



**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.

**20 PERIOD**

From

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

Signature of the account holder

Signature of the account holder

To

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

Name of the account holder

Name of the account holder

Or  Until Cancelled

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.