TRANSACTION SLIP

(For other than IDBI Gold Exchange Traded Fund) (Only for investors who are already registered with IDBI Mutual Fund)

Corporate Office : 5th Floor, Mafatlal Centre, Nariman Point, Mumbai - 400 021. Website: www.idbimutual.co.in

DISTRIBUTOR INFORMATION																	FOR OFFICE USE ONLY																		
Name & ARN Code# Sub-Broker Code								EUIN							Registrar Serial No					Date of Receipt						Time of Receipt									
SGSSL - 54854									E026651																										
#Upfront commiss distributor. For dire I/We hereby com manager/sales per and the distributor	ect invest firm that rson of t	tment t the E he abo	pleas UIN b ove di	e me ox ha stribu	ntion as be utor o	"Dire en in or not	ect". I ntentio twiths	f no A onally stand	RN 0 / left ing t	code blank he ac	men < by i dvice	tione me/us	d, ap s as tl	plica his is	ition w an "e:	ill be xecu	treate tion-o	ed as only" ("Dire	ect". actio	n with	out a	ny in	terad	ction	orac	dvice	by th	ne em	ploye	e/rela	ationship			
Signatures First / Sole Applicant / Gua																Second Applicant											Third Applicant								
INVESTOR DETAIL	LS (Man	dator	y) Ple	ease	fill in	n BLO	оск	Lette	ers																										
Folio No.																																			
1st Unit Holder	Name																																		
SCHEME NAM	E:																_ PL	.AN/	ΌΡΊ		I														
Nature of Transaction: (Please tick & fill up relevant details) □ Purchase (New/Additional) : I/We would like to purchase units of the above mentioned scheme for Amount (In fig.)															TGS																				
Plan Option																																			
Switch : I/we would like switch All units □ or of Partial units □ units or ₹ (amount in rupees) (in words)																																			
Redemption : I/we would like to redeem All units □ or of Partial units units or ₹ (amount in rupees) (in words) from above mentioned Scheme / Fund, redemption proceeds to be credited to the following Bank A/c registered under this folio. Bank / Branch																																			
Change of bank mandate (Please provide copy of a cancelled cheque)																																			
Bank Name																											Τ		Τ						
Bank Address																											Ē								
City																																			
State																									Р	in	1								
Account No.												Τ				P							Τ		Τ										
Account Type						9 (digit N	/ICR	No.				1	Ī					IFS	SC Co	de						Ē	Ē	Ť						
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DECLARATION I/We have read and understood the contents of the Statements of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and addendum. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme(s) as applicable from time to Amount invested in the Schemes is derived through legitimate source.																																			
Sole/1st Holder										2nd Hc							older					3						Brd Holder							
TRANSACTION SLIP - ACKNOWLEDGEMENT (TO BE FILLED BY INVESTOR) Image: Composition of the state of the s													FOR OFFICE USE (Signature of receiving Authority) Date/Time of receipt																						
Scheme	1									F	Plan							Opti	on																
TRANSACTION Please tick (√)	PI	JRCHA	ASE (I	NEW	/ADD	DITIC	DNAL)] sv	VEEP] SW	ITCH		RED	DEMI	ρτιοι	N] СН	IANG	E OF	BAN	ΚM	AND	ATE										

Registrar & Transfer Agents: Computer Age Management Services Pvt. Ltd. 148, Old Mahabalipuram Road, Okkiyam Thuraipakkam, Chennai - 600 097. India Phone: (044) 24587249/30407249 • Fax: (044) 24581750 • e-mail: enq_id@camsonline.com • website: www.camsonline.com

