

Name & ARN Code	Sub Distributor ARN / Branch Code	Internal code for sub Agent / Employee	EUIIN*	Bank Serial No. / Bank Stamp / Receipt Date
ARN-0906			E031087	

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 EUIIN 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 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) <input type="checkbox"/> Yes <input type="checkbox"/> No									
Name of Second Applicant										
PAN (Attach Proof)	KYC Compliance Status (if yes, attach proof. If No, attach KYC Application form) <input type="checkbox"/> Yes <input type="checkbox"/> No									
Name of Third Applicant										
PAN (Attach Proof)	KYC Compliance Status (if yes, attach proof. If No, attach KYC Application form) <input type="checkbox"/> Yes <input type="checkbox"/> No									
Name of the Guardian#										
PAN (Attach proof)	KYC Compliance Status (if yes, attach proof. If No, attach KYC Application form) <input type="checkbox"/> Yes <input type="checkbox"/> No									
Relationship with Minor Please (✓) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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 ✓)	<input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default option is Anyone or Survivor)									
Gross Annual Income Details (Please ✓)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >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 ✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others									
Status (Please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI / PIO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank / Fls <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others <input type="checkbox"/> Minor <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Fls <input type="checkbox"/> Partnership Firm <input type="checkbox"/> AOP / BOI <input type="checkbox"/> 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			Mandatory	
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 ✓) <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> 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)

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

Stamp, Signature & Date

6. UNITS IN DEMAT MODE (Please ✓) NSDL CDSDL [Refer point (8) 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 <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														

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 (6) to (9) & (11) 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 _____

<input type="checkbox"/> IDBI Monthly Income Plan		
<input type="checkbox"/> Growth	<input type="checkbox"/> Growth with Regular Cash Flow Plan (RCFP)	<input type="checkbox"/> Dividend
	<input type="checkbox"/> On completion of _____ Years (Minimum of 5 years and in multiples of 1 year thereafter)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
	<input type="checkbox"/> On reaching the target amount of Rs. _____ (Minimum of Rs. 5 lakhs and in multiples of Rs. 1 lakh thereafter)	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment
		<input type="checkbox"/> Sweep
	<input type="radio"/> Monthly Dividend Payout <input type="radio"/> Quarterly Dividend Payout <input type="radio"/> SWP Rs. _____ Per Month (Minimum Rs. 1000/- per month and in multiples of Re. 1 thereafter for a minimum of period 6 months)	

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 ✓)
_____	_____	_____	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> 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 (13) on page 22

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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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: _____



Application Form For Systematic Investment Plan (SIP) / Systematic Transfer Plan (STP)/Systematic Withdrawal Plan (SWP)

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

Form No.

Name & ARN Code	Sub Distributor ARN / Branch Code	Internal code for sub Agent / Employee	EUIN*	Bank Serial No. / Bank Stamp / Receipt Date
ARN-0906			E031087	

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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Please any one only SIP Micro SIP Change in Bank Mandate SIP Cancellation

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 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 _____

<input type="checkbox"/> IDBI Monthly Income Plan	
<input type="checkbox"/> Growth	<input type="checkbox"/> Growth with Regular Cash Flow Plan (RCFP) <input type="checkbox"/> On completion of _____ Years (Minimum of 5 years and in multiples of 1 year thereafter) <input type="checkbox"/> On reaching the target amount of Rs. _____ (Minimum of Rs. 5 lakhs and in multiples of Rs. 1 lakh thereafter)
	<input type="checkbox"/> Monthly Dividend Payout <input type="checkbox"/> Quarterly Dividend Payout <input type="checkbox"/> SWP Rs. _____ Per Month (Minimum Rs. 1000/- per month and in multiples of Re. 1 thereafter for a minimum of period 6 months)
	<input type="checkbox"/> Dividend <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Sweep

Only for IDBI Gilt Fund:

Fixed Tenor Trigger (FTT) Plan : Automatic redemption after 1 year 3 years 5 years 7 years 10 years

2. Systematic Investment Plan (SIP). Refer point no. I of SIP/SWP/STP instruction.

Each SIP Amount (Rs.) _____ Frequency: Daily (only for IDBI Ultra Short Term Fund)^ Monthly / Quarterly

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

From To or No. of installments _____ or perpetual.

(Direct Debit / ECS instructions will take minimum 30 days for registration with the Bank and hence the first auto debit will be carried out after 30 days on the SIP date. The AMC reserve the right to modify the SIP registration period)

Photo identification proof in case of Micro SIP _____ (Note: Please allow minimum one month for auto debit to register and start)

^ The minimum investment per day is Rs. 500/- for a minimum of 30 installments continuously for all business days.

3. Systematic Transfer Plan (STP). Refer point no. II of SIP/SWP/STP instruction.

I/We would like to switch: From Scheme _____ Plan _____ Option _____

switch: To Scheme _____ Plan _____ Option _____

Each STP Amount (Rs.) _____ Frequency: Daily (All business days)# Weekly (1st business day of the week)

Date: 5th / 15th / 25th of the month / quarter Monthly Quarterly

Enrolment Start End or No. of installments _____

Daily STP facility will be available for transferring the fixed amount from IDBI Liquid Fund / IDBI Ultra Short Term Fund to any open-ended schemes of IDBI Mutual Fund.

4. Systematic Withdrawal Plan (SWP). Refer point no. III of SIP/SWP/STP instruction.

Each SWP Amount Rs. _____

Enrolment Start Month End Month or No. of installments _____

5. Particulars of bank account

Account holder Name as in Bank Account _____

Bank Name _____ Branch _____

City _____ PIN code _____

Account Type Savings Current NRE NRO FCNR Account No. _____

9 Digit MICR Code _____ (Please enter the 9 digit number that appears after your cheque number)

I/We hereby, declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution 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 the RBI's Electronic Clearing Service (Debit Clearing) / Auto Debit Facility and that my payment towards my investment in IDBI Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorize to IDBI Mutual Fund/ representative carrying this ECS/Auto Debit to account mandate Form to get it verified and executed.

First Account Holder's Signature Second Account Holder's Signature Third Account Holder's Signature

