

COMMON APPLICATION FORM

	Distributor ARN	Sub Distributor A	RN I	nternal	sub Co	de/So	I ID	Emplo	yee Co	de	EL	IIN			RIA	Code	#/PM	RN	
ARN-181	211									I	Ξ								
purchase/subscription and payable to the d #I/We, have invested	shall be paid directly by the investor to on amount is Rs. 10,000/- or more and th istributor. Units will issued against the b in the scheme(s) of IDBI Mutual Fund ur irect Plan of all schemes of IDBI Mutual	e investor's Distributor palance amount investe nder Direct Plan. I/We l	has opte d. nereby gi	d to receive my/o	ive "Trans ur conser	action It to sha	Charg	es" the s ovide th	ame are	dedu	ctable	as appl	icable	from	the pu	rchase	/subsc	riptio	n amount
EUIN Declaration	I/We hereby confirm that the EUIN bo manager/sales person of the above dis of the distributor/sub broker.																		
Signatures	First/Sole Applicant/Gu	uardian			Secon	d Appl	licant							Third	qqA b	licant			
	Please (✓) IT HOLDER INFORMATION b. & name of 1 st unit holder and procee	LUMPSUM INVE		Т	MICE	RO API	PLICA	TION			APPLI olio N		ON						
_	S PERSONAL DETAILS (MANDAT																		
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Name of First/Sole	Applicant/Minor*															Т			
PAN/ PEKRN		YC* No.								Date	e of Bi	rth [D	D /	М	M	/ Y	Υ	YY
Mobile No.		Email									(Please	e √) [Self		amily	Memb	er [Not	Provided
Gender (Please ✓) (*) Proof Attached,	Male Female (**) LEI is applicable for Non-Individua	If Family Membe Other Legal En al investor including HU	tity Iden	ntificatio	n(LEI)Co			Deper				Depe	nden	: Chilo	Iren				
Name of the Guard	dian#/contact person for non-individu	al																	
PAN/PEKRN					CKYC Id	No.	T			Ī	T			T		Ī	i		
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Proof of the Relati	onship with Minor (Please ✓)	Birth Certificate S	chool C	ertificat	e Pass	port [Oth	er			(Pleas	e Spec	ify)						
* If the first/sole ap	pplicant is a Minor, then please provide	e details of Natural/Leg	al Guard	dian. #In	case first	applica	ant is a	minor											
Name of Second A																			
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4. KYC DETAILS	(MANDATORY)									
Occupation (Please >	()									
First Applicant	Private Sector S	ervice 🗌	Public Sector Government Service Bu	usiness Professional Agriculturist Retired H	Housewife Student Other (Please Specify)					
Second Applicant	Private Sector S	Service	Public Sector Government Service Bo	usiness Professional Agriculturist Retired H	Housewife Student Other (Please Specify)					
Third Applicant	Private Sector S	Service	Public Sector Government Service Bu	usiness Professional Agriculturist Retired H	Housewife Student Other (Please Specify)					
Gross Annual Income	e Details (Please √)									
First Applicant/ Guardian	Below 1 Lac Net-worth in ₹		s >5-10 Lacs >10-25 Lacs >25-1 d not be older than 1 year) as on (date)		nan 1 year)					
Second Applicant	Below 1 Lac Net-worth in ₹		s >5-10 Lacs >10-25 Lacs >25-1 d not be older than 1 year as on (date)		nan 1 year)					
Third Applicant	Below 1 Lac Net-worth in ₹		s >5-10 Lacs >10-25 Lacs >25-1 d not be older than 1 year as on (date)		nan 1 year)					
Politically Exposed F	Person (PEP) Status	(Also app	olicable for authorised signatories/Promot	ers/Karta/Trustee/Whole time Directors)	P ☐ I am Related to PEP ☐ Not Applicable					
Non-Individual Investor	rs involved/providing a	ny of the m	nentioned services Foreign Exchange/Money	Changer Services Money Lending/Pawning Gaming,	/Gambling/Lottery/Casino Services None of the above					
5. FATCA and CR	S DETAILS For Ind	lividuals	(Mandatory) (Non-Individuals are re	equired to submit separate FATCA & CRS infor						
UBO Declarati	on Form availabl		w.idbimutual.co.in) First Applicant (including Minor)	Second Applicant/Guardian/POA	Third Applicant					
Place of Birth				, , , , , , , , , , , , , , , , , , , ,						
Country of Birth										
Nationality			U.S. Others, please specify	☐ Indian ☐ U.S. ☐ Others, please specify	Indian U.S. Others, please specify					
,			Others, please specify	Indian O.3. Others, please specify	mulan					
Tax Residence Addr (as per KYC records		Reside	ential Registered Office Business	Residential Registered Office Business	Residential Registered Office Business					
Are you a tax reside		Yes	No	Yes No	☐ Yes ☐ No					
you assessed for Ta country outside Ind			please fill below for ALL countries (other ard Holder/Tax Resident in the Respecti	r than India) in which you are a Resident for tax pu ve countries.	rposes i.e., where you are a Citizen/Resident/					
Country of Tax Resi	(1) (1) (1) (2) (2) (2) (3) (3) (3)									
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Identification Type (TIN of other, Please specify)										
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Reason B → No T		ct this rea	ason Only if the authorities of the respec	e Tax Identification Numbers to its residents. ctive country of tax residence do not require the T	IN to be collected).					



