



Table with 6 columns: Distributor ARN, Sub Distributor ARN, Internal sub Code / Sol ID, Employee Code, EUIN, Serial No. / Date, Time & Stamp

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. In case purchase/subscription amount is Rs. 10,000/- or more and the investor's Distributor has opted to receive "Transaction Charges" the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested. @ [ ]/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Table for Signatures: Signatures, First / Sole Applicant / Guardian, Second Applicant, Third Applicant

1. EXISTING UNIT HOLDER INFORMATION [Please fill in Folio No. & name of 1st unit holder and proceed to Investment Details]

2. APPLICANT'S PERSONAL DETAILS (MANDATORY)

Mode of holding (Please check): Anyone or Survivor, Single, Joint (Default option is Anyone or Survivor for Joint holding)
Name of First/Sole Applicant/Minor\*
Gender (Please check): Male, Female, Other
Date of Birth
PAN (Attach Proof)
CKYC No.
Father's Name
CKYC (Please check) Proof Attached

Status (Please check): Please attach mandatory "Ultimate Beneficial Ownership (UBO) including additional FATCA & CRS information" Form
Resident Individual, NRI / PIO, Trust, HUF, Bank / FIs, Sole Proprietorship, Minor, Company/Body Corporate
FII's, Partnership Firm, AOP / BOI, Society, Other (Please Specify)

Occupation (Please check): Private Sector Service, Public Sector, Government Service, Business, Professional, Agriculturist, Retired, Housewife, Student, Other (Please Specify)

Gross Annual Income Details (Please check): Below 1 Lac, 1-5 Lacs, >5-10 Lacs, >10-25 Lacs, >25-1 Crore, >1 Crore

Net-worth in ₹ (\* Net worth should not be older than 1 year) as on (date) DD / MM / YYYY (Not older than 1 year)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors): I am PEP, I am Related to PEP, Not Applicable

Non-Individual Investors involved / providing any of the mentioned services: Foreign Exchange/Money Changer Services, Money Lending/Pawning, Gaming/Gambling/Lottery/Casino Services, None of the above

Table for Correspondence Address and Overseas Address (Mandatory for NRI / FII Applicants) with fields for House Flat No., Street Address, City/Town, State, Country, PINuCode/PINCODE

Tel. (Off.), EMail, Tel. (Res.), Mobile

Name of the Guardian#/contact person for non-individual
PAN (Attach Proof)
CKYC No.
Nationality
CKYC (Please check) Proof Attached
Relationship with Minor (Please check): Mother, Father, Legal Guardian

\* If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. # In case first applicant is a minor

Name of Second Applicant
Gender (Please check): Male, Female, Other
Date of Birth
PAN (Attach Proof)
CKYC No.
Father's Name
CKYC (Please check) Proof Attached

Status (Please check): Please attach mandatory "Ultimate Beneficial Ownership (UBO) including additional FATCA & CRS information" Form
Resident Individual, NRI / PIO

Occupation (Please check): Private Sector Service, Public Sector, Government Service, Business, Professional, Agriculturist, Retired, Housewife, Student, Other (Please Specify)

Gross Annual Income Details (Please check): Below 1 Lac, 1-5 Lacs, >5-10 Lacs, >10-25 Lacs, >25-1 Crore, >1 Crore

Politically Exposed Person (PEP) Status: I am PEP, I am Related to PEP, Not Applicable

Name of Third Applicant
Gender (Please check): Male, Female, Other
Date of Birth
PAN (Attach Proof)
CKYC No.
Father's Name
CKYC (Please check) Proof Attached

Status (Please check): Please attach mandatory "Ultimate Beneficial Ownership (UBO) including additional FATCA & CRS information" Form
Resident Individual, NRI / PIO

Occupation (Please check): Private Sector Service, Public Sector, Government Service, Business, Professional, Agriculturist, Retired, Housewife, Student, Other (Please Specify)

Gross Annual Income Details (Please check): Below 1 Lac, 1-5 Lacs, >5-10 Lacs, >10-25 Lacs, >25-1 Crore, >1 Crore

Politically Exposed Person (PEP) Status: I am PEP, I am Related to PEP, Not Applicable

Acknowledgement slip
Scheme Name: Option: Sub Option:
Received from Mr. / Ms. /M/s.
Cheque / DD No.: Date: Amount Rs.:
Stamp, Signature & Date

**3. BANK ACCOUNT DETAILS OF FIRST / SOLE APPLICANT - MANDATORY (For multiple banks registration please submit the Multiple Bank Registration Form)**

Name of the Bank	Branch Address
State	Bank Branch City
Account No.	Pin Code
9 digit MICR Code	A/C. Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
11 digit IFSC Code	
Please attach a cancelled cheque OR a clear photo copy of a cheque (Mandatory for credit via NEFT/RTGS)	

**4. UNITS IN DEMAT MODE (Please ✓)  NSDL  CDSL**

DP ID	Beneficiary Account No./Client ID
DP Name	

Note: Please attach the depository transaction statement or DP master data indicating the DP account number of the applicant. Please ensure that sequence of Names as mentioned in the Application Form and matches with that of the account held with the DP.

