

COMMON APPLICATION FORM

	Distributor ARN	Sub Distributor	ARN	Intern	nal sub (Code/S	ol ID	Employe	ee Code	EUIN		RIA Code#/PMRN
ARN-11	8251											
purchase/subscription and payable to the d #I/We, have invested	shall be paid directly by the investor to in amount is Rs. 10,000/- or more and th istributor. Units will issued against the k in the scheme(s) of IDBI Mutual Fund u irect Plan of all schemes of IDBI Mutual	e investor's Distributor palance amount invest nder Direct Plan. I/We	r has op ed. hereby	give my	ceive "Tra /our cons	ansactions sent to sl	n Charg hare/p	ges" the sar	ne are de	eductable as a	plicable fr	om the purchase/subscription amount
EUIN Declaration	I/We hereby confirm that the EUIN be manager/sales person of the above dis of the distributor/sub broker.											
Signatures	First/Sole Applicant/Gu	uardian			Seco	ond App	olican	t			Т	hird Applicant
	Please (*) IT HOLDER INFORMATION b. & name of 1st unit holder and procee	LUMPSUM INV		NT	MI	ICRO AF	PPLICA	ATION	S	Folio No.	TON	
2. APPLICANT'	S PERSONAL DETAILS (MANDAT	ORY)										
Mode of holding (Please ✓) Single		Anyone	or Survi	vor		Joint	(Default o	ption is A	nyone or Surv	ivor for Joi	nt holding)
Name of First/Sole	Applicant/Minor*											
PAN/ PEKRN		YC* No.								Date of Birth	D D	/ M M / Y Y Y
Mobile No.		Email								(Please ✓)	Self	Family Member Not Provided
		If Family Membe	·	•	–	Spous		Depend	dent Par	ent De	pendent C	Children
Gender (Please ✓) (*) Proof Attached,	Male Female (**) LEI is applicable for Non-Individua	_			tion(LEI) ble to inc			- & NRI inv	estor.			
Name of the Guard	dian#/contact person for non-individu	al										
PAN/PEKRN					СКҮС	ld No.						
Nationality					Relati	ionship	with N	linor Plea	se (√)	Mother	☐ F	ather Legal Guardian
Mobile No.		Email										
	onship with Minor (Please ✓) oplicant is a Minor, then please provide	Birth Certificate								(Please Sp	ecify)	
		details of Natural/Le	gai Gua	aruian. "	in case ii	ırsı appıı	Caritis	a minor				
Name of Second A	pplicant											
PAN/PEKRN					CKYC Id	No.						
Mobile No.		Email								(Please ✓)	Self	Family Member Not Provided
		If Family Membe	er (Plea	se speci	fy):	Spous	e [Depend	dent Par	ent 🗌 De	oendent C	Children
Name of Third App	olicant											
(Not applicable for	minor/Non Individual Investment)											
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Tax Status (Applica (Please ✓)	ble for First/Sole Applicant) Resid	ent Individual 🔲 N		☐ Tru			Bank Society			prietorship		Company/Body Corporate
Scheme	e Name:											Stamp, Signature & Date
of Option												
knowledgment slip Obtion Beceive	ed from Mr./Ms./M/s											

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Correspondence Ac	·			Overseas Address (Mandatory for NRI/	<u> </u>						
		HOUSE FL	AT NO.	НС	DUSE FLAT NO.						
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С	OUNTRY		PIN CODE	COUNTRY	PIN CODE						
Tel. No.											
4. KYC DETAILS	(MANDATORY)										
Occupation (Please >	<u>()</u>										
First Applicant	Private Sector S	ervice 🗌	Public Sector Government Service Bu	usiness 🗌 Professional 🔲 Agriculturist 🔲 Retired 🔲 I	lousewife Student Other (Please Specify)						
Second Applicant	Private Sector S	ervice 🗌	Public Sector Government Service Bu	usiness Professional Agriculturist Retired I	Housewife Student Other (Please Specify)						
Third Applicant	Private Sector S	ervice 🗌	Public Sector Government Service B	usiness Professional Agriculturist Retired I	Housewife Student Other (Please Specify)						
Gross Annual Income	e Details (Please √)										
First Applicant/ Guardian	Below 1 Lac Net-worth in ₹		s >5-10 Lacs >10-25 Lacs >25-1 d not be older than 1 year) as on (date)		nan 1 year)						
Second Applicant	Below 1 Lac Net-worth in ₹		s >5-10 Lacs >10-25 Lacs >25-1		nan 1 year)						
Third Applicant	Below 1 Lac Net-worth in ₹		s >5-10 Lacs >10-25 Lacs >25-1 d not be older than 1 year) as on (date)		nan 1 year)						
Politically Exposed 6	Person (PFP) Status	(Also ann	olicable for authorised signatories/Promot	ers/Karta/Trustee/Whole time Directors)	P						
				/ Changer Services Money Lending/Pawning Gaming,							
			(Mandatory) (Non-Individuals are re w.idbimutual.co.in)	equired to submit separate FATCA & CRS infor	mation (for non-individuals/Legal entity) and						
		F	First Applicant (including Minor)	Second Applicant/Guardian/POA	Third Applicant						
Place of Birth											
Country of Birth											
Nationality		Indian	U.S. Others, please specify	Indian U.S. Others, please specify	Indian U.S. Others, please specify						
Tax Residence Addr			ential Registered Office Business	Residential Registered Office Business	Residential Registered Office Business						
` '	,	Yes		Yes No	Yes No						
Are you a tax reside you assessed for Ta				r than India) in which you are a Resident for tax pu							
country outside Ind	lia?		ard Holder/Tax Resident in the Respecti		Thoses i.e., where you are a citizen/nesidenty						
Country of Tax Resi	dency	(1) (2) (3)		(1) (2) (3)	(1) (2) (3)						
Tax Identification N Functional Equivale		(1) (2) (3)		(1) (2) (3)	(1) (2) (3)						
Identification Type Please specify)	(TIN of other,	(1) (2) (3)		(1) (2) (3)	(1) (2) (3)						
If TIN is not available reason A, B, or C (as		1	2 B □ C □ A □ B □ C □ A □ B □ C	1	1 2 3 3 A B C A B C A B C						
Reason B → No T		t this rea	ason Only if the authorities of the respec	e Tax Identification Numbers to its residents. ctive country of tax residence do not require the T	IN to be collected).						



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