



Application No.

Application No.

Website : www.abimutual.com		
APPLICATION FORM		
ARN Code & Name	Sub Distributor /Branch Code	Bank Serial No. / Bank Stamp / Receipt Date
ARN-13308		

1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number and proceed to Investment Details and Payment Details]

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[illegible]

2. PAN AND KYC COMPLIANCE STATUS DETAILS - Mandatory [Refer Instructions]

PAN # (refer instruction)										KYC Compliance Status (if yes, attach proof. If No, attach KYC Application form)			
First / Sole Applicant *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Second Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Third Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please attach PAN proof.

3. APPLICANT(S) INFORMATION [Refer Instruction 1]

NAME OF FIRST / SOLE APPLICANT / MINOR										DATE OF BIRTH (Mandatory in case of Minor & 1st Applicant)									
Mr. Ms. M/s.										<div> <div>D</div> <div>D</div> <div>/</div> <div>M</div> <div>M</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>									
Father/Husband's Name																			
NAME OF SECOND APPLICANT																			
Mr. Ms. M/s.																			
NAME OF THIRD APPLICANT																			
Mr. Ms. M/s.																			
NAME OF THE GUARDIAN										(In case 1st Applicant is a Minor)/Contact person name (in case of non- individual)									
Mr. Ms. M/s.										Relationship with Minor (Please ✓) Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>									
Mode of Holding (Please ✓)		Anyone or Survivor <input type="checkbox"/>		Single <input type="checkbox"/>		Joint <input type="checkbox"/>		(Default option is Anyone or Survivor)											
Occupation (Please ✓)		Business <input type="checkbox"/>		Service <input type="checkbox"/>		Professional <input type="checkbox"/>		Retired <input type="checkbox"/>		Student <input type="checkbox"/>		Housewife <input type="checkbox"/>		Others <input type="checkbox"/>					
Status (Please ✓)		Resident Individual <input type="checkbox"/>		NRI / PIO <input type="checkbox"/>		Trust <input type="checkbox"/>		HUF <input type="checkbox"/>		Bank / Fls <input type="checkbox"/>		Sole Proprietorship <input type="checkbox"/>		Please specify					
		Minor <input type="checkbox"/>		Company/Body Corporate <input type="checkbox"/>		Fils <input type="checkbox"/>		Partnership Firm <input type="checkbox"/>		AOP / BOI <input type="checkbox"/>		Society <input type="checkbox"/>							

4. MAILING ADDRESS [Please provide Full Address. P. O. Box No. may not be sufficient. Overseas Investors will have to provide Indian Address]

Local Address of 1st Applicant -																																
City																State											Pin Code					
Tel. Off.						Resi.						Mobile																				
E-Mail	PLEASE USE BLOCK LETTERS																															
Overseas Correspondence Address (Mandatory for NRI / FII Applicant)																																
City																Country											Pin Code					

5. COMMUNICATION (Please ✓)

☐ I/We wish to receive Account Statements/Annual Reports/Quarterly Statements/Newsletter/Updates or any other Statutory Information via E- mail/SMS alerts in lieu of Physical Documents.

6. BANK ACCOUNT DETAILS - Mandatory (For multiple banks registration please submits the Multiple Bank Registration Form)

Name of the Bank																																					
Branch Address																																					
Bank Branch City																State						Pin Code															
Account No.																A/c. Type (Please ✓) SAVINGS <input type="checkbox"/> NRE <input type="checkbox"/> CURRENT <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/>																					
9 digit MICR Code																Please attach a cancelled cheque OR a clear photo copy of a cheque.															11 digit IFSC Code						(Mandatory for credit via NEFT/RTGS)

7. UNITS IN DEMAT MODE

Please (✓)

☐ NSDL

CDSL

DP ID	Beneficiary Account No./Client ID	DP Name

Note- Mandatory to attach the depository transaction statement or DP Master data indicating the DP account number of the applicant in case the applicant opts for DMAT Mode. Please ensure that sequence of names as mentioned in the Application Form match with DP account.

ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE SOLE/FIRST APPLICANT)

Application No.

Date / /

Received from Mr. / Ms. /M/s. _____
An application for purchase of _____ units of IDBI Nifty Index Fund along with cheque / DD as detailed overleaf. Cheques / Drafts are subject to realisation.

Stamp, Signature & Date

8. POWER OF ATTORNEY (POA)

POA Name : <input type="text"/>		
Address <input type="text"/>		
<input type="text"/>		
City <input type="text"/>	State <input type="text"/>	Pin Code <input type="text"/>
PAN <input type="text"/> 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		

9. IDBIMF PERSONAL IDENTIFICATION NUMBER (IPIN) (Please ✓)

☐ I / We being unit holder(s) of IDBI Mutual Fund (Fund) schemes do hereby apply for the facility for effecting online transactions over the internet with respect to my investment with IDBI Mutual Fund. Please send me the PIN agreement form.

