

Distributor ARN	Sub Distributor ARN	Internal sub Code/Sol ID	Employee Code	EUIN	RIA Code#/PMRN
ARN-118251					

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 (✓)  LUMPSUM INVESTMENT  MICRO APPLICATION  SIP APPLICATION

**1. EXISTING UNIT HOLDER INFORMATION** Folio No.

[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 ✓)  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

Mobile No.  Email  (Please ✓)  Self  Family Member  Not Provided

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

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

Mobile No.  Email

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.

Mobile No.  Email  (Please ✓)  Self  Family Member  Not Provided

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

Name of Third Applicant

(Not applicable for minor/Non Individual Investment)

PAN/PEKRN  CKYC Id No.

Mobile No.  Email  (Please ✓)  Self  Family Member  Not Provided

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

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)

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

**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.	
STREET ADDRESS	
CITY/TOWN	STATE
COUNTRY	PIN CODE

**Overseas Address (Mandatory for NRI/FII Applicants)**

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

Tel. No.

**4. KYC DETAILS (MANDATORY)**

**Occupation (Please ✓)**

<b>First Applicant</b>	<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) _____
<b>Second Applicant</b>	<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) _____
<b>Third Applicant</b>	<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 ✓)**

<b>First Applicant/ Guardian</b>	<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 ₹ <sup>(*)</sup> Net worth should not be older than 1 year) as on (date) <input type="text"/> / <input type="text"/> / <input type="text"/> (Not older than 1 year)
<b>Second Applicant</b>	<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 ₹ <sup>(*)</sup> Net worth should not be older than 1 year) as on (date) <input type="text"/> / <input type="text"/> / <input type="text"/> (Not older than 1 year)
<b>Third Applicant</b>	<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 ₹ <sup>(*)</sup> Net worth should not be older than 1 year) as on (date) <input type="text"/> / <input type="text"/> / <input type="text"/> (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

**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	<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	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	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 _____		



4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Colaba, Mumbai - 400005.  
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**

**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](mailto:idbimf.customer@kfintech.com)

**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)

**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 IDFCW  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 XXXXXXXX" (Investor PAN) or "IDBI Scheme Name A/C XXXXXXXX" (Name of the First holder)

**10. NOMINATION DETAILS (Minor/HUF/POA Holder/Non Individuals Cannot Nominate) [MANDATORY]**

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

Sr. No.	Nominee(s) Name	Date of Birth (in case of Minor)	PAN No. of Nominee/Guardian	Name of the Guardian (in case of Minor)	Relationship with Investor	% of Share
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				

If in case nominee is a minor, please provide Guardian's PAN No. and attach a copy of minor's Birth Certificate.

Signature of Nominee/Guardian (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

I/WE DO NOT WISH TO NOMINATE

I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Name of First Unitholder \_\_\_\_\_ Name of Second Unitholder \_\_\_\_\_ Name of Third Unitholder \_\_\_\_\_

Signature of First Unitholder \_\_\_\_\_ Signature of Second Unitholder \_\_\_\_\_ Signature of Third Unitholder \_\_\_\_\_

**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
-------------------------------	------------------	-----------------