



Stamp, Signature & Date

3. COMMUNICATION (Please ✓ to Opt-in)☐ Visually challenged☐ All communications will be sent by default to the registered E-mail ID/Mobile No. In case you wish to receive physical communication (please ✓ here)**Correspondence Address (Please provide full Address)**

HOUSE FLAT NO.

STREET ADDRESS

CITY/TOWN

STATE

COUNTRY

PIN CODE

Tel. No.

Overseas Address (Mandatory for NRI/FII Applicants)

HOUSE FLAT NO.

STREET ADDRESS

CITY/TOWN

STATE

COUNTRY

PIN CODE

4. KYC DETAILS (MANDATORY)

Occupation (Please ✓)

First Applicant ☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Other (Please Specify)**Second Applicant** ☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Other (Please Specify)**Third Applicant** ☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Other (Please Specify)

Gross Annual Income Details (Please ✓)

First Applicant/ Guardian ☐ Below 1 Lac ☐ 1-5 Lacs ☐ >5-10 Lacs ☐ >10-25 Lacs ☐ >25-1 Crore ☐ >1 CroreNet-worth in ₹ ^(*) Net worth should not be older than 1 year as on (date) / / (Not older than 1 year)**Second Applicant** ☐ Below 1 Lac ☐ 1-5 Lacs ☐ >5-10 Lacs ☐ >10-25 Lacs ☐ >25-1 Crore ☐ >1 CroreNet-worth in ₹ ^(*) Net worth should not be older than 1 year as on (date) / / (Not older than 1 year)**Third Applicant** ☐ Below 1 Lac ☐ 1-5 Lacs ☐ >5-10 Lacs ☐ >10-25 Lacs ☐ >25-1 Crore ☐ >1 CroreNet-worth in ₹ ^(*) Net worth should not be older than 1 year as on (date) / / (Not older than 1 year)**Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable**Non-Individual Investors involved/providing any of the mentioned services** ☐ Foreign Exchange/Money Changer Services ☐ Money Lending/Pawning ☐ Gaming/Gambling/Lottery/Casino Services ☐ None of the above**5. 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)**

	First Applicant (including Minor)	Second Applicant/Guardian/POA	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 _____		



4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Colaba, Mumbai - 400005.
Tollfree: 1800-419-4324 • Website: www.idbimutual.co.in
Tel: (022) 66442800 • Fax: 66442801 Email: contactus@idbimutual.co.in

REGISTRAR & TRANSFER AGENTS

KFin Technologies Private Limited SEBI Registration Number: INR000000221
Unit: IDBI Mutual Fund, Selenium Tower B, Plot Nos. 31 & 32 Financial District,
Nanakramguda, Serilingampally Mandal, Hyderabad - 500 032, India
Email: idbimf.customer@kfintech.com

6. 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)									

7. ■ 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.

8. POWER OF ATTORNEY (POA) if investment is being made by a constitutional Attorney, please submit the notarized copy of the POA

PoA Name																														
PAN/PEKRN											CKYC ID No.																			

9. 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 :	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	Option :	<input type="checkbox"/> Growth	<input type="checkbox"/> Income Distribution cum Capital Withdrawal (IDCW)																																						
Mode of IDCW:	<input type="checkbox"/> Payout of IDCW <input type="checkbox"/> Re-investment of IDFCW <input type="checkbox"/> Transfer of IDCW																																																										
Transfer of IDCW: To Scheme																Plan											Option																																
Mode of Payment (Please ✓)	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> NACH																																																										
Investment Amount (Rs.)																DD Charges if any (Rs.)																																											
Net Amount (in words)																																																											
Draw on Bank																																																											
Branch & City																Account No.																																											
Cheque/DD No.											Date	D D / M M / Y Y Y Y										IFSC Code																																					
A/c Type - <input type="checkbox"/> S/B <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR*																														Kindly provide photocopy of the payment Instrument. *Kindly provide 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 XXXXXXXX" (Investor PAN) or "IDBI Scheme Name A/C XXXXXXXX" (Name of the First holder)																																																											

10. NOMINATION DETAILS (Minor/HUF/POA Holder/Non Individuals Cannot Nominate) [MANDATORY]

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

Sr. No.	Nominee(s) Name	Date of Birth (in case of Minor)	PAN No. of Nominee/ Guardian	Name of the Guardian (in case of Minor)	Relationship with Investor	% of Share
1		D D M M Y Y Y Y				
2		D D M M Y Y Y Y				
3		D D M M Y Y Y Y				

If in case nominee is a minor, please provide Guardian's PAN No. and attach a copy of minor's Birth Certificate.

Signature of Nominee/Guardian	(1)	(2)	(3)
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☐ I/WE DO NOT WISH TO NOMINATE

I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Name of First Unitholder	Name of Second Unitholder	Name of Third Unitholder
Signature of First Unitholder	Signature of Second Unitholder	Signature of Third Unitholder

11. 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.

First/Sole Applicant/Guardian	Second Applicant	Third Applicant
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