

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 issued against the balance amount invested.

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

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 ✓) Anyone or Survivor Single Joint (Default option is Anyone or Survivor for Joint holding)

Name of First/Sole Applicant/Minor*

PAN/PEKRN CKYC Id No. Aadhaar No.

Gender (Please ✓) Male Female Other Date of Birth / /

Father's Name

Status (Please ✓) Resident Individual NRI / PIO Trust HUF Bank / FIs Sole Proprietorship Minor Company/Body Corporate

FIs Partnership Firm AOP / BOI Society 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 ✓) 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) / / (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

Correspondence Address (Please provide full Address)	Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE FLAT NO.	HOUSE FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY/TOWN	CITY/TOWN
STATE	STATE
COUNTRY	COUNTRY
PIN CODE	PIN CODE
Tel. (Off.) <input type="text"/>	Tel. (Res.) <input type="text"/>
Email <input type="text"/>	Mobile <input type="text"/>

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

PAN/PEKRN CKYC Id No. Aadhaar No.

Nationality Relationship with Minor Please (✓) Mother Father 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

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

Name of Second Applicant _____
 (Not applicable for minor/ Non Individual Investment)

PAN/ PEKRN _____ CKYC Id No. _____ Aadhaar No. _____

Gender (Please ✓) Male Female Other Date of Birth DD / MM / YYYY

Father's Name _____

Status (Please ✓) Resident Individual NRI

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

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 ₹ (* Net worth should not be older than 1 year) as on (date) DD / MM / YYYY (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

Name of Third Applicant _____
 (Not applicable for minor/ Non Individual Investment)

PAN/ PEKRN _____ CKYC Id No. _____ Aadhaar No. _____

Gender (Please ✓) Male Female Other Date of Birth DD / MM / YYYY

Father's Name _____

Status (Please ✓) Resident Individual NRI

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

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 ₹ (* Net worth should not be older than 1 year) as on (date) DD / MM / YYYY (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

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)

	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 _____		



Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021
 SMS 'IDBIMF' to 09220092200 • Tollfree: 1800-419-4324 • Website: www.idbimutual.co.in
 Tel: (022) 66442800 • Fax: 66442801 Email: 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

4. 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)

5. 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.

6. POWER OF ATTORNEY (PoA)

PoA Name

PAN KYC Yes 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: Regular Direct Option: Growth Dividend

Sub-option / Frequency of Dividend: Mode of dividend: Payout Re-investment 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 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 ✓) Cheque DD Funds Transfer RTGS/NEFT NACH (Please refer to point No. 6 of General Instructions)

UMRN (Mandatory where mode of payment selected is 'NACH')

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)

8. 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

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		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			

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: 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)

Table with 6 columns: Distributor ARN, Sub Distributor ARN, Internal sub Code / Sol ID, Employee Code, EUIN®, Serial No. / Date, Time & Stamp

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.

* 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.

Table for Signatures with columns for First / Sole Applicant / Guardian, Second Applicant, and Third Applicant.

1. Investor and Investment details. Please check wherever applicable.

Form fields for Sole / First Investor Name, PAN No., Folio No., Scheme Name, Plan, Option, Sub-option / Frequency of Dividend, Mode of dividend, and Switch: To Scheme.

2. Systematic Investment Plan (SIP). Refer point no. I of Terms & Conditions for SIP/STP/SWP

Form fields for Each SIP Amount (Rs.), Frequency, SIP Frequency Date, and Enrolment Start/End dates.

3. Systematic Transfer Plan (STP). Refer point no. II of Terms & Conditions for SIP/STP/SWP

Form fields for Switch: To Scheme, Dividend Sweep, Each STP Amount (Rs.), Date, and Enrolment Start/End dates.

4. Systematic Withdrawal Plan (SWP). Refer point no. III of Terms & Conditions for SIP/STP/SWP

Form fields for Each SWP Amount (Rs.) and Enrolment Start/End dates.

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.

First Unit Holder's Signature, Second Unit Holder's Signature, Third Unit Holder's Signature



Form fields for UMRN, Date, Sponsor Bank Code, Utility Code, I/We hereby authorize, Bank A/c Number, With Bank, Frequency, DEBIT TYPE, Reference-1, Reference-2, and E-Mail ID.

Form fields for 20 PERIOD (From, To, Or) and 21-23 Signature and Name of the account holder.

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.



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

Details of FATCA & CRS information For non-individuals / legal entity

Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office

PAN Date of Incorporation DD / MM / YYYY

City of Incorporation

Country of Incorporation

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number Below)

Country	Tax Identification Number%	Identification Type (TIN or Other, Please specify)

*In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

Please refer to para 3(vii) Exemption code for U.S. persons under Part D of FATCA Instructions & Definitions

FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution³ or Direct reporting NFE⁴ (please tick as appropriate)

Global Intermediary Identification Number (GIIN)

Note : If you do not have GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of Sponsoring Entity

GIIN not available (please tick as applicable) **Applied for**

If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category¹⁰

Not obtained - Non-participating FI

PART B (Please fill any one as appropriate "to be filled by NFE other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active ¹ Non-financial entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of active NFE <input type="text"/> (Mention code - refer 2c of Part D)
4. Is the Entity an passive ² NFE No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section) Nature of Business _____

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D