



Form No.

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

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
Ganesh S. Shanbhag ARN - 0988		

Please any one only Normal SIP Micro SIP Change in Bank Mandate STP 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: Weekly (1st business day of the week) Monthly Quarterly

STP Period : Enrolment Start Month - - End Month - - 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

Payment Mechanism of SIP : ECS
(Please any one only)

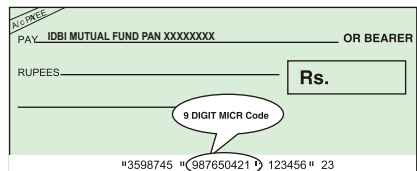
Accountholder Name as in Bank Account

Bank Name Branch

City PIN code

Account Type Savings Current NRE NRO FCNR

For ECS :
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

Fear Here