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Application form for registration of Systematic Investment Plan (SIP), Systematic Transfer Plan (STP) and Systematic Withdrawal Plan (SWP)

Distributo	r ARN	Sub Distributor ARN	Interna	l sub Code/Sol ID	Employee Code	EUIN	Se	rial No./Date, Time & Stamp
ARN		ARN						
distributor. In case from the purchase	purchase/subsc /subscription an	ription amount is Rs. 10,000 nount and payable to the dis	/- or more a stributor. U	and the investor's Dis nits will issued again	tributor has opted to re st the balance amount	eceive "Transac invested.	tion Charges" t	including the service rendered by the he same are deductable as applicable lata feed/portfolio holdings/NAV etc.
	ur investments ι	under Direct Plan of all sche	mes of IDBI	Mutual Fund, to the	above mentioned SEB	I Registered Inv	estment Advis	er:"
EUIN Declaration	relationship m		above dist	ributor/sub broker o				eraction or advice by the employee/ , if any, provided by the employee/
Signatures	First	t/Sole Applicant/Guardian		Se	econd Applicant			Third Applicant
		Pleas	se (√)	SIP WITH CHEQUE	SIP WITHOUT	CHEQUE		
1. Investor and I	nvestment deta	ails. Please ✓ wherever app	licable.					
Sole/First Investor (as appearing in ID								
PAN No.					Folio No. (Fo	r Existing Invest	tor)	
Scheme Name:					egular Direct Option	: Growth	Income Distrib	ution cum Capital Withdrawal (IDCW)
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2. Systematic Inv		SIP).	Frequ	uency : ☐ Daily (Only	for IDBI Ultra Short Ter	m Fund\^/\ M	Ionthly/ Oua	rterly
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3. Systematic Tra	<u> </u>	<u>'</u>			21			
Target Scheme					Plan Plan			on on
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5. Declaration								
If the transaction is o	delayed or not effe	cted at all for reasons of incomp	olete or inco	rrect information I/We	would not hold IDBI Mutu			mated Clearing House (NACH)/Auto Debit. Ltd responsible. I/We will also inform IDBI
		bank account. I/We have read a red for Auto Debit Facility and t	-			shall be made fro	m mv/our bank	account registered with IDBI Mutual Fund.
I/We authorize IDBI I	Mutual Fund/IDBI	Asset Management Ltd/represer	ntative of IDI	BI Asset Management Li	td carrying this Form to de	ebit my bank acco	unt as per instru	ctions given above.
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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.