SBI MUTUAL FUND
A PARTNER FOR LIFE

APPLICATION NO.

SYSTEMATIC TRANSFER PLAN ENROLLEMENT FORM (Please fill in BLOCK Letters)

ARN & Name of Distributor	Branch Code (only for SBG)	Sub-Broker ARN Code	Sub-Broker Code	EUIN* (Employee Unique Identification Number)	Reference No.
ARN-249218 BLUECHIP SERVICES				E-462340	

Declaration for "execution-only" transaction (only where EUIN box is left blank)

* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)			
	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

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

INVESTOR DETAILS (MANDATORY)

EXISTING FOLIO NO./ APPLICATION NO.
(For existing unitholders) (For new investors)

Name
(Mr/Ms/M/s)

E-mail ID

Mobile No.

PAN DETAILS

First Applicant / Guardian	Second Applicant	Third Applicant
Mandatory Enclosures	**Mandatory Enclosures**	**Mandatory Enclosures**
☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement	☐ PAN Proof ☐ KYC Acknowledgement

PAN Exempt KYC Ref no (PEKRN for Micro investments) - _____ _____ _____

STP DETAILS

Type of STP
(Please ✓ the Option)

☐ Regular STP
☐ Flex STP
☐ CASTP
☐ Swing STP

For Swing STP

☐ Normal STP
☐ Top-up STP
☐ Top-up amount _____
☐ Top-up percentage _____ (annualised)

Whether existing investment amount in Target scheme to be considered for calculation of swing STP amount
☐ Yes ☐ No

STP Frequency & Enrolment Period
(For Daily, Monthly, Quarterly)

☐ **Daily** ☐ **Quarterly**
☐ **Monthly** ☐ **Weekly**

(for Weekly Fixed Date or Day)
☐ Fixed dates (1,8,15,22)
OR
☐ Any Day (Default) _____ (Monday to Friday)

STP Installment Amount (Rs.)	STP From	STP To
	D D M M Y Y Y Y	D D M M Y Y Y Y

STP Date
(For Monthly or Quarterly)

☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th ☐ 30th (For February, last business day) ☐ _____ (Any other date from 1st to 30th)

Scheme Details

From (Scheme)		To (Scheme)	
Scheme			
Plan (✓)	☐ **Regular** ☐ **Direct**	Plan (✓)	☐ **Regular** ☐ **Direct**
Option (✓)	☐ Growth ☐ Dividend	Option (✓)	☐ Growth ☐ Dividend
		Dividend Facility(✓)	☐ Reinvestment ☐ Payout ☐ Transfer

In case of Dividend Transfer facility, please mention target scheme along with plan/option.

Scheme / Plan / Option _____

DECLARATION

I/We have read and understood the contents of the Scheme Information Document and the details of the scheme and 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 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		Place	