



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

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) <ul style="list-style-type: none"> <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"/> Dividend <ul style="list-style-type: none"> <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

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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 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

D	D	-	M	M	-	Y	Y	Y	Y
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 End

D	D	-	M	M	-	Y	Y	Y	Y
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 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

D	D	M	M	Y	Y	Y	Y
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 End Month

D	D	M	M	Y	Y	Y	Y
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 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