

COMMON APPLICATION FORM

	Distributor ARN	Sub Distributor	ARN	Inter	nal sub	Code/	Sol ID	Employ	ee Cod	e EUIN		RIA Code#/PMRN
purchase/subscription and payable to the d #I/We, have invested	shall be paid directly by the investor to n amount is Rs. 10,000/-or more and th istributor. Units will issued against the b in the scheme(s) of IDBI Mutual Fund u irect Plan of all schemes of IDBI Mutual	e investor's Distributor valance amount invest nder Direct Plan. I/We	has op ed. hereby	give m	eceive " y/our co	Transactions	on Char share/p	ges" the sa rovide the	me are d	eductable as ap	plicable fro	om the purchase/subscription amount
EUIN Declaration	I/We hereby confirm that the EUIN bo manager/sales person of the above dis of the distributor/sub broker.	x has been intentiona	Illy left	blank b	y me/u	s as this	transac	tion is exec				
Signatures	First/Sole Applicant/Gu	ıardian			Se	cond Ap	plican	t			Т	hird Applicant
	Please (*) IT HOLDER INFORMATION b. & name of 1st unit holder and proceed	LUMPSUM INV		NT	N	AICRO A	PPLIC	ATION		Folio No.	ION	
2. APPLICANT'	S PERSONAL DETAILS (MANDAT	ORY)										
Mode of holding (Please ✓) Single		Anyone	or Surv	vivor		Join	: (Default o	ption is	Anyone or Survi	vor for Joir	nt holding)
Name of First/Sole	Applicant/Minor*											
PAN/ PEKRN		YC* No.								Date of Birth	D D	/ M M / Y Y Y
Mobile No.		Email								(Please ✓)	Self	Family Member Not Provided
		If Family Membe	er (Plea	se spec	ify):	Spou	se	Depen	dent Pai	ent Dep	endent C	hildren
Gender (Please ✓) (*) Proof Attached,	Male Female (**) LEI is applicable for Non-Individua	_				I)Code*		r & NRI inv	vestor.			
Name of the Guard	dian#/contact person for non-individu	al										
PAN/PEKRN					СКҮ	C Id No.						
Nationality					Rela	ationship	with N	/linor Plea	ise (√)	Mother	☐ Fa	ather Legal Guardian
Mobile No.		Email										
Proof of the Relati	onship with Minor (Please √)	Birth Certificate :	School	Certifi	cate 🗌	Passpor	t 🗌 Ot	her		(Please Spo	ecify)	
* If the first/sole ap	oplicant is a Minor, then please provide	details of Natural/Le	gal Gua	rdian.	#In case	first app	licant is	a minor				
Name of Second A	pplicant											
PAN/PEKRN	THIRDIY NOT ITUVICULAR ITIVESCITIENCY				CKYC Id	d No.						
Mobile No.		Email								(Please √)	Self	Family Member Not Provided
		If Family Membe	er (Plea	se spec	ify):	Spou	se	Depen	dent Pai		endent C	·
Name of Third App	plicant											
• •	minor/Non Individual Investment)	_										
PAN/PEKRN					CKYC I	d No.						
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		If Family Membe	er (Plea	se spec	cify):	Spou	se	Depen	dent Pai	rent Dep	endent C	hildren
Tax Status (Applica (Please ✓)	ble for First/Sole Applicant) Resid	ent Individual N			ust DP/BOI	_	Banl Societ			prietorship		Company/Body Corporate
Scheme	e Name:											Stamp, Signature & Date
option												
Ali sli	ed from Mr./Ms./M/s											

Visually challeng	ged		o the registered E-mail ID/Mobile No. In	n case you wish to receive physical communication	(please ✓ here)						
Correspondence Ac				Overseas Address (Mandatory for NRI/							
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С	OUNTRY		PIN CODE	COUNTRY	PIN CODE						
Tel. No.											
4. KYC DETAILS	(MANDATORY)										
Occupation (Please >	<u>()</u>										
First Applicant	Private Sector S	Service 🗌	Public Sector Government Service Bu	usiness 🗌 Professional 🔲 Agriculturist 🔲 Retired 🔲 H	Housewife Student Other (Please Specify)						
Second Applicant	Private Sector S	Service 🗌	Public Sector Government Service B	usiness Professional Agriculturist Retired H	Housewife Student Other (Please Specify)						
Third Applicant	Private Sector S	ervice 🗌	Public Sector Government Service B	usiness Professional Agriculturist Retired H	Housewife Student Other (Please Specify)						
Gross Annual Income	e Details (Please √)										
First Applicant/ Guardian	Below 1 Lac Net-worth in ₹		>5-10 Lacs >10-25 Lacs >25-1		nan 1 year)						
Second Applicant	Below 1 Lac ☐		>5-10 Lacs		nan 1 year)						
Third Applicant	Below 1 Lac Net-worth in ₹		>5 >5-10 Lacs >10-25 Lacs >25-1		nan 1 year)						
Politically Exposed 6	Person (PEP) Status	(Also app	licable for authorised signatories/Promot	ers/Karta/Trustee/Whole time Directors)	P I am Related to PEP Not Applicable						
· ·				Changer Services Money Lending/Pawning Gaming/							
				equired to submit separate FATCA & CRS infor							
UBO Declarati	ion Form availabl		w.idbimutual.co.in)	Gazard Applicant/Guardian/DOA	Third Applicant						
Place of Birth			irst Applicant (including Minor)	Second Applicant/Guardian/POA	Third Applicant						
Country of Birth											
Nationality		Indian	U.S. Others, please specify	☐ Indian ☐ U.S. ☐ Others, please specify	Indian U.S. Others, please specify						
Tax Residence Addr (as per KYC records		Reside	ential Registered Office Business	Residential Registered Office Business	Residential Registered Office Business						
Are you a tax reside	ent (i.e., are	Yes [No	☐ Yes ☐ No	☐ Yes ☐ No						
you assessed for Ta country outside Ind			olease fill below for ALL countries (other ard Holder/Tax Resident in the Respecti	r than India) in which you are a Resident for tax pu ve countries.	rposes i.e., where you are a Citizen/Resident/						
Country of Tax Resi	dency	(1) (2) (3)		(1) (2) (3)	(1) (2) (3)						
Tax Identification N Functional Equivale		(1) (2) (3)		(1) (2) (3)	(1) (2) (3)						
Identification Type Please specify)	(TIN of other,	(1) (2) (3)		(1) (2) (3)	(1) (2) (3)						
If TIN is not available reason A, B, or C (as		1 A	2	1 2 3 A B C A B C A B C	1 2 3 3 A B C A B C A B C						
Reason B → No T		ct this rea	son Only if the authorities of the respec	e Tax Identification Numbers to its residents. ctive country of tax residence do not require the T	IN to be collected).						



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