

Name & ARN Code	Sub Distributor ARN	Internal code for sub Agent / Branch Code	EUIN®	Bank Serial No. / Bank Stamp / Receipt Date
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**Bonanza - 0186**

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.  
@ 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.

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 ✓)  Anyone or Survivor  Single  Joint (Default option is Anyone or Survivor for Joint holding)

Name of First/Sole Applicant/Minor\* (as appearing in ID proof) \_\_\_\_\_ Gender (Please ✓)  Male  Female  Other \_\_\_\_\_ Date of Birth \_\_\_\_\_ D D M M Y Y Y Y

PAN (Attach Proof) \_\_\_\_\_ Nationality \_\_\_\_\_

Place/City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ KYC (Please ✓)  Proof Attached

Status (Please ✓)  Individual  Non-Individual [Please attach mandatory "Ultimate Beneficial Ownership (UBO) including additional FATCA & CRS information" Form]  
 Resident Individual  NRI / PIO  Trust  HUF  Bank / FIs  Sole Proprietorship  Minor  Company/Body Corporate  
 FIs  Partnership Firm  AOP / BOI  Society  Other \_\_\_\_\_ (Please Specify)

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office (In case of any change please approach KRA and notify changes.)

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Other \_\_\_\_\_ (Please Specify)  
 Identification Number \_\_\_\_\_

Occupation (Please ✓)  Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Other \_\_\_\_\_ (Please Specify)

Gross Annual Income Details (Please ✓)  Below 1 Lac  1-5 Lacs  >5-10 Lacs  >10-25 Lacs  >25-1 Crore  >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 Y Y (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

Correspondence Address (Please provide full Address)				Overseas Address (Mandatory for NRI / FII Applicants)			
HOUSE FLAT NO.		STREET ADDRESS		HOUSE FLAT NO.		STREET ADDRESS	
CITY/TOWN	STATE	CITY/TOWN	STATE	CITY/TOWN	STATE	CITY/TOWN	STATE
COUNTRY	PINuCODE	COUNTRY	PINCODE	COUNTRY	PINCODE	COUNTRY	PINCODE

Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Mobile \_\_\_\_\_

Name of the Guardian#/contact person for non-individual \_\_\_\_\_

PAN (Attach proof) \_\_\_\_\_ Nationality \_\_\_\_\_ KYC (Please ✓)  Proof Attached

Relationship with Minor Please (✓)  Mother  Father  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

Name of Second Applicant (as appearing in ID proof) \_\_\_\_\_ Gender (Please ✓)  Male  Female  Other \_\_\_\_\_ Date of Birth \_\_\_\_\_ D D M M Y Y Y Y

PAN (Attach Proof) \_\_\_\_\_ Nationality \_\_\_\_\_

Place/City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ KYC (Please ✓)  Proof Attached

Status (Please ✓)  Resident Individual  NRI / PIO

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Other \_\_\_\_\_ (Please Specify)

Occupation (Please ✓)  Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Other \_\_\_\_\_ (Please Specify)

Gross Annual Income Details (Please ✓)  Below 1 Lac  1-5 Lacs  >5-10 Lacs  >10-25 Lacs  >25-1 Crore  >1 Crore

Politically Exposed Person (PEP) Status  I am PEP  I am Related to PEP  Not Applicable

Name of Third Applicant (as appearing in ID proof) \_\_\_\_\_ Gender (Please ✓)  Male  Female  Other \_\_\_\_\_ Date of Birth \_\_\_\_\_ D D M M Y Y Y Y

PAN (Attach Proof) \_\_\_\_\_ Nationality \_\_\_\_\_

Place/City of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ KYC (Please ✓)  Proof Attached

Status (Please ✓)  Resident Individual  NRI / PIO

Type of address given at KRA  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Other \_\_\_\_\_ (Please Specify)

Occupation (Please ✓)  Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Other \_\_\_\_\_ (Please Specify)

Gross Annual Income Details (Please ✓)  Below 1 Lac  1-5 Lacs  >5-10 Lacs  >10-25 Lacs  >25-1 Crore  >1 Crore

Politically Exposed Person (PEP) Status  I am PEP  I am Related to PEP  Not Applicable

