



**SBI MUTUAL FUND**  
A PARTNER FOR LIFE

Sponsor : 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](http://www.sbimf.com) & [www.sbifunds.com](http://www.sbifunds.com)

## THIRD PARTY CHEQUES

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

Payments by	<b>Parent/Grand-Parents/Related Persons Other than the Registered Guardian</b>
Payments to	<b>To a Minor Folio only</b> ; In consideration of : Natural love and affection or as gift only
Maximum Value	Not Exceeding Rs. 50,000/- (each regular purchase or 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	D D M M Y Y Y Y
Cheque Drawn on Bank			
Cheque Drawn on A/C No.			

### DECLARATION AND SIGNATURES :

	<b>Parent/Grand-Parents/Related Persons Other than the Registered Guardian</b>	<b>Guardian of Minor, as registered in the Folio</b>
Name		
Relationship with Minor		
Income Tax PAN		
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												Income Tax PAN									
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 bankers 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.	<div style="display: flex; justify-content: space-between;"> <span>Dated</span> <div style="display: flex; gap: 5px;"> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> </div> </div>		
Payment from Bank			
Payment from A/c No.	<div style="display: flex; justify-content: space-between;"> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> </div>		

We further declare that we are registered as a 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)			
Income Tax Pan			
Address of Declarant(s)			
City		State	
Postal Code		Country	



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### 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)			
Income Tax Pan			
Address of Declarant(s)			
City		State	
Pin/Postal Code		Country	
Signature of Beneficiary (ies)			