

Distributor ARN	Sub Distributor ARN	Internal sub Code/Sol ID	Employee Code	EUIN	Serial No./Date, Time & Stamp
ARN-4464				E032737	

Upfront 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 the distributor. 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 deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will issued against the balance amount invested.

<input type="checkbox"/> EUIN Declaration	I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.
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Signatures	First/Sole Applicant/Guardian	Second Applicant	Third Applicant
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**1. EXISTING UNIT HOLDER INFORMATION**

 Folio No. 

 [Please fill in Folio No. & name of 1<sup>st</sup> unit holder and proceed to Investment Details]

**2. APPLICANT'S PERSONAL DETAILS (MANDATORY)**

Mode of holding (Please ✓)	<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Single	<input type="checkbox"/> Joint (Default option is Anyone or Survivor for Joint holding)
<b>Name of First/Sole Applicant/Minor*</b> Ensure that name is as per Aadhaar Card			
PAN/PEKRN <input type="text"/>	CKYC Id No. <input type="text"/>	Date of Birth <input type="text"/>	
Aadhaar Number* <input type="text"/>	(Please enclose copy of front & back side)		Mobile No. <input type="text"/>
Gender (Please ✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Father's Name <input type="text"/>			
Status (Please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Bank/FIs <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Minor <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> FIs <input type="checkbox"/> Partnership Firm <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Society <input type="checkbox"/> Other (Please Specify)		
Occupation (Please ✓)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Other (Please Specify)		
Gross Annual Income Details (Please ✓)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> >5-10 Lacs <input type="checkbox"/> >10-25 Lacs <input type="checkbox"/> >25-1 Crore <input type="checkbox"/> >1 Crore		
Net-worth in ₹ <input type="text"/>	as on (date) <input type="text"/> (Not older than 1 year)		
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
Non-Individual Investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> None of the above			

**3. COMMUNICATION (Please ✓ to Opt-in)**
 I/We wish to receive Account Statements/Annual Reports/Abridged Annual Report/Newsletter/Updates or any other Statuary/Regulatory Information via Physical Mode.

Correspondence Address (Please provide full Address)	Overseas Address (Mandatory for NRI/FII Applicants)
HOUSE FLAT NO. <input type="text"/>	HOUSE FLAT NO. <input type="text"/>
STREET ADDRESS <input type="text"/>	STREET ADDRESS <input type="text"/>
CITY/TOWN <input type="text"/>	CITY/TOWN <input type="text"/>
STATE <input type="text"/>	STATE <input type="text"/>
COUNTRY <input type="text"/>	COUNTRY <input type="text"/>
PIN CODE <input type="text"/>	PIN CODE <input type="text"/>
Tel. (Off.) <input type="text"/>	Tel. (Res.) <input type="text"/>
Email <input type="text"/>	Mobile <input type="text"/>

<b>Name of the Guardian#/contact person for non-individual</b> Ensure that name is as per Aadhaar Card			
PAN/PEKRN <input type="text"/>	CKYC Id No. <input type="text"/>	Date of Birth <input type="text"/>	
Aadhaar Number <input type="text"/>	(Please enclose copy of front & back side)		Mobile No. <input type="text"/>
Nationality <input type="text"/>	Relationship with Minor Please (✓) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		

\* If the first/sole applicant is a Minor, then please provide details of Natural/Legal Guardian. # In case first applicant is a minor

**Acknowledgment slip**

 Scheme Name : \_\_\_\_\_  
 Option: \_\_\_\_\_ Sub Option: \_\_\_\_\_  
 Received from Mr./Ms./M/s. \_\_\_\_\_  
 Cheque/DD No. : \_\_\_\_\_ Date : \_\_\_\_\_ Amount Rs.: \_\_\_\_\_

Stamp, Signature &amp; Date

<b>Name of Second Applicant</b>																												
Ensure that name is as per Aadhaar Card (Not applicable for minor/Non Individual Investment)																												
PAN/ PEKRN		CKYC Id No.																Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y
Aadhaar Number																Mobile No.												
(Please enclose copy of front & back side)																												
Gender (Please ✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other																									
Father's Name																												
Status (Please ✓)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI																										
Occupation (Please ✓)	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Other	(Please Specify)																	
Gross Annual Income Details (Please ✓)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> >5-10 Lacs	<input type="checkbox"/> >10-25 Lacs	<input type="checkbox"/> >25-1 Crore	<input type="checkbox"/> >1 Crore																						
Net-worth in ₹ (* Net worth should not be older than 1 year)																as on (date)	D	D	/	M	M	/	Y	Y	Y	Y		
(Not older than 1 year)																												
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am Related to PEP	<input type="checkbox"/> Not Applicable																									

<b>Name of Third Applicant</b>																												
Ensure that name is as per Aadhaar Card (Not applicable for minor/Non Individual Investment)																												
PAN/ PEKRN		CKYC Id No.																Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y
Aadhaar Number*																Mobile No.												
(Please enclose copy of front & back side)																												
Gender (Please ✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other																									
Father's Name																												
Status (Please ✓)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI																										
Occupation (Please ✓)	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Other	(Please Specify)																	
Gross Annual Income Details (Please ✓)	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> >5-10 Lacs	<input type="checkbox"/> >10-25 Lacs	<input type="checkbox"/> >25-1 Crore	<input type="checkbox"/> >1 Crore																						
Net-worth in ₹ (* Net worth should not be older than 1 year)																as on (date)	D	D	/	M	M	/	Y	Y	Y	Y		
(Not older than 1 year)																												
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am Related to PEP	<input type="checkbox"/> Not Applicable																									

#### 4. 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)			

#### 5. 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.																			



4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Mumbai - 400 005  
 SMS 'IDBIMF' to 09220092200 • Tollfree: 1800-419-4324 • Website: [www.idbimutual.co.in](http://www.idbimutual.co.in)  
 Tel: (022) 66442800 • Fax: 66442801 Email: [contactus@idbimutual.co.in](mailto:contactus@idbimutual.co.in)

#### REGISTRAR & TRANSFER AGENTS

**Karvy Computershare Pvt. Limited**, SEBI Registration Number: INR000000221  
 Unit: IDBI Mutual Fund, KARVY SELENIUM, Plot No.31 & 32, Tower B, Survey No.115/22, 24 & 25,  
 Financial Dist., Gachibowli, Nanakramguda, Serlingampally Mandal, Hyderabad - 500 032,  
 Ranga Reddy Dist., Telengana State. Email: [idbimf.customercare@karvy.com](mailto:idbimf.customercare@karvy.com)