Acknowledgement slip	Scheme Name : _____ Option: _____ Sub Option: _____	Stamp, Signature & Date
	Received from Mr. / Ms. /M/s. _____	
	Cheque / DD No. : _____ Date : _____ Amount Rs.: _____	

**3. FATCA INFORMATION / FOREIGN TAX LAWS (for Individual Including Sole Proprietor) (Self Certification)** This information is required for all applicant(s)/guardian

Is the applicant(s)/guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?  Yes  No If Yes, please provide the following information [mandatory]  
Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Number below:

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Country of Tax Residency - 1**			
Tax Payer Ref. ID No. - 1^			
Tax Identification Type - 1			
Country of Tax Residency - 2**			
Tax Payer Ref. ID No. - 2^			
Tax Identification Type - 2			
Country of Tax Residency - 3**			
Tax Payer Ref. ID No. - 3^			
Tax Identification Type - 3			

(\*\*) To also include USA, where the individual is a citizen / green card holder of the USA. (^) In case Tax Identification Number is not available, kindly provide its functional equivalent. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**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
State	Bank Branch City
Account No.	Pin Code
9 digit MICR Code	A/C. Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
11 digit IFSC Code	(Mandatory for credit via NEFT/RTGS)

Please attach a cancelled cheque OR a clear photo copy of a cheque

**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.

**6. POWER OF ATTORNEY (PoA)** POA Name

PAN	KYC <input type="checkbox"/> Yes <input type="checkbox"/> No - if investment is being made by a constitutional Attorney, please submit the notarized copy of the POA
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**7. 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:  Regular  Direct Option:  Growth  Dividend

Sub-option / Frequency of Dividend: \_\_\_\_\_ Mode of dividend:  Payout  Re-investment  Sweep

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

\* If you wish to choose Growth with Regular Cash Flow Plan (RCFP) option under IDBI Monthly Income Plan, please also fill in the separate form available on our website www.idbimutual.co.in

Only for IDBI Gift Fund: Fixed Tenor Trigger (FTT) Plan : Automatic redemption after  1 year  3 years  5 years  7 years  10 years

Investment Amount (Rs.)	DD Charges if any (Rs.)	Net Amount (in words)	Mode of Payment (Please ✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS/NEFT
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Drawn on Bank	Account No.
Branch & City	
Chq. /DD No.	Date D D M M Y Y Y Y IFSC Code

\*A/c Type -  S/B  NRE\*  Current  NRO  FCNR\* \*Kindly provide photocopy of the payment Instrument or 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 XXXXXXX" (Investor PAN) or "IDBI Scheme Name A/C XXXXXXX" (Name of the First holder)

**8. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals Cannot Nominate]**

I / We \_\_\_\_\_ do hereby nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

No.	Nominee(s) Name	% of Share*	Date of Birth (in case of Minor)	Nominee(s) Signature
1			D D M M Y Y Y Y	
2			D D M M Y Y Y Y	
No.	Name of the Guardian (In case Nominee is Minor)			Nominee(s) Signature
1				
2				

\* If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)  
 I/We do not wish to nominate anybody on my/our behalf. Signature of the Declarant

**9. DECLARATION**

I / We have read and understood the contents of the SID, SAI and Key Information Memorandum of the Scheme and information requirements of this Form (read along with 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 mentioned under section for General Information and Guidelines forming part of this application form and hereby accept the same. 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.

Signature
First / Sole Applicant / Guardian
Second Applicant
Third Applicant



# 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

Name & ARN Code	Sub Distributor ARN	Internal code for sub Agent / Branch Code	EUIN*	Bank Serial No. / Bank Stamp / Receipt Date
<b>Bonanza - 0186</b>				

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.

\*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.

