

## Application form for registration of : Systematic Investment Plan (SIP), Systematic Transfer Plan (STP) and Systematic Withdrawal Plan (SWP)

Distributor ARN	Sub Distributor ARM	N Internal sub Cod	e/Sol ID Employee Cod	e EUIN S	Serial No./Date, Time & Stamp
Upfront commission shall be paid directly by the invest					
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. *    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/G	uardian				
1. Investor and Investment details. Please ✓ wherever applicable.					
Sole/First Investor Name (as appearing in ID proof)					
PAN No.			Folio No. (For Existing	Investor)	
Scheme Name:			Plan: 🗌 Re	egular Direct <b>Optior</b>	n: Growth Dividend
Sub-option/Frequency of Dividend:					
Switch: To Scheme	ent Sweep	PI	an	Optio	n
2. Systematic Investment Plan (SIP). Refer point n	o. I of Terms & Conditi	ions for SIP/STP/SWP			
Each SIP Amount (Rs.) Frequency : 🗌 Daily (Only for IDBI Ultra Short Term Fund)^/ 🗌 Monthly/ 🗌 Quarterly					
SIP Frequency Date: 1st/ 5th/ 10th/ 15th/	20th/25th of the	month (1st month of th	e quarter for quarterly fre	quency)	
From D D M M Y Y Y Y A A A A A A A A A A A A A A			<ol> <li>of installments</li> </ol>	or[	perpetual.
3. Systematic Transfer Plan (STP). Refer point no. I			usiness days		
Switch: To Scheme			an	Optio	n
Dividend Sweep: To Scheme			an		n
Each STP Amount (Rs.)	Frequency:	] Daily (All business day	vs#) 🗌 Weekly (1st busines	s day of the week) 🗌 I	Monthly 🗌 Quarterly
Date: 1st/ 10th/ 10th/ 20th/ 25th of the month/quarter					
Enrolment Start D D M M Y Y Y Y #Only offered under ILIQF, IUSTF & ISTBF	End D D M N		<b>r</b> No. of installments		
4. Systematic Withdrawal Plan (SWP). Refer point	no. III of Terms & Con	ditions for SIP/STP/S	W/P		
Each SWP Amount (Rs.)					
	End D D M N		<b>r</b> 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. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I/We would not hold IDBI Mutual Fund/IDBI Asset Management Ltd responsible. I/We will also inform IDBI Mutual Fund about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.					
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. I/We authorize IDBI Mutual Fund/IDBI Asset Management Ltd/representative of IDBI Asset Management Ltd carrying this Form to debit my bank account as per instructions given above.					
First Unit Holder's Signature		Second Unit Holder's Sigr	nature	Third U	Init Holder's Signature
(DBI mutual				Dat	<sup>2</sup> D D M M Y Y Y
tick (✓) Sponsor Bank Code Y E	S B 0 0 0 0	0 0 0 1	4 Y E S I	3 0 0 2 2 2	0 0 0 0 0 6 4 4 6
CREATE S	IDBI I	Mutual Fund		oit (tick√) SB/C	CA/ <del>CC</del> /SB-NRE/SB-NRO/ <del>Other</del>
9 Name of customers ba	nk	10		11	
		IFSC		or MICR	<sup>13</sup> <b>₹</b>
an amount of Rupees <sup>14</sup> FREQUENCY 🛛 Mthly 🖾 Qtly 🖾 H-	frly ⊠Yrly ☑ As 8	& When presented	<sup>15</sup> DEBIT TYPE	I Fixed Amount	Naximum Amount
Reference-1	FOLIO NO.		18 Mobile		
17 Reference-2			19 E-Mail ID		
I agree for the debit of mandate processing charges by the	e bank whom I am autho	orizing to debit my acco		of charges of the bank.	
<sup>20</sup> PERIOD					
	21 Signature of the acco	ount holder	Signature of the account	nt holder	Signature of the account holder
To      Or   Until Cancelled	22 Name of the account	nt holder	Name 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. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity / corporate or the bank where I have authorized debit.