

Distributor ARN	Sub Distributor ARN	Internal sub Code / Sol ID	Employee Code	EUIN	Serial No. / Date, Time & Stamp
ARN-0018	ARN				

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.

EUIN Declaration 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*
 Ensure that name is as per Aadhaar Card

PAN/PEKRN CKYC Id No. Date of Birth / /

Aadhaar Number* Mobile No.
 (Please enclose copy of front & back side)

Gender (Please ✓) Male Female Other

Father's Name

Status (Please ✓) Resident Individual NRI / PIO Trust HUF Bank / FIs Sole Proprietorship Minor Company/Body Corporate
 Fils 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	CITY/TOWN
STATE	STATE
COUNTRY	COUNTRY
PIN CODE	PIN CODE

Tel. (Off.) Tel. (Res.)

Email Mobile

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

Ensure that name is as per Aadhaar Card

PAN/PEKRN CKYC Id No. Date of Birth / /

Aadhaar Number Mobile No.
 (Please enclose copy of front & back side)

Nationality 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

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

Name of Second Applicant Ensure that name is as per Aadhaar Card (Not applicable for minor/ Non Individual Investment)																							
PAN/ PEKRN		CKYC Id No.											Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y
Aadhaar Number											Mobile No.												
(Please enclose copy of front & back side)																							
Gender (Please ✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other																				
Father's Name																							
Status (Please ✓)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI																					
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"/> Other	(Please Specify)												
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"/> >25-1 Crore	<input type="checkbox"/> >1 Crore																	
Net-worth in ₹	* Net worth should not be older than 1 year										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)																		<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am Related to PEP	<input type="checkbox"/> Not Applicable		


Name of Third Applicant Ensure that name is as per Aadhaar Card (Not applicable for minor/ Non Individual Investment)																							
PAN/ PEKRN		CKYC Id No.											Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y
Aadhaar Number*											Mobile No.												
(Please enclose copy of front & back side)																							
Gender (Please ✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other																				
Father's Name																							
Status (Please ✓)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI																					
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"/> Other	(Please Specify)												
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"/> >25-1 Crore	<input type="checkbox"/> >1 Crore																	
Net-worth in ₹	* Net worth should not be older than 1 year										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)																		<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am Related to PEP	<input type="checkbox"/> Not Applicable		

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																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													
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.																					

 Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021 SMS 'IDBIMF' to 09220092200 • Tollfree: 1800-419-4324 • Website: www.idbimutual.co.in Tel: (022) 66442800 • Fax: 66442801 Email: contactus@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. Email: idbimf.customer@karvy.com
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5. FATCA and CRS DETAILS For Individuals (Mandatory) (Non-Individuals are required to submit separate FATCA & CRS information (for non-individuals / Legal entity) and UBO Declaration Form available at www.idbimutual.co.in)

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Place of Birth			
Country of Birth			
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____
Tax Residence Address Type (as per KYC records)	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside 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 fill below for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the Respective countries.		
Country of Tax Residency	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Tax Identification Number OR Functional Equivalent	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Identification Type (TIN of other, Please specify)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
If TIN is not available, please tick the reason A, B, or C (as defined below)	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Reason A →	The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.		
Reason B →	No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).		
Reason C →	Others; please state the reason thereof _____		

6. POWER OF ATTORNEY (PoA)

PoA Name Ensure that name is as per Aadhaar Card

PAN KYC Yes No - if investment is being made by a constitutional Attorney, please submit the notarized copy of the POA

Aadhaar Number Mobile No.

(Please enclose copy of front & back side)

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

Dividend 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

Branch & City Account No.

Chq. /DD No. Date 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)

8. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals Cannot Nominate]

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR I/WE DO NOT WISH TO NOMINATE

No.	Nominee(s) Name	Date of Birth (in case of Minor)								Name of the Guardian (in case of Minor)	% of Share	Signature of Nominee / Guardian
		D	D	M	M	Y	Y	Y	Y			
1												
2												
3												

9. 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.

FATCA/CRS Certification/Declaration: I / We have understood the information requirements of this Form (read along with the 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 and hereby accept the same. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information (including change in tax residency status) in future promptly i.e. within 30 days of such change and also undertake to provide any other additional information as may be required at your end.

AADHAAR Declaration: I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with IDBI Mutual Fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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FATCA & CRS Terms and Conditions

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

Details under FATCA & CRS : The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request from information if you have multiple relationships with the FI or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US TAX Identification Number.

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.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA / CRS Indicia
U.S. place of birth	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	If no Indian telephone number is provided 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body*
- Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

*Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.



**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
ARN-0018	ARN				

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: Daily (Only for IDBI Ultra Short Term Fund)^ / 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.

^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 Terms & Conditions for SIP/STP/SWP

Switch: To Scheme _____ Plan _____ Option _____

Dividend Sweep: To Scheme _____ Plan _____ Option _____

Each STP Amount (Rs.) Frequency: Daily (All business days*) 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 _____

*Only offered under ILIQF, IUSTRF & ISTBF

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 ¹

Date ²

tick (✓)

CREATE

MODIFY

CANCEL

Sponsor Bank Code ³ C I T I O O O P I G W

Utility Code ⁴ C I T I O O O 2 0 0 0 0 0 0 0 3 7

I/We hereby authorize ⁵ IDBI Mutual Fund to debit (tick✓) ⁶ SB / CA / €€ / SB-NRE / SB-NRO / Other

Bank A/c Number ⁸

With Bank ⁹ Name of customers bank ¹⁰ IFSC or MICR ¹¹

an amount of Rupees ¹² ¹³ ₹

¹⁴ FREQUENCY Mthly Qly H-Yrly Yrly As & When presented ¹⁵ DEBIT TYPE Fixed Amount Maximum Amount

¹⁶ Reference-1 FOLIO NO. ¹⁸ Mobile

¹⁷ Reference-2 ¹⁹ E-Mail ID

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

To

Or Until Cancelled

²¹ Signature of the account holder _____ Signature of the account holder _____ Signature of the account holder _____

²² Name of the account holder _____ Name of the account holder _____ Name of the account holder _____

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.