

Application Form For Systematic Investment Plan (SIP) / Systematic Transfer Plan (STP)/Systematic Withdrawal Plan (SWP)

Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021 Website: www.idbimutual.co.in

Form No.

ARN Code &	S	Sub Distributor / Branch Code								Y T								Bank Serial No. / Bank Stamp / Receipt Date														
6574														E019976																		
relationship manager/sales pe the distributor and the distribu Upfront commission shall be p distributor. In case purchase/si	/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employelationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales persor lee distributor and the distributor has not charged any advisory fees on this transaction". pfront 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 stributor. 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 deductable as application the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested. Please ✓ any one only SIP Micro SIP Change in Bank Mandate SIP Cancellation															on of y the																
Please ✓ any one only	Please ✓ any one only SIP Micro SIP														nang	e in E	Bank M	land	late		SIP Cancellation											
1. Investor and Investment	details.		P	lease	e√ w	herev	er a	plica	able.																							
Sole / First Investor Name (as appearing in ID proof)																																
PAN No.															Foli	o No	. (For I	xis	ting I	nves	tor)											
Scheme Name:																															_	
Plan: Regular Dir	ect	If th	e dire	ect op	ption	is ticke	ed, irr	espe	ctive of	fan	ny ARN	со	de fil	led/v	vritte	n in 1	the app	olica	tion f	orm,	, the	appl	icatio	n wi	ll be	treate	d as	direct	appli	cation	١.	
Option: Growth Dividend Sub-option / Frequency of Dividend: Mode of dividend: Payout Re-investment Sweep Sweep: To Scheme Plan Option																																
☐ IDBI Monthly Income Plan																																
Growth Growth with Regular Cash Flow Plan (RCFP) On completion ofYears (Minimum of 5 years and in multiples of 1 year thereafter) On reaching the target amount of Rs (Minimum of Rs. 5 lakhs and in multiples of Rs. 1 lakh thereafter)													l	O Monthly Dividend Payout O Quarterly Dividend Payout O SWP RsPer Month (Minimum Rs. 1000/- per month and in multiples of Re. 1 thereafter for a minimum of period 6 months)											nt							
Only for IDBI Gilt Fund:																																
Fixed Tenor Trigger (FTT) Plan: Automatic redemption after 1 year 3 years 5 years 7 years 10 years																																
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2. Systematic Investment Plan (SIP) details. Refer point no. I of SIP/SWP/STP instruction. Each SIP Amount (Rs.) Frequency: Daily (only for IDBI Ultra Short Term Fund) Monthly / Quarterly SIP Frequency Date: 5th / 15th / 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 till further notice. (Direct Debit /ECS instructions will take minimum 30 days for registration with the Bank and hence the first auto debit will be carried out after 30 days on the SIP date. The AMC reserve the right to modify the SIP registration period) Photo identification proof in case of Micro SIP (Note: Please allow minimum one month for auto debit to register and start) ^ The minimum investment per day is Rs. 500/- for a minimum of 30 installments continuously for all business days.																																
3. Systematic Transfer Plan	(STP).		Refer	poi	nt no	o. II of	SIP/	'SWF	P/STP i	nst	tructio	on.																				
3. Systematic Transfer Plan (STP). Refer point no. II of SIP/SW I/We would like to switch: From Scheme													Plan	n							Option											
switch: To									lan																							
Each STP Amount (Rs.)				Freque	nc	y:	Da	ily (A	y (All business days)# Weekly (1								t business day of the week)															
Date: 5th / 15th / 2	25th of t	he m	onth	/ qu	arter							М	onth	ly] C	uarte	erly												
Enrolment Start	D	D	-	M	М	- \	Y	Υ	Υ	En	d D)	D	-	M	M	-	Υ	Υ	Υ	,	Υ	or 1	No. o	f ins	tallme	ents _				_	
# Daily STP facility will be ava	ilable for	trar	nsferr	ing t	he ur	nits fro	om ID	BI Li	quid Fu	ınd	/ IDBI	l Ul	tra S	hort	Term	Fun	d to ar	ıy o	pen-e	ende	d scł	neme	es of	IDBI	Mut	ual Fu	ınd.					
4. Systematic Withdrawal Plan (SWP). Refer point no. III of SIP/SWP/STP instruction. Each SWP Amount Rs.																																
Enrolment Start Month	D	1 0	M	VI	Υ	Υ	Υ		End	l M	onth		D	D	M	M	Υ	Υ	Υ	Υ		or I	No. o	f inst	tallm	ents						
5. Particulars of bank accou	ınt																															
Accountholder Name as in Bank Account																																
Bank Name																			Brai	nch												
City																								PIN (code							
Account Type	Savings	□ Cı	urrent	N	IRE]NRO[FCN	NR	Accoun	nt N	No.																					
Digit MICR Code (Please enter the 9 digit number that appears after your cheque number)																																
effected at all for reasons of incor have read and agreed to the tern This is to inform that I/We have	(Please enter the 9 digit number that appears after your cheque number) (We hereby, declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS/Auto Debit. If the transaction is delayed or not flected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will also inform IDBI Mutual Fund about any changes in my bank account I/We aver ead and agreed to the terms and conditions mentioned overleaf. his is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Auto Debit Facility and that my payment towards my investment in IDBI Mutual Fund shall be made rom my/our below mentioned bank account with your bank. I/We authorize to IDBI Mutual Fund/ representative carrying this ECS/Auto Debit to account mandate Form to get it verified and executed.																															
First Account Hol	der's Sig	natu	re					S	econd A	Acc	ount I	Hole	der's	Sign	ature				_		Th	ird A	CCOL	nt H	olde	r's Sig	natu	·	_			