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

**IDBI mutual**

| Distributor ARN | Sub Distributor ARN | Internal sub Code / Sol ID | Employee Code | EUIN | Serial No. / Date, Time & Stamp |
|---|---|---|---|---|---|
| ARNARN-167174 | ARN | | | E326136 | |

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.

☐ **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. 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:** ☐ Regular　☐ Direct　**Option:** ☐ Growth　☐ Dividend

**Sub-option / Frequency of Dividend:** _____

**Mode of dividend:** ☐ Payout　☐ Re-investment　☐ Sweep

Dividend Sweep: To Scheme _____ Plan _____ Option _____

### 2. Systematic Investment Plan (SIP).　■ New Registration　■ Change of Bank for existing SIP

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

SIP Frequency Date: ☐ 1st / ☐ 5th / ☐ 10th / ☐ 15th / ☐ 20th / ☐ 25th of the month (1st month of the quarter for quarterly frequency)

From  D D M M Y Y Y Y  To  D D M M Y Y Y Y  **or** No. of installments _____  **or** ☐ perpetual.

### 3. Systematic Transfer Plan (STP).

Switch: To Scheme _____ Plan _____ Option _____

Dividend Sweep: To Scheme _____ Plan _____ Option _____

Each STP Amount (Rs.)　　　　　　Frequency: ☐ Weekly (1st business day of the week) ☐ Monthly ☐ Quarterly

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

Enrolment Start  D D M M Y Y Y Y  End  D D M M Y Y Y Y  **or** No. of installments _____

### 4. Systematic Withdrawal Plan (SWP).

Each SWP Amount (Rs.)

Enrolment Start  D D M M Y Y Y Y  End  D D M M Y Y Y Y  **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. 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 Signature | Third Unit Holder's Signature |
|---|---|---|

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**IDBI mutual**

tick (✓)

| | |
|---|---|
| CREATE | ☑ |
| MODIFY | ☒ |
| CANCEL | ☒ |

[1] UMRN _____　[2] Date  D D M M Y Y Y Y

[3] Sponsor Bank Code  C I T I 0 0 0 P I G W　[4] Utility Code  C I T I 0 0 0 0 2 0 0 0 0 0 0 0 3 7

[5] I/We hereby authorize  IDBI Mutual Fund  to debit (tick✓) [6] SB / CA / CC / SB-NRE / SB-NRO / ~~Other~~

[8] Bank A/c Number

[9] With Bank  Name of customers bank　[10] IFSC _____ or MICR _____

[12] an amount of Rupees _____　[13] ₹ _____

[14] FREQUENCY  ☒ Mthly  ☒ Qtly  ☒ H-Yrly  ☒ Yrly  ☑ As & When presented　[15] DEBIT TYPE  ☒ Fixed Amount  ☑ Maximum Amount

[16] Reference-1  FOLIO NO.　[18] Mobile

[17] Reference-2　[19] E-Mail ID

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.

[20] PERIOD
From
To
Or ☐ Until Cancelled

[21] Signature of the account holder　Signature of the account holder　Signature of the account holder

[22] Name of the account 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.