10. INVESTMENT DETAILS AND PAYMENT DETAILS - Cheque/DD/RTGS/NEFT/Transfer (Payment through Cash/Outstation Cheques not accepted)

(Please ✓) For complete information on Investment details, please refer to "Plan & Options" in the KIM.

Scheme Name	Plan	Option
IDBI Nifty Index Fund	Growth <input type="checkbox"/>	
	Dividend <input type="checkbox"/>	Dividend payout * <input type="checkbox"/>
		Dividend Reinvestment <input type="checkbox"/>
	Sweep# <input type="checkbox"/>	To Scheme _____ Plan _____ Option _____

* compulsory re-investment in case the dividend amount is less than Rs.100/- # only in case the dividend amount is above Rs. 100/-

Investment Amount (Rs.) <input type="text"/>	DD Charges if any (Rs.) <input type="text"/>	Net Amount (Rs.) <input type="text"/>	Mode of Payment (Please ✓)
			Cheque <input type="checkbox"/>
			DD <input type="checkbox"/>
			Funds Transfer <input type="checkbox"/>
			RTGS/NEFT <input type="checkbox"/>

Net Amount (in Words)

Drawn on Bank <input type="text"/>
Branch & City <input type="text"/> Account No. <input type="text"/>
Chq. / DD No <input type="text"/> Date <input type="text"/> IFSC Code <input type="text"/>

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 Nifty Index Fund A/C XXXXXXXX" (Investor PAN)

11. SIP ENROLMENT DETAILS

SIP Amount (Rs.) <input type="text"/>	Enrolment Period Start Month <input type="text"/> - <input type="text"/> End Month <input type="text"/> - <input type="text"/>	Frequency Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
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12. 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 of Minor)	Relationship with Unit Holder		
1				
2				

* If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

<input type="checkbox"/> I/We do not wish to nominate anybody on my/our behalf.	Signature of the Declarant <input type="text"/>
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13. DECLARATION

I / We have read and understood the contents of the SID and Key Information Memorandum of the Scheme. I/We hereby apply to the 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 we undertake to provide all necessary proof / documentation, if any, required to substantiate the facts of this undertaking. I 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 the intermediary whose stamp appears on the application form. I 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.

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.

First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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Scheme Name :IDBI Nifty Index Fund Plan: _____ Option: _____

Cheque / DD No. : _____ Date : _____ Amount : Rs. _____ Bank and Branch: _____

REGISTRAR & TRANSFER AGENTS

Computer Age Management Services Private Limited (CAMS)
SEBI Registration Number: INR00002813,
148, Old Mahabalipuram Road, Okkiyam, Thuraipakkam, Chennai 600 096, Tamil Nadu
Tel: 044-30407000 Fax: 044-24581750



IDBI Building, 2nd Floor, Plot No. 39-41, Sector 11, CBD Belapur, Navi Mumbai 400 614.
Website : www.idbimutual.co.in

Form No.

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

ARN Code & Name	Sub Distributor /Branch Code	Bank Serial No. / Bank Stamp / Receipt Date
ARN-13308		
Please <input checked="" type="checkbox"/> any one only <input type="checkbox"/> Normal SIP <input type="checkbox"/> Micro SIP <input type="checkbox"/> Change in Bank Mandate <input type="checkbox"/> STP <input type="checkbox"/> SWP		

1. Investor and investment details

Sole / First Investor Name

PAN No. Folio No.(For Existing Investor)

Scheme Plan

Option & Sub Option

2. Systematic Investment Plan (SIP) details

Each SIP Amount (Rs.) Frequency: ☐ Monthly / ☐ Quarterly

SIP Frequency Date: ☐ 5th / ☐ 15th / ☐ 25th of the month (1st month of the quarter)

No. of installments (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)

(Note: Please allow minimum one month for auto debit to register and start).

3. Systematic Transfer Plan (STP)

I/We would like to switch: From Scheme/Option To Scheme/Option

Each STP Amount Rs. Frequency: ☐ Daily (All Business days) ☐ Monthly ☐ Weekly (1st business day of the week) ☐ Quarterly

STP Period : Enrolment Start End Or No. of installments

Date : ☐ 5th / ☐ 15th / ☐ 25th of the month/quarter

4. Systematic Withdrawal Plan (SWP)

Each SWP Amount Rs. Scheme Name/Option

SWP Period : Enrolment Start Month End Month Or No. of installments

5. Particulars of bank account

Accountholder Name as in Bank Account

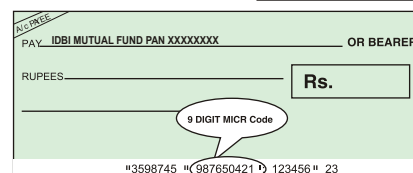
Bank Name Branch

City PIN code

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Account Number

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

For office use only (not to be filled in by investor)

Recorded on Scheme Code

Recorded by Credit Account Number

Bank use Mandate Ref. No. Customer Ref. No.

Bank Account Number