

Distributor ARN	Sub Distributor ARN	Internal sub Code / Sol ID	Employee Code	EUIN	Serial No. / Date, Time & Stamp
<b>ARN 54854</b>	<b>ARN</b>				

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.

<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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<b>1. EXISTING UNIT HOLDER INFORMATION</b>	Folio No. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>
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[Please fill in Folio No. & name of 1<sup>st</sup> 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*	
PAN/ PEKRN <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	CKYC Id No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
Aadhaar No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	
Gender (Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
Father's Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	

Status (Please ✓)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI / PIO	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF	<input type="checkbox"/> Bank / FIs	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Minor	<input type="checkbox"/> Company/Body Corporate
	<input type="checkbox"/> FIs	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> AOP / BOI	<input type="checkbox"/> Society	<input type="checkbox"/> 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 ✓)	<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 ₹ <small>* Net worth should not be older than 1 year</small>	as on (date) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> (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

<b>Correspondence Address (Please provide full Address)</b> <div>HOUSE FLAT NO.</div> <div>STREET ADDRESS</div> <div>CITY/TOWN STATE</div> <div>COUNTRY PIN CODE</div>	<b>Overseas Address (Mandatory for NRI / FII Applicants)</b> <div>HOUSE FLAT NO.</div> <div>STREET ADDRESS</div> <div>CITY/TOWN STATE</div> <div>COUNTRY PIN CODE</div>
Tel. (Off.) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Tel. (Res.) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
Email <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Mobile <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>

Name of the Guardian#/contact person for non-individual <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	
PAN/ PEKRN <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	CKYC Id No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
Aadhaar No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	
Nationality <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>	Relationship with Minor Please (✓) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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

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

<b>Name of Second Applicant</b>																						
(Not applicable for minor/ Non Individual Investment)																						
PAN/ PEKRN					CKYC Id No.					Aadhaar No.												
Gender (Please ✓)					<input type="checkbox"/> Male			<input type="checkbox"/> Female			<input type="checkbox"/> Other			Date of Birth					D D / M M / Y Y Y Y			
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 ₹ (Not 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																						

<b>Name of Third Applicant</b>																						
(Not applicable for minor/ Non Individual Investment)																						
PAN/ PEKRN					CKYC Id No.					Aadhaar No.												
Gender (Please ✓)					<input type="checkbox"/> Male			<input type="checkbox"/> Female			<input type="checkbox"/> Other			Date of Birth					D D / M M / Y Y Y Y			
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 ₹ (Not 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. 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))**

	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		



Mafatlat Centre, 5th Floor, Nariman Point, Mumbai - 400 021  
 SMS 'IDBIMF' to 09220092200 • 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**

**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., Telengana State. Email: [idbimf.customercare@karvy.com](mailto:idbimf.customercare@karvy.com)

4. BANK ACCOUNT DETAILS OF FIRST / SOLE APPLICANT - MANDATORY (For multiple banks registration please submit the Multiple Bank Registration Form)																																																																																																			
Name of the Bank	<div style="border: 1px solid black; height: 20px;"></div>																																																																																																		
Branch Address	<div style="border: 1px solid black; height: 20px;"></div>																																																												City	<div style="border: 1px solid black; height: 20px;"></div>																																					
State	<div style="border: 1px solid black; height: 20px;"></div>																																																												Pin Code	<div style="border: 1px solid black; height: 20px;"></div>																																					
Account No.	<div style="border: 1px solid black; height: 20px;"></div>																																																												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	<div style="border: 1px solid black; height: 20px;"></div>																														11 digit IFSC Code <div style="border: 1px solid black; height: 20px;"></div>																																																																				
Please attach a cancelled cheque OR a clear photo copy of a cheque																																																																																(Mandatory for credit via NEFT/RTGS)																			

5. <input type="checkbox"/> UNITS IN DEMAT MODE (Please ✓) <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL																																																																																																			
DP ID	<div style="border: 1px solid black; height: 20px;"></div>																														Beneficiary Account No./Client ID <div style="border: 1px solid black; height: 20px;"></div>																																																																				
DP Name	<div style="border: 1px solid black; height: 20px;"></div>																																																																																																		
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.																																																																																																			

6. POWER OF ATTORNEY (PoA)																																																																																																			
PoA Name	<div style="border: 1px solid black; height: 20px;"></div>																																																																																																		
PAN	<div style="border: 1px solid black; height: 20px;"></div>																														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																																																																				

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: <input type="checkbox"/> Regular <input type="checkbox"/> Direct																				Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend																			
Sub-option / Frequency of Dividend: _____																																																												Mode of dividend: <input type="checkbox"/> Payout <input type="checkbox"/> Re-investment <input type="checkbox"/> 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 <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years <input type="checkbox"/> 7 years <input type="checkbox"/> 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 <input type="checkbox"/> NACH (Please refer to point No. 6 of General Instructions)																																																																																																			
UMRN <div style="border: 1px solid black; height: 20px;"></div>																				(Mandatory where mode of payment selected is 'NACH')																																																																															
Drawn on Bank <div style="border: 1px solid black; height: 20px;"></div>																																																																																																			
Branch & City <div style="border: 1px solid black; height: 20px;"></div>																																								Account No. <div style="border: 1px solid black; height: 20px;"></div>																																																											
Chq. /DD No. <div style="border: 1px solid black; height: 20px;"></div>																				Date <div style="border: 1px solid black; height: 20px;"></div>																				IFSC Code <div style="border: 1px solid black; height: 20px;"></div>																																																											
*A/c Type - <input type="checkbox"/> S/B <input type="checkbox"/> NRE* <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR* <span style="float: right;">*Kindly provide photocopy of the payment Instrument or Foreign Inward Remittance Certificate (FIRC) evidencing source of funds</span>																																																																																																			
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]																																																																																																			
<input type="checkbox"/> PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR <input type="checkbox"/> 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																																																																																														
1		<div style="border: 1px solid black; height: 20px;"></div>																																																																																																	
2		<div style="border: 1px solid black; height: 20px;"></div>																																																																																																	
3		<div style="border: 1px solid black; height: 20px;"></div>																																																																																																	

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: <input type="checkbox"/> Repatriation basis <input type="checkbox"/> 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.																																																																																																			
<b>FATCA/CRS Certification/Declaration:</b> 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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