of Father/ Guardian in case of Minor

SIP DETAILS (First SIP cheque and subsequent via EasyPay in select cities only)

Scheme

Option (Please ✓) Growth ☐ Dividend ☐ If Dividend mode (Please ✓) Payout ☐ Reinvestment ☐

Each SIP Amount (Rs.)

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

SIP Date (Please choose) 5th ☐ 15th ☐ 25th ☐ **No of SIPs**

Frequency (Please ✓ any one only) **Monthly SIP (Default)** ☐ **Quarterly SIP** ☐

SIP Period From D D M M Y Y Y Y To D D M M Y Y Y Y

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

PARTICULARS OF BANK ACCOUNT

Name of 1st Account Holder

Name of 1st Joint Holder

Name of 2nd Joint Holder

Name of Bank & Branch

City **Pin**

Account No.

Account Type (Please ✓)	
Savings ☐	NRO ☐
Current ☐	NRE ☐

9 digit MICR Code (Mandatory)
(This is 9 digit number next to the cheque number)

Please provide a copy of cancelled cheque leaf from an ECS eligible bank (Mandatory) ☐

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 at all 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 have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE (S) (as in Bank record)	⊗	⊗	⊗
	Signature 1st Account Holder	**Signature 2nd Account Holder**	**Signature 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 verification Request (To be retained by the Customers Bank)

The Branch Manager

Bank Branch **Date** D D M M Y Y Y Y

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 or through ECS (Debit Clearing). I/We hereby authorize to honour such payments and 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

⊗ **Signature 1st Account Holder** ⊗ **Signature 2nd Account Holder** ⊗ **Signature 3rd Account Holder**

SBI MUTUAL FUND

ACKNOWLEDGEMENT SLIP

To be filled in by the Investor

Folio No. / Application No.