



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

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

Form No. I 0001995

ARN Code & Name	Sub Distributor / Branch Code	EUIN	Bank Serial No. / Bank Stamp / Receipt Date
85723		E098968	

I/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 employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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.

Signatures	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

Please  any one only  SIP  Micro SIP  Change in Bank Mandate  SIP Cancellation

## 1. Investor and Investment details. Please wherever applicable.

Sole / First Investor Name (as appearing in ID proof) \_\_\_\_\_

PAN No. \_\_\_\_\_ Folio No. (For Existing Investor) \_\_\_\_\_

Scheme Name: \_\_\_\_\_

Plan:  Regular  Direct

Option:  Growth  Dividend Sub-option / Frequency of Dividend: \_\_\_\_\_

Mode of dividend:  Payout  Re-investment  Sweep

Sweep: To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

IDBI Monthly Income Plan	
<input type="checkbox"/> Growth <input type="checkbox"/> Growth with Regular Cash Flow Plan (RCFP) <input type="checkbox"/> On completion of _____ Years (Minimum of 5 years and in multiples of 1 year thereafter) <input type="checkbox"/> On reaching the target amount of Rs. _____ (Minimum of Rs. 5 lakhs and in multiples of Rs. 1 lakh thereafter)	<input type="checkbox"/> Dividend <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Sweep <input type="checkbox"/> Monthly Dividend Payout <input type="checkbox"/> Quarterly Dividend Payout <input type="checkbox"/> SWP Rs. _____ Per Month (Minimum Rs. 1000/- per month and in multiples of Re. 1 thereafter for a minimum of period 6 months)

Only for IDBI Gilt Fund:

Fixed Tenor Trigger (FTT) Plan : Automatic redemption after  1 year  3 years  5 years  7 years  10 years

## 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 DDMMYY To DDMMYY or No. of installments \_\_\_\_\_ or  perpetual.

(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 point no. II of SIP/SWP/STP instruction.

I/We would like to switch: From Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

switch: To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Each STP Amount (Rs.) \_\_\_\_\_ Frequency:  Daily (All business days)#  Weekly (1st business day of the week)

Date:  5th /  15th /  25th of the month / quarter  Monthly  Quarterly

Enrolment Start DDMMYY End DDMMYY or No. of installments \_\_\_\_\_

# Daily STP facility will be available for transferring the units from IDBI Liquid Fund / IDBI Ultra Short Term Fund to any open-ended schemes of IDBI Mutual Fund.

## 4. Systematic Withdrawal Plan (SWP). Refer point no. III of SIP/SWP/STP instruction.

Each SWP Amount Rs. \_\_\_\_\_

Enrolment Start Month DDMMYY End Month DDMMYY or No. of installments \_\_\_\_\_

## 5. Particulars of bank account

Account holder Name as in Bank Account \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ PIN code \_\_\_\_\_

Account Type  Savings  Current  NRE  NRO  FCNR Account No. \_\_\_\_\_

9 Digit MICR Code \_\_\_\_\_ (Please enter the 9 digit number that appears after your cheque number)

I/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 effected 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 have read and agreed to the terms and conditions mentioned overleaf.

This 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 from 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 Holder's Signature                      Second Account Holder's Signature                      Third Account Holder's Signature