

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

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

<b>1. EXISTING UNIT HOLDER INFORMATION</b>	Folio No. _____	[Please fill in your Folio Number and proceed to Investment Details]
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**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)**

	<b>Common Application Form</b>	Application No. _____	Date ____ / ____ / ____
Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021 Website : www.idbimutual.co.in			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			

**6. UNITS IN DEMAT MODE (Please ✓) NSDL CDSL [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: \_\_\_\_\_