

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. 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.

<input type="checkbox"/> 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.
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Signatures	First/Sole Applicant/Guardian	Second Applicant	Third Applicant
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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 ✓)	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Single	<input type="checkbox"/> Joint (Default option is Anyone or Survivor for Joint holding)
Name of First/Sole Applicant/Minor*	Ensure that name is as per Aadhaar Card		
PAN/PEKRN	CKYC Id No.	Date of Birth	
Aadhaar Number*	(Please enclose copy of front & back side)		Mobile No.
Gender (Please ✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Father's Name			
Status (Please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank/FIs <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Minor <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> FIs <input type="checkbox"/> Partnership Firm <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Society <input type="checkbox"/> Other _____ (Please Specify)		
Occupation (Please ✓)	<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 ✓)	<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 ₹	(* Net worth should not be older than 1 year) as on (date) <input type="text"/> (Not older than 1 year)		
Politically Exposed Person (PEP) Status	(Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable		
Non-Individual Investors involved/providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> None of the above		

3. COMMUNICATION (Please ✓ to Opt-in)
 I/We wish to receive Account Statements/Annual Reports/Abridged Annual Report/Newsletter/Updates or any other Statutory/Regulatory Information via Physical Mode.

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. (Off.)	Tel. (Res.)
Email	Mobile

Name of the Guardian#/contact person for non-individual	Ensure that name is as per Aadhaar Card		
PAN/PEKRN	CKYC Id No.	Date of Birth	
Aadhaar Number	(Please enclose copy of front & back side)		Mobile No.
Nationality	Relationship with Minor Please (✓) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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 : _____
 Option: _____ Sub Option: _____
 Received from Mr./Ms./M/s. _____
 Cheque/DD No. : _____ Date : _____ Amount Rs. : _____

Stamp, Signature & Date

Name of Second Applicant Ensure that name is as per Aadhaar Card (Not applicable for minor/Non Individual Investment)																									
PAN/PEKRN		CKYC Id No.											Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y		
Aadhaar Number											Mobile No.														
												(Please enclose copy of front & back side)													
Gender (Please ✓)	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other																			
Father's Name																									
Status (Please ✓)	<input type="checkbox"/>	Resident Individual	<input type="checkbox"/>	NRI																					
Occupation (Please ✓)	<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 ✓)	<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 ₹											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)																								
																				<input type="checkbox"/>	I am PEP	<input type="checkbox"/>	I am Related to PEP	<input type="checkbox"/>	Not Applicable

Name of Third Applicant Ensure that name is as per Aadhaar Card (Not applicable for minor/Non Individual Investment)																									
PAN/PEKRN		CKYC Id No.											Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y		
Aadhaar Number*											Mobile No.														
												(Please enclose copy of front & back side)													
Gender (Please ✓)	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other																			
Father's Name																									
Status (Please ✓)	<input type="checkbox"/>	Resident Individual	<input type="checkbox"/>	NRI																					
Occupation (Please ✓)	<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 ✓)	<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 ₹											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)																								
																				<input type="checkbox"/>	I am PEP	<input type="checkbox"/>	I am Related to PEP	<input type="checkbox"/>	Not Applicable

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 ✓)	<input type="checkbox"/>	Savings	<input type="checkbox"/>	NRE	<input type="checkbox"/>	Current	<input type="checkbox"/>	NRO	<input type="checkbox"/>	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.																						



4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Mumbai - 400 005
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 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.customer@karvy.com

6. 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
	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 _____		

7. POWER OF ATTORNEY (PoA)

PoA Name
Ensure that name is as per Aadhaar Card

PAN KYC Yes No - if investment is being made by a constitutional Attorney, please submit the notarized copy of the POA

Aadhaar Number Mobile No.

(Please enclose copy of front & back side)

8. 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)

9. 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
		D	D	M	M	Y	Y	Y	Y			
1												
2												
3												

10. 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.

AADHAAR Declaration: I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with IDBI Mutual Fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my/our PAN.

X	X	X
First/Sole Applicant/Guardian	Second Applicant	Third Applicant

FATCA & CRS Terms and Conditions

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

Details under FATCA & CRS : The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request from information if you have multiple relationships with the FI or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US TAX Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following India pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/CRS Indicia
U.S. place of birth	1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailling address in a country other than India	1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	If no Indian telephone number is provided 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) If Indian telephone number is provided along with a foreign country telephone number 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body*
- Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

***Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**