IDBI mutual

Mafatlal Centre, 5th Floor, Nariman Point,
Mumbai - 400 021
Website: www.idbimutual.co.in

Common Application Form

Application No.

Name & ARN Code	Sub Distributor ARN / Branch Code	Internal code for sub Agent / Employee	EUIN*	Bank Serial No. / Bank Stamp / Receipt Date
ARN-97821			E113814	

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 deductable 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. EXISTING UNIT HOLDER INFORMATION — Folio No. _____ [Please fill in your Folio Number and proceed to Investment Details]

2. APPLICANT'S PERSONAL DETAILS

Name of First / Sole Applicant / Minor* (as appearing in ID proof)

Date of Birth (Mandatory in case of Minor) D D / M M / Y Y Y Y

PAN (Attach Proof) KYC Compliance Status (if yes, attach proof. If No, attach KYC Application form) ☐ Yes ☐ No

Name of Second Applicant

PAN (Attach Proof) KYC Compliance Status (if yes, attach proof. If No, attach KYC Application form) ☐ Yes ☐ No

Name of Third Applicant

PAN (Attach Proof) KYC Compliance Status (if yes, attach proof. If No, attach KYC Application form) ☐ Yes ☐ No

Name of the Guardian#

PAN (Attach proof) KYC Compliance Status (if yes, attach proof. If No, attach KYC Application form) ☐ Yes ☐ No

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)/contact person name (in case of non-individual)

Mode of Holding (Please ✓) ☐ Anyone or Survivor ☐ Single ☐ Joint (Default option is Anyone or Survivor)

Gross Annual Income Details (Please ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs **[OR]**

Net-worth in ₹ _____ (* Net worth should not be older than 1 year) as on (date) D D / M M / Y Y Y Y

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

Status (Please ✓) ☐ Resident Individual ☐ NRI / PIO ☐ Trust ☐ HUF ☐ Bank / FIs ☐ Sole Proprietorship ☐ Others (Please specify) ☐ Minor ☐ Company/Body Corporate ☐ FIIs ☐ Partnership Firm ☐ AOP / BOI ☐ Society

Please tick (✓), if applicable : ☐ Politically Exposed Person ☐ Related to a Politically Exposed Person (For definition of PEP, please refer guidelines) Any other information _____

3. MAILING ADDRESS [Please provide Full Address. P. O. Box No. may not be sufficient. Overseas Investors will have to provide Indian Address]

Local Address of 1st Applicant -

City _____ State _____ Pin Code _____

Tel. Off. _____ Resi. _____ Mobile _____

E - Mail _____

Overseas Correspondence Address (Mandatory for NRI / FII Applicant)

City _____ Country _____ Pin Code _____

4. COMMUNICATION (Please ✓)

☐ I/We wish to receive Account Statements/Annual Reports/Quarterly Statements/Newsletter/Updates or any other Statutory Information via E- mail/SMS alerts in lieu of Physical Documents.

☐ I/We would like to know more about IDBI MF products over the telephone.

5. BANK ACCOUNT DETAILS - MANDATORY (For multiple banks registration please submit the Multiple Bank Registration Form)

Name of the Bank

Branch Address

Bank Branch City _____ State _____ Pin Code _____

Account No. _____ A/C. Type (Please ✓) ☐ Savings ☐ NRE ☐ Current ☐ NRO ☐ FCNR

9 digit MICR Code _____ 11 digit IFSC Code _____ (Mandatory for credit via NEFT/RTGS)

Please attach a cancelled cheque OR a clear photo copy of a cheque

ACKNOWLEDGEMENT SLIP (To be filled in by the Sole/First Applicant)

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Application No.

Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021
Website : www.idbimutual.co.in

ARN-97821

Date _____ / _____ / _____

Stamp, Signature & Date

Received from Mr. / Ms. /M/s. _____

an application for purchase of units of **IDBI** _____ for Rs. _____ on date D D / M M / Y Y Y Y

ARN-97821 **EUIN-E113814**

6. ☐ UNITS IN DEMAT MODE (Please ✓) ☐ NSDL ☐ CDSL [Refer point (10) on page 22]

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 mention in the Application Form match with that of the account held with the DP.

7. POWER OF ATTORNEY (PoA)

POA Name	
PAN	KYC ☐ Yes ☐ No - if investment is being made by a constitutional Attorney, please submit the notarized copy of the POA

8. 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) [Refer point (5) to (8) on page 21 & 22]. Please ✓ wherever applicable.

Scheme Name: _____

Plan: ☐ Regular ☐ Direct

Option: ☐ Growth ☐ Dividend ☐ Bonus (applicable only for IDBI Liquid Fund and IDBI Ultra Short Term Fund)

Sub-option / Frequency of Dividend: _____

Mode of dividend: ☐ Payout ☐ Re-investment ☐ Sweep

Sweep: To Scheme_____Plan_____Option_____

☐ IDBI Monthly Income Plan

☐ Growth	☐ Growth with Regular Cash Flow Plan (RCFP) ☐ On completion of _____Years (Minimum of 5 years and in multiples of 1 year thereafter) ☐ On reaching the target amount of Rs. _____ (Minimum of Rs. 5 lakhs and in multiples of Rs. 1 lakh thereafter)	○ Monthly Dividend Payout ○ Quarterly Dividend Payout ○ SWP Rs. _____Per Month (Minimum Rs. 1000/- per month and in multiples of Re. 1 thereafter for a minimum of period 6 months)	☐ Dividend ☐ Monthly ☐ Quarterly ☐ Payout ☐ Reinvestment ☐ Sweep

Only for IDBI Gilt Fund: [Refer point (8) on page 22]

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
_____	_____	_____	

Drawn on Bank			
Branch & City		Account No.	
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)

9. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals Cannot Nominate] Refer point (15) on page 23

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)

☐ I/We do not wish to nominate anybody on my/our behalf.	**Signature of the Declarant**	

10. Declaration

I / We have read and understood the contents of the SID and Key Information Memorandum of the Scheme. I/We hereby apply to the 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.

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

Scheme Name :_____ Option: _____ Sub Option: _____

Plan: ☐ Regular ☐ Direct (Please ✓ any one).

Cheque / DD No. : _____ Date : _____ Amount Rs.: _____

Bank and Branch: _____

REGISTRAR & TRANSFER AGENTS

Karvy Computershare Pvt Limited, SEBI Registration Number: INR000000221

Unit: IDBI Mutual Fund, 46, Road No 4, street No.1 Banjara Hills, Hyderabad-500 034

Tel. No.: 040 – 2331245; Fax No: +91 40 23311968 Email ID: idbimf.customercare@karvy.com