**5. POWER OF ATTORNEY (PoA) POA Name**

PAN	KYC <input type="checkbox"/> Yes <input type="checkbox"/> No - if investment is being made by a constitutional Attorney, please submit the notarized copy of the POA
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**6. INVESTMENT DETAILS AND PAYMENT DETAILS - Cheque/DD/RTGS/NEFT/Transfer (investors are requested to not to submit outstation cheque to avoid delay in processing the application). Please ✓ wherever applicable.**

Scheme Name\*: \_\_\_\_\_ Plan:  Regular  Direct Option:  Growth  Dividend  
 Sub-option / Frequency of Dividend: \_\_\_\_\_ Mode of dividend:  Payout  Re-investment  Sweep  
 Sweep: To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 \* If you wish to choose Growth with Regular Cash Flow Plan (RCFP) option under IDBI Monthly Income Plan, please also fill in the separate form available on our website www.idbimutual.co.in  
**Only for IDBI Gilt Fund: Fixed Tenor Trigger (FTT) Plan** : Automatic redemption after  1 year  3 years  5 years  7 years  10 years  
 Investment Amount (Rs.) \_\_\_\_\_ DD Charges if any (Rs.) \_\_\_\_\_ Net Amount (in words) \_\_\_\_\_  
 Mode of Payment (Please ✓ )  Cheque  DD  Funds Transfer  RTGS/NEFT  NACH (Please refer to point No. 6 of General Instructions)  
 UMRN \_\_\_\_\_ (Mandatory where mode of payment selected is 'NACH')  
 Drawn on Bank \_\_\_\_\_ Account No. \_\_\_\_\_  
 Branch & City \_\_\_\_\_  
 Chq. /DD No. \_\_\_\_\_ Date D D M M Y Y Y Y IFSC Code \_\_\_\_\_

\*A/c Type -  S/B  NRE\*  Current  NRO  FCNR\* \*Kindly provide photocopy of the payment Instrument or Foreign Inward Remittance Certificate (FIRC) evidencing source of funds  
 Cheque / D.D. to be crossed "Account Payee" only and should be drawn payable to: - "IDBI Scheme Name A/C XXXXXXX" (Investor PAN) or "IDBI Scheme Name A/C XXXXXXX" (Name of the First holder)

**7. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals Cannot Nominate]**

I / We \_\_\_\_\_ do hereby nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

No.	Nominee(s) Name	% of Share*	Date of Birth (in case of Minor)	Nominee(s) Signature
1			D D M M Y Y Y Y	
2			D D M M Y Y Y Y	
No.	Name of the Guardian (In case Nominee is Minor)			Nominee(s) Signature
1				
2				

\* If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

<input type="checkbox"/> I/We do not wish to nominate anybody on my/our behalf.	Signature of the Declarant
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**8. DECLARATION**

I / We have read and understood the contents of the SID, SAI and Key Information Memorandum (KIM) of the Scheme and information requirements of this Form and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby apply to IDBI Mutual Fund for allotment of units of the Scheme, as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I /We hereby confirm and certify that the source of these funds is not directly / indirectly a result of "proceeds of crime" as defined in "The Prevention of Money Laundering Act, 2002" and I/we undertake to provide all necessary proof / documentation, if any, required to substantiate the facts of this undertaking. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We authorize the Fund to disclose details of my/our account and all my/our transactions to Registrar and Transfer Agent whose stamp appears on the application form. I/We also authorize the Fund to disclose details as necessary, to the Fund's and investor's bankers for the purpose of effecting payments to me / us.

Applicable to NRIs only : I/We confirm that I am/we are Non-Resident of Indian Nationality/Origin and I/we hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR /NRSR Account.

Investment in the Scheme is made by me / us on:  Repatriation basis  Non Repatriation basis.

Applicable to Non Direct Investors only (investments routed through ARN Holders): 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.