Signatures	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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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

\*If you wish to choose Growth with Regular Cash Flow Plan (RCFP) option under IDBI Monthly Income Plan, please also fill in the separate form available on our website www.idbimutual.co.in

#### 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). 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:  1st /  5th /  10th /  15th /  20th /  25th of the month (1st month of the quarter for quarterly frequency)

From  To  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)

^ 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:  1st /  5th /  10th /  15th /  20th /  25th of the month / quarter  Monthly  Quarterly

Enrolment Start  End  or No. of installments

# Daily STP facility will be available for transferring the fixed amount from IDBI Liquid Fund / IDBI Ultra Short Term Fund / IDBI Short Term Bond 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  End Month  or No. of installments

### 5. Particulars of bank account

Accountholder 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



# Details of Ultimate Beneficial Owner including additional FATCA & CRS information (For Non Individual)

**IDBI Asset Management Limited**

CIN: U65100MH2010PLC199319

Registered Office: IDBI Tower, WTC Complex, Cuffe parade Colaba, Mumbai - 400 005. Corporate Office: 5th Floor, Mafatlal Centre, Nariman Point, Mumbai - 400 021.

Tel: (022) 66442800 Fax: 66442801 Website: [www.idbimutual.co.in](http://www.idbimutual.co.in) Email: [contactus@idbimutual.co.in](mailto:contactus@idbimutual.co.in)

Name of the entity

Type of address given at KRA  Business  Registered Office  
*"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"*

Customer ID / Folio Number

PAN  Date of Incorporation    /     /

City of Incorporation

Country of Incorporation

Net Worth in INR. in ₹ Lakhs  Net Worth as on    /     /

Entity Constitution Type  Partnership Firm  HUF  Private Limited Company  Public Limited Company  Society  AOP/BOI  
*Please tick as appropriate*  
 Trust H Liquidator  Limited Liability Partnership  Artificial Juridical Person  Other  *please specify*

Please tick the applicable tax resident declaration -

1. Is "Entity" a tax resident of any country other than India  Yes  No  
*(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number Below.)*

Country/ies	Tax Identification Number*	Identification Type (TIN or Other, Please specify)

\*In case Tax Identification Number is not available, kindly provide its functional equivalent.  
 It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. In such case please provide Company Identification Number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code<sup>5</sup> here

**FATCA & CRS Declaration**  
*(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)*

**PART A** (to be filled by Financial Institutions or Direct Reporting NFEs)

<p>1. We are a,          Financial institution<sup>6</sup> <input type="checkbox"/>          or          Direct reporting NFE<sup>7</sup> <input type="checkbox"/>  <i>(please tick as appropriate)</i></p>	<p><b>GIIN</b> <input type="text"/></p> <p><i>Note : If you do not have GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</i></p> <p>Name of Sponsoring Entity <input type="text"/></p> <p><input type="text"/></p> <p><b>GIIN not available</b> <i>(please tick as applicable)</i></p> <p>If the entity is a financial institution,</p> <p><input type="checkbox"/> Applied for</p> <p><input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category<sup>8</sup> <input type="text"/></p> <p><input type="checkbox"/> Not obtained - Non-participating FI</p>
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**PART B** (Please fill any one as appropriate "to be filled by NFE other than Direct Reporting NFEs")

<p>1. Is the Entity a publicly traded company<sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market)</p>	<p>Yes <input type="checkbox"/> <i>(If yes, please specify any one stock exchange on which the stock is regularly traded)</i></p> <p>Name of stock exchange _____</p>
<p>2. Is the Entity a related entity<sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)</p>	<p>Yes <input type="checkbox"/> <i>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</i></p> <p>Name of listed company _____</p> <p>Nature of relation <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company</p> <p>Name of stock exchange _____</p>
<p>3. Is the Entity an active<sup>3</sup> NFE</p>	<p>Yes <input type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section)</i></p> <p>Nature of Business _____</p> <p>Please specify the sub-category of active NFE <input type="text"/> <input type="text"/> (Mention code - refer 2c of Part D)</p>
<p>4. Is the Entity an passive<sup>4</sup> NFE</p>	<p>Yes <input type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section)</i></p> <p>Nature of Business _____</p>

<sup>1</sup>Refer 2a of Part D | <sup>2</sup>Refer 2b of Part D | <sup>3</sup>Refer 2c of Part D | <sup>4</sup>Refer 3(ii) of Part D | <sup>5</sup>Refer 3(viii) of Part D | <sup>6</sup>Refer 1 of Part D | <sup>7</sup>Refer 3(vii) of Part D | <sup>8</sup>Refer 1A of Part D

