![IDBI mutual]

Mandate Registration Form for SIP
(Form for NACH)

IDBI Asset Management Ltd.
CIN: U65100MH2010PLC199319
Registered Office: IDBI Tower, WTC Complex, Cuffe parade Colaba, Mumbai - 400 005.   Form No.
Corporate Office: 5th Floor, Mafatlal Centre, Nariman Point, Mumbai - 400 021.
Tel: (022) 66442800 Fax: 66442801 Website: www.idbimutual.co.in Email: contactus@idbimutual.co.in

Name & ARN Code	Sub Distributor ARN	Internal code for sub Agent / Branch Code	EUIN*	Bank Serial No. / Bank Stamp / Receipt Date
ARN-102495 **(Meri Punji IMF Pvt Ltd)**			**E-145320**	

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 deductable 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

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_____

2. Systematic Investment Plan (SIP).

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 [D D M M Y Y Y Y] To [D D M M Y Y Y Y] **or** No. of installments _____ **or** ☐ perpetual.
^ The minimum investment per day is Rs. 500/- for a minimum of 30 installments continuously for all business days.

3. Particulars of bank account

Accountholder Name as in Bank Account

Bank Name   Branch

City   PIN code

Account Type ☐ Savings ☐ Current ☐ SB NRE ☐ SB 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 IDBI Mutual Fund 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 IDBI Mutual Fund/Service Providers of IDBI Mutual Fund carrying this ECS/Auto Debit to account mandate Form to get it verified and executed.

(x) _____   **(X)** _____   **(X)** _____
First Account Holder's Signature   Second Account Holder's Signature   Third Account Holder's Signature

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MANDATE INSTRUCTION FORM - (Refer Instruction over leaf before filling)

![IDBI mutual]

[1] UMRN _____   [2] Date [D D M M Y Y Y Y]

Tick(✓)
☐ CREATE
☐ MODIFY
☐ CANCEL

[3] Sponsor Bank Code [Y E S B A 0 0 5 2 2 8]   [4] Utility Code _____
[5] I/We hereby authorize [IDBI Mutual Fund] to debit (tick✓) [6] SB / CA / ~~CC~~ / SB-NRE / SB-NRO / ~~Other~~
[8] Bank A/c Number
[9] With Bank [Name of customers bank]   [10] IFSC _____ or [11] MICR _____
[12] an amount of Rupees _____   [13] ₹ _____

[14] FREQUENCY ☐ Mthly ☐ Qtly ☒ H-Yrly ☒ Yrly ☒ As & When presented   [15] DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

[16] Reference-1 _____   [18] Mobile _____
[17] Reference-2 _____   [19] E-Mail ID _____

[20] PERIOD
From [ ]
To [ ]
Or ☐ Until Cancelled

(X) _____ [21] Signature of the account holder   **(X)** _____ Signature of the account holder   **(X)** _____ nature of the account holder

[22] Name of the account holder   Name of the account holder   Name of the account holder

I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Utility / Service provider / Participating Banks responsible. I/We have read the option invitation letter and agree to discharge the responsibility expected of me / us as participant/s under the scheme. I/We authorise use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.