



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

**3. COMMUNICATION** (Please ✓ to Opt-in)☐ Visually challenged☐ All communications will be sent by default to the registered E-mail ID/Mobile No. In case you wish to receive physical communication (please ✓ here)**Correspondence Address (Please provide full Address)**

HOUSE FLAT NO.

STREET ADDRESS

CITY/TOWN

STATE

COUNTRY

PIN CODE

Tel. No.

**Overseas Address (Mandatory for NRI/FII Applicants)**

HOUSE FLAT NO.

STREET ADDRESS

CITY/TOWN

STATE

COUNTRY

PIN CODE

**4. KYC DETAILS (MANDATORY)****Occupation (Please ✓)****First Applicant** ☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Other (Please Specify)**Second Applicant** ☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Other (Please Specify)**Third Applicant** ☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Other (Please Specify)**Gross Annual Income Details (Please ✓)****First Applicant/Guardian** ☐ Below 1 Lac ☐ 1-5 Lacs ☐ >5-10 Lacs ☐ >10-25 Lacs ☐ >25-1 Crore ☐ >1 CroreNet-worth in ₹ (Net worth should not be older than 1 year) as on (date)    /        (Not older than 1 year)**Second Applicant** ☐ Below 1 Lac ☐ 1-5 Lacs ☐ >5-10 Lacs ☐ >10-25 Lacs ☐ >25-1 Crore ☐ >1 CroreNet-worth in ₹ (Net worth should not be older than 1 year) as on (date)    /        (Not older than 1 year)**Third Applicant** ☐ Below 1 Lac ☐ 1-5 Lacs ☐ >5-10 Lacs ☐ >10-25 Lacs ☐ >25-1 Crore ☐ >1 CroreNet-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**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](http://www.idbimutual.co.in))**

	First Applicant (including Minor)	Second Applicant/Guardian/POA	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	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	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 _____		



4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Colaba, Mumbai - 400005.  
Tollfree: 1800-419-4324 • Website: [www.idbimutual.co.in](http://www.idbimutual.co.in)  
Tel: (022) 66442800 • Fax: 66442801 Email: [contactus@idbimutual.co.in](mailto:contactus@idbimutual.co.in)

**REGISTRAR & TRANSFER AGENTS**

**KFin Technologies Private Limited** SEBI Registration Number: INR000000221  
Unit: IDBI Mutual Fund, Selenium Tower B, Plot Nos. 31 & 32 Financial District,  
Nanakramguda, Serilingampally Mandal, Hyderabad - 500 032, India  
Email: [idbimf.customer@kfintech.com](mailto:idbimf.customer@kfintech.com)

**6. 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)									

**7. ■ 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.

**8. POWER OF ATTORNEY (POA) if investment is being made by a constitutional Attorney, please submit the notarized copy of the POA**

PoA Name																					
PAN/PEKRN											CKYC ID No.										

**9. 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 :	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	Option :	<input type="checkbox"/> Growth	<input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW)																							
Mode of IDCW:	<input type="checkbox"/> Payout of IDCW <input type="checkbox"/> Re-investment of IDFCW <input type="checkbox"/> Transfer of IDCW																																						
Transfer of IDCW: To Scheme											Plan											Option																	
Mode of Payment (Please ✓)	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> NACH																																						
Investment Amount (Rs.)											DD Charges if any (Rs.)																												
Net Amount (in words)																																							
Draw on Bank																																							
Branch & City											Account No.																												
Cheque/DD No.											Date	D D / M M / Y Y Y Y										IFSC Code																	
A/c Type - <input type="checkbox"/> S/B <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR*																				Kindly provide photocopy of the payment Instrument. *Kindly provide 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 XXXXXXXX" (Investor PAN) or "IDBI Scheme Name A/C XXXXXXXX" (Name of the First holder)																																							

**10. NOMINATION DETAILS (Minor/HUF/POA Holder/Non Individuals Cannot Nominate) [MANDATORY]**

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

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

If in case nominee is a minor, please provide Guardian's PAN No. and attach a copy of minor's Birth Certificate.

Signature of Nominee/Guardian	(1)	(2)	(3)
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☐ I/WE DO NOT WISH TO NOMINATE

I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Name of First Unitholder	Name of Second Unitholder	Name of Third Unitholder
Signature of First Unitholder	Signature of Second Unitholder	Signature of Third Unitholder

**11. 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.

First/Sole Applicant/Guardian	Second Applicant	Third Applicant
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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	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 be issued against the balance amount invested.

"I/We, have invested in the scheme(s) of IDBI Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of IDBI Mutual Fund, to the above mentioned SEBI Registered Investment Adviser."

<input type="checkbox"/> 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.
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Signatures	First/Sole Applicant/Guardian	Second Applicant	Third Applicant
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Please (✓) ☐ SIP WITH CHEQUE ☐ SIP WITHOUT CHEQUE

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 ☐ Income Distribution cum Capital Withdrawal (IDCW)

Mode of IDCW: ☐ Payout of IDCW ☐ Re-investment of IDCW ☐ Transfer of IDCW

2. Systematic Investment Plan (SIP).

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).

Source Scheme  Plan  Option

Target Scheme  Plan  Option

Each STP Amount (Rs.)  Frequency: ☐ 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

4. Systematic Withdrawal Plan (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
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tick (✓) ☐ UMRN  Date

CREATE ☒ Sponsor Bank Code  Utility Code

MODIFY ☒ I/We hereby authorize  IDBI Mutual Fund to debit (tick✓) ☐ SB/CA/EE/SB-NRE/SB-NRO/Other

CANCEL ☒ Bank A/c Number

With Bank  Name of customers bank  IFSC  or MICR

an amount of Rupees  ₹

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

Reference-1  FOLIO NO.  Mobile

Reference-2  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 as per Bank Record  Signature as per Bank Record  Signature as per Bank Record

22 Name as per Bank Record  Name as per Bank Record  Name as per Bank Record

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.