



FORM FOR FRESH NOMINATION / CHANGE OF EXISTING NOMINATION / CANCELLATION OF NOMINATION

IDBI Asset Management Limited

CIN: U65100MH2010PLC199319

Corporate Office: 4th Floor, IDBI Tower, WTC Complex,

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Applicable for Individual Unitholders only - whether holding Units Singly or
Jointly with other holders

Please read the instructions carefully before filling up this form

Name of 1st Holder _____

Name of 2nd Holder _____

Name of 3rd Holder _____

I/We, the above named Unitholders of IDBI Mutual Fund, do hereby

☐ Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death and/or

☐ Cancel the nomination(s) made by me / us previously in respect of the units held by me/ us in the Folio/s listed below:
(tick whichever is applicable).

Scheme Name	Folio No.
1.	
2.	
3.	
4.	

Name of the 1 st Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD / MM / YYYY
Name of the Guardian*	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State
	PIN

Name of the 2 nd Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD / MM / YYYY
Name of the Guardian*	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State
	PIN

Name of the 3 rd Nominee	% of Allocation
PAN of the Nominee/Guardian*	Date of Birth of Nominee* DD / MM / YYYY
Name of the Guardian*	
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Address	
City	State
	PIN

**applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)*

☐ I/We **DO NOT** wish to make a nomination. (Please tick ✓ if the unitholder does not wish to nominate anyone)

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

Signature of the 1st unitholder	Signature of the 2nd unitholder	Signature of the 3rd unitholder
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