



IDBI Nifty Index Fund

(An Open-ended passively managed equity scheme tracking the S & P CNX Nifty Index (Total Returns Index))

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

APPLICATION FORM

Application No. _____

| ARN Code & Name | Sub Distributor / Branch Code | Bank Serial No. / Bank Stamp / Receipt Date |
|-----------------|-------------------------------|---|
| ARN-56003 | | |

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.

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

| | | |
|-------------------------|----------------------|--|
| Folio No. | <input type="text"/> | The details in our records under the folio number mentioned will apply for this application. |
| Name of 1st Unit Holder | <input type="text"/> | |

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"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Second Applicant | <input type="text"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Third Applicant | <input type="text"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

* If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. # Please attach PAN proof.
KYC is mandatory for all investors except investors residing in the state of Sikkim and Micro SIP applicants

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

| | | | |
|---|--|---|----------------------|
| NAME OF FIRST / SOLE APPLICANT / MINOR | | DATE OF BIRTH (Mandatory in case of Minor & 1st Applicant) | <input type="text"/> |
| Mr. Ms. M/s. | <input type="text"/> | | |
| Father/Husband's Name | <input type="text"/> | | |
| NAME OF SECOND APPLICANT | | | |
| Mr. Ms. M/s. | <input type="text"/> | | |
| NAME OF THIRD APPLICANT | | | |
| Mr. Ms. M/s. | <input type="text"/> | | |
| NAME OF THE GUARDIAN (In case 1st Applicant is a Minor)/Contact person name (in case of non-individual) | | Relationship with Minor (Please ✓) | |
| Mr. Ms. M/s. | <input type="text"/> | 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"/> Please specify | | |
| 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"/> Minor <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Fls <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 - | <input type="text"/> | | |
| City | <input type="text"/> | State | <input type="text"/> |
| Tel. Off. | <input type="text"/> | Resi. | <input type="text"/> |
| E-Mail | <input type="text"/> | | |
| Overseas Correspondence Address (Mandatory for NRI / FI Applicant) | | | |
| <input type="text"/> | | | |
| City | <input type="text"/> | Country | <input type="text"/> |
| | | | Pin Code <input type="text"/> |

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 | <input type="text"/> | | |
| Branch Address | <input type="text"/> | | |
| Bank Branch City | <input type="text"/> | State | <input type="text"/> |
| Account No. | <input type="text"/> | 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 | <input type="text"/> | Please attach a cancelled cheque OR a clear photo copy of a cheque | 11 digit IFSC Code <input type="text"/> (Mandatory for credit via NEFT/RTGS) |

7. UNITS IN DEMAT MODE

Please (✓) NSDL CDSL

| | | |
|----------------------|-----------------------------------|----------------------|
| DP ID | Beneficiary Account No./Client ID | DP Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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)



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Website: www.idbimutual.co.in

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 :

Address

City State Pin Code

PAN KYC Yes 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

Branch & City Account No.

Chq. / DD No Date IFSC Code

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 XXXXXXX" (Investor PAN)

11. SIP ENROLMENT DETAILS

SIP Amount (Rs.) Enrolment Period Start Month - End Month - Frequency Monthly Quarterly (Please ✓)

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)

I/We do not wish to nominate anybody on my/our behalf. Signature of the Declarant

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 |
|-----------------------------------|------------------|-----------------|

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