Mandate Registration Form for SIP

IDBI Asset Management Ltd.
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.
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Form No.

Name & ARN Code	Sub Distributor ARN	Internal code for sub Agent / Branch Code	EUIN*	Bank Serial No. / Bank Stamp / Receipt Date
ARN-96039			E068403	

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 : ☐ 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.

Use "Mandate Registration Form" for daily SIP in IDBI Ultra Short Term Fund.

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 / National Automated Clearing House (NACH). 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 / NACH 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 / NACH 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

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1 UMRN 2 Date D D M M Y Y Y Y

tick (✓)

CREATE	☐
MODIFY	☐
CANCEL	☒

3 Sponsor Bank Code C I T I 0 0 0 P I G W 4 Utility Code C I T I 0 0 0 0 2 0 0 0 0 0 0 0 3 7

5 I/We hereby authorize IDBI Mutual Fund 6 to debit (tick✓) SB / CA / ~~CC~~ / SB-NRE / SB-NRO / ~~Other~~

8 Bank A/c Number

9 With Bank Name of customers bank 10 IFSC 11 or 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

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

20 PERIOD
From
To
Or ☐ Until Cancelled

21 Signature of the account holder | Signature of the account holder | Signature of the account holder

22 Name of the account holder | Name of the account holder | Name of the account holder

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I have authorized debit.