Signature
First / Sole Applicant / Guardian
Second Applicant
Third Applicant



Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021  
 SMS 'IDBIMF' to 09220092200 • Tollfree: 1800-419-4324 • Website : www.idbimutual.co.in

**REGISTRAR & TRANSFER AGENTS**  
**Karvy Computershare Pvt. Limited**, SEBI Registration Number: INR000000221  
 Unit: IDBI Mutual Fund, KARVY SELENIUM, Plot No.31 & 32, Tower B, Survey No.115/22, 24 & 25,  
 Financial Dist., Gachibowli, Nanakramguda, Serlingampally Mandal, Hyderabad - 500 032, Ranga  
 Reddy Dist., Telengana State. Phone: 040-3321 5121 to 040-3321 5123.  
 Email: [ldbimf.customercare@karvy.com](mailto:ldbimf.customercare@karvy.com)



**Application form for registration of :  
Systematic Investment Plan (SIP), Systematic Transfer Plan (STP) and  
Systematic Withdrawal Plan (SWP)**

Distributor ARN	Sub Distributor ARN	Internal sub Code / Sol ID	Employee Code	EUIN®	Serial No. / Date, Time & Stamp

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. In case purchase/subscription amount is Rs. 10,000/- or more and the investor's Distributor has opted to receive "Transaction Charges" the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested.

\*  I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signatures	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

**1. Investor and Investment details. Please ✓ wherever applicable.**

Sole / First Investor Name (as appearing in ID proof)

PAN No.  Folio No. (For Existing Investor)

Scheme Name: \_\_\_\_\_ Plan:  Regular  Direct Option:  Growth  Dividend

Sub-option / Frequency of Dividend: \_\_\_\_\_

Mode of dividend:  Payout  Re-investment  Sweep

Switch: To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

**2. Systematic Investment Plan (SIP). Refer point no. I of Terms & Conditions for SIP/STP/SWP**

Each SIP Amount (Rs.) \_\_\_\_\_ Frequency:  Monthly /  Quarterly

SIP Frequency Date:  1st /  5th /  10th /  15th /  20th /  25th of the month (1st month of the quarter for quarterly frequency)

From  To  or No. of installments \_\_\_\_\_ or  perpetual.

**3. Systematic Transfer Plan (STP). Refer point no. II of Terms & Conditions for SIP/STP/SWP**

Switch: To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Dividend Sweep: To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Each STP Amount (Rs.)  Frequency:  Weekly (1st business day of the week)  Monthly  Quarterly

Date:  1st /  5th /  10th /  15th /  20th /  25th of the month / quarter

Enrolment Start  End  or No. of installments \_\_\_\_\_

**4. Systematic Withdrawal Plan (SWP). Refer point no. III of Terms & Conditions for SIP/STP/SWP**

Each SWP Amount (Rs.)

Enrolment Start  End  or No. of installments \_\_\_\_\_

**5. Declaration**

I/We hereby, declare that the particulars given above are correct and express my willingness to make payments referred above through participation in National Automated Clearing House (NACH) / Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I/We would not hold IDBI Mutual Fund / IDBI Asset Management Ltd responsible. I/We will also inform IDBI Mutual Fund about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

This is to inform that I/We have registered for Auto Debit Facility and that my payment towards my investment in IDBI Mutual Fund shall be made from my/our bank account registered with IDBI Mutual Fund. I/We authorize IDBI Mutual Fund / IDBI Asset Management Ltd / representative of IDBI Asset Management Ltd carrying this Form to debit my bank account as per instructions given above.

First Unit Holder's Signature

Second Unit Holder's Signature

Third Unit Holder's Signature



UMRN <sup>1</sup>

Date <sup>2</sup>

tick (✓)

CREATE

MODIFY

CANCEL

Sponsor Bank Code <sup>3</sup> C I T I O O O P I G W

Utility Code <sup>4</sup> C I T I O O O O 2 0 0 0 0 0 0 0 3 7

I/We hereby authorize <sup>5</sup>  IDBI Mutual Fund to debit (tick✓) <sup>6</sup>  SB / CA / €€ / SB-NRE / SB-NRO / Other

Bank A/c Number <sup>8</sup>

With Bank <sup>9</sup>  Name of customers bank <sup>10</sup> IFSC  or MICR <sup>11</sup>

an amount of Rupees <sup>12</sup>  <sup>13</sup> ₹

<sup>14</sup> FREQUENCY  Mthly  Qly  H-Yrly  Yrly  As & When presented <sup>15</sup> DEBIT TYPE  Fixed Amount  Maximum Amount

Reference-1 <sup>16</sup>  FOLIO NO. <sup>18</sup> Mobile

Reference-2 <sup>17</sup>  E-Mail ID <sup>19</sup>

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

<sup>20</sup> PERIOD

From

To

Or  Until Cancelled

<sup>21</sup> Signature of the account holder \_\_\_\_\_ Signature of the account holder \_\_\_\_\_ Signature of the account holder \_\_\_\_\_

<sup>22</sup> Name of the account holder \_\_\_\_\_ Name of the account holder \_\_\_\_\_ Name of the account holder \_\_\_\_\_

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I have authorized debit.