

Distributor ARN	Sub Distributor ARN	Internal sub Code/Sol ID	Employee Code	EUIN	RIA Code#/PMRN
ARN-111310				E-156922	

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, 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.

☐ 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.
---	---

Signatures	First/Sole Applicant/Guardian	Second Applicant	Third Applicant
------------	-------------------------------	------------------	-----------------

Please (✓) ☐ LUMP SUM INVESTMENT ☐ MICRO APPLICATION ☐ SIP APPLICATION

1. EXISTING UNIT HOLDER INFORMATION

Folio No.

[Please fill in Folio No. & name of 1st unit holder and proceed to Investment Details]

2. APPLICANT'S PERSONAL DETAILS (MANDATORY)

Mode of holding (Please ✓) ☐ Single ☐ Anyone or Survivor ☐ Joint (Default option is Anyone or Survivor for Joint holding)

Name of First/Sole Applicant/Minor*

PAN/PEKRN CKYC* Id No. Date of Birth

Gender (Please ✓) ☐ Male ☐ Female ☐ Other Legal Entity Identification (LEI) Code**

(*) Proof Attached, (**) LEI is applicable for Non-Individual investor including HUF, not applicable to individuals, minor & NRI investor.

Name of the Guardian#/contact person for non-individual

PAN/PEKRN CKYC Id No.

Nationality Relationship with Minor Please (✓) ☐ Mother ☐ Father ☐ Legal Guardian

Proof of the Relationship with Minor (Please ✓) ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other (Please Specify)

* If the first/sole applicant is a Minor, then please provide details of Natural/Legal Guardian. # In case first applicant is a minor

Name of Second Applicant

(Not applicable for minor/Non Individual Investment)

PAN/PEKRN CKYC Id No.

Name of Third Applicant

(Not applicable for minor/Non Individual Investment)

PAN/PEKRN CKYC Id No.

Tax Status (Applicable for First/Sole Applicant) (Please ✓) ☐ Resident Individual ☐ NRI/PIO ☐ Trust ☐ HUF ☐ Bank/FIs ☐ Sole Proprietorship ☐ Minor ☐ Company/Body Corporate ☐ FIs ☐ Partnership Firm ☐ AOP/BOI ☐ Society ☐ Other (Please Specify)

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.	HOUSE FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY/TOWN	STATE
COUNTRY	PIN CODE

Tel. No. Mobile No.

Email (Please ✓) ☐ Self ☐ Family Member ☐ Not Provided

If Family Member (Please specify) ☐ Spouse ☐ Dependent Parent ☐ Dependent Children

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

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 Crore Net-worth in ₹ ^(*) Net worth should not be older than 1 year _____ as on (date) D D / M M / Y Y Y Y (Not older than 1 year)
Second Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ >5-10 Lacs ☐ >10-25 Lacs ☐ >25-1 Crore ☐ >1 Crore Net-worth in ₹ ^(*) Net worth should not be older than 1 year _____ as on (date) D D / M M / Y Y Y Y (Not older than 1 year)
Third Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ >5-10 Lacs ☐ >10-25 Lacs ☐ >25-1 Crore ☐ >1 Crore Net-worth in ₹ ^(*) Net 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) ☐ I am PEP ☐ I am Related to PEP ☐ Not ApplicableNon-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)**

	First Applicant (including Minor)	Second Applicant/Guardian/POA	Third Applicant
Place of Birth			
Country of Birth			
Nationality	☐ Indian ☐ U.S. ☐ Others, please specify _____	☐ Indian ☐ U.S. ☐ Others, please specify _____	☐ Indian ☐ U.S. ☐ Others, please specify _____
Tax Residence Address Type (as per KYC records)	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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 ☐ A ☐ B ☐ C 2 ☐ A ☐ B ☐ C 3 ☐ A ☐ B ☐ C	1 ☐ A ☐ B ☐ C 2 ☐ A ☐ B ☐ C 3 ☐ A ☐ B ☐ C	1 ☐ A ☐ B ☐ C 2 ☐ A ☐ B ☐ C 3 ☐ A ☐ B ☐ 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 _____		

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 ✓) ☐ Savings ☐ NRE ☐ Current ☐ NRO ☐ 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)	



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

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 :	☐ Regular ☐ Direct	Option :	☐ Growth ☐ Income Distribution cum Capital Withdrawal (IDCW)		
Mode of IDCW:	☐ Payout of IDCW ☐ Re-investment of IDCW ☐ Transfer of IDCW								
Transfer of IDCW:	To Scheme			Plan				Option	
Mode of Payment (Please ✓)	☐ Cheque ☐ DD ☐ Funds Transfer ☐ RTGS/NEFT ☐ NACH								
Investment Amount (Rs.)				DD Charges if any (Rs.)					
Net Amount (in words)									
Draw on Bank									
Branch & City				Account No.					
Cheque/DD No.				Date			IFSC Code		
A/c Type - ☐ S/B ☐ NRE ☐ Current ☐ NRO ☐ 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 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]

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR ☐ I/WE DO NOT WISH TO NOMINATE

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

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
-------------------------------	------------------	-----------------