



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 with 4 columns: Signatures, First/Sole Applicant/Guardian, Second Applicant, Third Applicant

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

Sole/First Investor Name (as appearing in ID proof) [Grid]

PAN No. [Grid] Folio No. (For Existing Investor) [Grid]

Scheme Name: _____ Plan: Regular Direct Option: Growth Dividend

Sub-option/Frequency of Dividend: _____

Mode of dividend: Payout Re-investment Sweep

Switch: To Scheme _____ Plan _____ Option _____

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

Each SIP Amount (Rs.) _____ Frequency: Daily Monthly Quarterly

SIP Frequency Date: 1st 5th 10th 15th 20th 25th of the month

From [Grid] To [Grid] or No. of installments _____ or perpetual.

^The minimum investment per day is Rs. 500/- for a minimum of 30 installments continuously for all business days

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

Switch: To Scheme _____ Plan _____ Option _____

Dividend Sweep: To Scheme _____ Plan _____ Option _____

Each STP Amount (Rs.) _____ Frequency: Daily Weekly Monthly Quarterly

Date: 1st 5th 10th 15th 20th 25th of the month/quarter

Enrolment Start [Grid] End [Grid] or No. of installments _____

#Only offered under ILIQF, IUSTF & ISTBF

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

Each SWP Amount (Rs.) _____

Enrolment Start [Grid] End [Grid] or No. of installments _____

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.

This is to inform that I/We have registered for Auto Debit Facility and that my payment towards my investment in IDBI Mutual Fund shall be made from my/our bank account registered with IDBI Mutual Fund.

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



UMRN [Grid] Date [Grid]

tick (check) CREATE MODIFY CANCEL Sponsor Bank Code [Grid] Utility Code [Grid]

I/We hereby authorize IDBI Mutual Fund to debit (tick) SB/CA/EE/SB-NRE/SB-NRO/Other

Bank A/c Number [Grid]

With Bank [Grid] Name of customers bank IFSC [Grid] or MICR [Grid]

an amount of Rupees [Grid] ₹

FREQUENCY Mthly Qly H-Yrly Yrly As & When presented DEBIT TYPE Fixed Amount Maximum Amount

Reference-1 FOLIO NO. [Grid] Mobile [Grid]

Reference-2 [Grid] E-Mail ID [Grid]

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From To Or [Grid] Signature of the account holder 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.