

Name & ARN Code	Sub Distributor ARN / Branch Code	Internal code for sub Agent / Employee	EUIN*	Bank Serial No. / Bank Stamp / Receipt Date
ARN-90531			E086029	

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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1. EXISTING UNIT HOLDER INFORMATION Folio No. _____ [Please fill in your Folio Number and proceed to Investment Details]

2. MODE OF HOLDING (Please ✓) Anyone or Survivor Single Joint (Default option is Anyone or Survivor)

3. APPLICANT'S PERSONAL DETAILS

Name of First/Sole Applicant/Minor* _____
(as appearing in ID proof) Date of Birth (Mandatory in case of Minor)

PAN (Attach Proof) _____ Nationality _____ KYC [(Please ✓) Mandatory] Proof Attached

Status (Please ✓) Individual Non-Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form]
 Resident Individual NRI / PIO Trust HUF Bank / FIs Sole Proprietorship Minor Company/Body Corporate
 Fils Partnership Firm AOP / BOI Society Others (Please Specify) _____

Occupation (Please ✓) Private Sector Service Public Sector Government Service Business Professional Agriculturist Retired Housewife Student Others _____

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)

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

* If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. # (In case first applicant is a minor)/contact person name (in case of non-individual)

Name of the Guardian# _____

PAN (Attach proof) _____ Nationality _____ KYC [(Please ✓) Mandatory] Proof Attached
 Relationship with Minor Please (✓) Mother Father Legal Guardian

Name of Second Applicant _____

PAN (Attach Proof) _____ Nationality _____ KYC [(Please ✓) Mandatory] Proof Attached

Status (Please ✓) Resident Individual NRI / PIO

Occupation (Please ✓) Private Sector Service Public Sector Government Service Business Professional Agriculturist Retired Housewife Student Others _____

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)

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

Name of Third Applicant _____

PAN (Attach Proof) _____ Nationality _____ KYC [(Please ✓) Mandatory] Proof Attached

Status (Please ✓) Resident Individual NRI / PIO

Occupation (Please ✓) Private Sector Service Public Sector Government Service Business Professional Agriculturist Retired Housewife Student Others _____

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)

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

4. MAILING ADDRESS of SOLE/FIRST APPLICANT

Correspondence Address (Please provide full Address)				Overseas Address (Mandatory for NRI / FII Applicants)			
HOUSE FLAT NO.				HOUSE FLAT NO.			
STREET ADDRESS				STREET ADDRESS			
STREET ADDRESS				STREET ADDRESS			
CITY/TOWN		STATE		CITY/TOWN		STATE	
COUNTRY		PINCODE		COUNTRY		PINCODE	
Tel. (Off.)		Tel. (Res.)		Fax		Mobile	
Email:							

5. COMMUNICATION (Please ✓)

- I/We wish to receive Account Statements/Annual Reports/Quarterly Statements/Newsletter/Updates or any other Statutory Information via E-mail/SMS alerts in lieu of Physical Documents.
- I/We would like to know more about IDBI MF products over the telephone.

ACKNOWLEDGEMENT SLIP (To be filled in by the Sole/First Applicant)

Received from Mr. / Ms. /M/s. _____
 an application for purchase of units of IDBI _____ for Rs. _____ on date

Stamp, Signature & Date

6. BANK ACCOUNT DETAILS - MANDATORY (For multiple banks registration please submit the Multiple Bank Registration Form)

Name of the Bank			
Branch Address			
Bank Branch 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	(Mandatory for credit via NEFT/RTGS)	
Please attach a cancelled cheque OR a clear photo copy of a cheque			

7. UNITS IN DEMAT MODE (Please ✓) NSDL CDSL [Refer point (8) on page 23]

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 mention in the Application Form match with that of the account held with the DP.	

8. 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

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) [Refer point (6) to (9) & (11) on page 22 & 23]. Please ✓ wherever applicable.

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) <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 <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Sweep <input type="checkbox"/> Monthly Dividend Payout <input type="checkbox"/> Quarterly Dividend Payout <input type="checkbox"/> SWP Rs. _____ Per Month (Minimum Rs. 1000/- per month and in multiples of Re. 1 thereafter for a minimum of period 6 months)

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 ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS/NEFT
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)

10. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals Cannot Nominate] Refer point (13) on page 23

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			DDMMYY	
2			DDMMYY	
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)

I/We do not wish to nominate anybody on my/our behalf. Signature of the Declarant _____

11. DECLARATION

I / We have read and understood the contents of the SID and Key Information Memorandum of the Scheme. I/We hereby apply to the 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.
 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 Applicant / Guardian
Second Applicant
Third Applicant

Scheme Name : _____ Option: _____ Sub Option: _____

Plan: Regular Direct (Please ✓ any one).

Cheque / DD No. : _____ Date : _____ Amount Rs. : _____

Bank and Branch: _____