IDBI mutual

APPLICATION FORM

COMMON APPLICATION FORM

Distributor ARN	Sub Distributor ARN	Internal sub Code / Sol ID	Employee Code	EUIN	Serial No. / Date, Time & Stamp
ARN-53321	ARN			E054731	

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 deductable 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 D D / M M / Y Y Y Y

Father's Name

Status (Please ✓) ☐ Resident Individual ☐ NRI / PIO ☐ Trust ☐ HUF ☐ Bank / FIs ☐ Sole Proprietorship ☐ Minor ☐ Company/Body Corporate ☐ FIIs ☐ 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) 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 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	STATE	CITY/TOWN	STATE
COUNTRY	PIN CODE	COUNTRY	PIN CODE

Tel. (Off.) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Tel. (Res.) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email Mobile ☐☐☐☐☐☐☐☐☐☐

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

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Acknowledgment slip

Scheme Name : _____

Option: _____ Sub Option: _____

Received from Mr. / Ms. /M/s. _____

Cheque / DD No. : _____ Date : _____ Amount Rs.: _____

Stamp, Signature & Date

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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 D D / M M / Y Y Y Y

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) 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 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 D D / M M / Y Y Y Y

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) 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 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	☐ 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_____

IDBI mutual
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

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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 D D M M Y Y Y Y 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