

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. 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 _____
D D M M Y Y Y Y
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
 FII's 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 _____ STATE _____	CITY/TOWN _____ STATE _____
COUNTRY _____ PINuCODE _____	COUNTRY _____ PINCODE _____

Tel. (Off.) _____ Tel. (Res.) _____ Mobile _____
E-Mail: _____

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 _____
D D M M Y Y Y Y
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 _____
D D M M Y Y Y Y
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

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Acknowledgement slip</p>	Scheme Name : _____ Option: _____ Sub Option: _____	<p>Stamp, Signature & Date</p>
	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
-----	--

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
---	----------------------------

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