

Name & ARN Code	Sub Distributor ARN	Internal code for sub Agent / Branch Code	EUIN®	Bank Serial No. / Bank Stamp / Receipt Date
83753			E069272	

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 1<sup>st</sup> 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) \_\_\_\_\_ Nationality \_\_\_\_\_

Place/City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ KYC (Please ✓)  Proof Attached

Status (Please ✓)  Individual  Non-Individual [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  
 Fils  Partnership Firm  AOP / BOI  Society  Other (Please Specify)

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office (In case of any change please approach KRA and notify changes.)

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Other (Please Specify)

Identification Number \_\_\_\_\_

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 ₹ \_\_\_\_\_ as on (date) D D / M M / Y Y Y Y (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.) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Mobile \_\_\_\_\_

Name of the Guardian#/contact person for non-individual \_\_\_\_\_

PAN (Attach proof) \_\_\_\_\_ Nationality \_\_\_\_\_ KYC (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) \_\_\_\_\_ Nationality \_\_\_\_\_

Place/City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ KYC (Please ✓)  Proof Attached

Status (Please ✓)  Resident Individual  NRI / PIO

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  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

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) \_\_\_\_\_ Nationality \_\_\_\_\_

Place/City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ KYC (Please ✓)  Proof Attached

Status (Please ✓)  Resident Individual  NRI / PIO

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  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

Politically Exposed Person (PEP) Status  I am PEP  I am Related to PEP  Not Applicable

Acknowledgement slip	Scheme Name : _____ Option: _____ Sub Option: _____	Stamp, Signature & Date
	Received from Mr. / Ms. /M/s. _____	
	Cheque / DD No. : _____ Date : _____ Amount Rs.: _____	

**3. FATCA INFORMATION / FOREIGN TAX LAWS (for Individual including Sole Proprietor) (Self Certification)** This information is required for all applicant(s)/guardian

Particulars	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Is your Country of Birth / Citizenship / Nationality / Tax Residency other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide the following information [mandatory] Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Number below:			
Country of Tax Residency - 1**			
Tax Payer Ref. ID No. - 1^			
Tax Identification Type - 1			
Country of Tax Residency - 2**			
Tax Payer Ref. ID No. - 2^			
Tax Identification Type - 2			
Country of Tax Residency - 3**			
Tax Payer Ref. ID No. - 3^			
Tax Identification Type - 3			

(\*\*) To also include USA, where the individual is a citizen / green card holder of the USA. (^) In case Tax Identification Number is not available, kindly provide its functional equivalent. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**4. 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	(Mandatory for credit via NEFT/RTGS)

Please attach a cancelled cheque OR a clear photo copy of a cheque

**5. 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.

**6. 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
-----	--

**7. 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 XXXXXX" (Investor PAN) or "IDBI Scheme Name A/C XXXXXX" (Name of the First holder)

**8. 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
---	----------------------------

**9. DECLARATION**

I / We have read and understood the contents of the SID, SAI and Key Information Memorandum of the Scheme and information requirements of this Form (read along with FATCA&CRS instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions mentioned under section for General Information and Guidelines forming part of this application form and hereby accept the same. 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., Telangana State. Phone: 040-3321 5121 to 040-3321 5123.  
 Email: idbimf.customercare@karvy.com