

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

Distributor ARN	Sub Distrib	utor ARN	Internal sul	b Code / Sol ID	Employee C	ode El	JIN [®]	Serial No. / Date, Time & Stamp	
								actors including the service rendered by the rges" the same are deductable as applicable	
from the purchase/subscription * □ I/We hereby confirm that	• •	•		Ū			any interacti	on or advice by the employee/relationship	
								oyee/relationship manager/sales person of	
,								Third Applicant	
Signatures							Third Applicant		
1. Investor and Investment	t details. Please ✓	wherever application	able.						
Sole / First Investor Name (as appearing in ID proof)									
PAN No.					Folio N	lo. (For Existing I	nvestor)		
Scheme Name:								ect 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.)									
							l 		
SIP Frequency Date: 1st /	Stn /10tn / [1			.	
From D D M I	VI Y Y Y		D M M	Y Y Y Y	J			or perpetual.	
3. Systematic Transfer Plan									
Switch: To Scheme Dividend Sweep: To Scheme								Option	
Each STP Amount (Rs.)			Frequency: [Weekly (1st bu					
Date:1st /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). Refer point no. III of Terms & Conditions for SIP/STP/SWP									
Each SWP Amount (Rs.)									
Enrolment Start D D M	M Y Y Y	Y End D	D M	M Y Y Y	or No. of in	stallments			
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 Hold	der's Signature			Second Unit Holde	er's Signature			Third Unit Holder's Signature	
(A) IDBI muta	اما	,						2	
(IDBI mutu)CII	UMRN						Date D D M M Y Y Y Y	
tick (✓) CREATE ✓	sor Bank Code C	I T I 0	0 0	P I G W	Utility Cod	4 C I T I	0 0 0	0 2 0 0 0 0 0 0 0 3 7	
	hereby authorize		IDBI	Mutual Fund		to deb	it (tick√)	SB / CA / €€ / SB-NRE / SB-NRO / Other	
CANCEL 🗵 Bank A	A/c Number								
With Bank	Name of custom	ners bank		IFSC IFSC			or N	AICR III	
an amount of Rupees								13 ₹	
14 FREQUENCY N N 16	∕Ithly ⊠ Qtly	⊠ H-Yrly ⊠ '	Yrly ☑ As	& When presente	d ¹⁵ I	DEBIT TYPE	☑ Fixed Amo	unt	
Reference-1		FOLIO N	NO.			Mobile			
Reference-2	te nrocessing charge	s by the bank wh	om I am au+	norizing to debit m	ny account as ner	E-Mail ID	charges of the	e hank	
l 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	21 Signature of the account holder Signature					ure of the accoun	t holder	Signature of the account holder	
То		Name of the account holder Name of						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.