

Distributor ARN	Sub Distributor ARN	Internal sub Code / Sol ID	Employee Code	EUIN®	Serial No. / Date, Time & Stamp
ARN-167174				E038800	

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
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1. EXISTING UNIT HOLDER INFORMATION Folio No. _____ [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 ✓) Anyone or Survivor Single Joint (Default option is Anyone or Survivor for Joint holding)

Name of First/Sole Applicant/Minor* _____
(as appearing in ID proof) Gender (Please ✓) Male Female Other Date of Birth _____
PAN (Attach Proof) _____ CKYC No. _____
Father's Name _____ CKYC (Please ✓) Proof Attached

Status (Please ✓) 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
 FIs Partnership Firm AOP / BOI Society Other _____ (Please Specify)

Occupation (Please ✓) Private Sector Service Public Sector Government Service Business Professional Agriculturist Retired Housewife Student Other _____ (Please Specify)

Gross Annual Income Details (Please ✓) 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) _____ (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

Correspondence Address (Please provide full Address)	Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE FLAT NO.	HOUSE FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY/TOWN	CITY/TOWN
STATE	STATE
COUNTRY	COUNTRY
PINuCODE	PINCODE

Tel. (Off.) _____ Tel. (Res.) _____
EMail: _____ Mobile _____

Name of the Guardian#/contact person for non-individual _____
PAN (Attach Proof) _____ CKYC No. _____
Nationality _____ CKYC (Please ✓) Proof Attached
Relationship with Minor (Please ✓) 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 _____
(as appearing in ID proof) Gender (Please ✓) Male Female Other Date of Birth _____
PAN (Attach Proof) _____ CKYC No. _____
Father's Name _____ CKYC (Please ✓) Proof Attached

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

Occupation (Please ✓) Private Sector Service Public Sector Government Service Business Professional Agriculturist Retired Housewife Student Other _____ (Please Specify)

Gross Annual Income Details (Please ✓) 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 _____
(as appearing in ID proof) Gender (Please ✓) Male Female Other Date of Birth _____
PAN (Attach Proof) _____ CKYC No. _____
Father's Name _____ CKYC (Please ✓) Proof Attached

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

Occupation (Please ✓) Private Sector Service Public Sector Government Service Business Professional Agriculturist Retired Housewife Student Other _____ (Please Specify)

Gross Annual Income Details (Please ✓) 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: _____	Stamp, Signature & Date
	Received from Mr. / Ms. /M/s. _____	
	Cheque / DD No. : _____ Date : _____ Amount Rs.: _____	

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: idbimf.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 ¹

Date ²

tick (✓)

CREATE

MODIFY

CANCEL

Sponsor Bank Code ³ C I T I O O O P I G W

Utility Code ⁴ C I T I O O O O 2 0 0 0 0 0 0 0 3 7

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

Bank A/c Number ⁸

With Bank ⁹ Name of customers bank ¹⁰ IFSC or MICR ¹¹

an amount of Rupees ¹² ¹³ ₹

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

Reference-1 ¹⁶ FOLIO NO. ¹⁸ Mobile

Reference-2 ¹⁷ E-Mail ID ¹⁹

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.

²⁰ PERIOD

From

To

Or Until Cancelled

²¹ Signature of the account holder _____ Signature of the account holder _____ Signature of the account holder _____

²² 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.