



Form No. _____

IDBI Building, 2nd Floor, Plot No. 39-41, Sector 11, CBD Belapur, Navi Mumbai 400 614.
Website : www.idbimutual.co.in**Systematic Investment Plan (SIP)/Systematic Transfer Plan (STP)/Systematic Withdrawal Plan (SWP)**

ARN Code & Name	Sub Distributor /Branch Code	Employee Code	Bank Serial No. / Bank Stamp / Receipt Date
ARN - 34120			

Please any one only Normal SIP Micro SIP STP SWP**Investor and investment details**

Sole / First Investor Name _____

PAN No. _____ Folio No. (For Existing Investor) _____

Scheme _____ Plan _____

Option & Sub Option _____

Systematic Investment Plan (SIP) detailsEach SIP Amount (Rs.) _____ Frequency Monthly / Quarterly

First SIP Cheque No.: _____ (Note: Cheque should be drawn on bank details provided below)

SIP Frequency Date: 5th / 15th / 25th of the month/quarter

SIP Period : Start from Month _____ Year _____ End On Month _____ Year _____

(Note: Please allow minimum one month for auto debit to register and start).

I/We hereby, authorize IDBI Mutual Fund and their authorized service providers (Computer Age Management Services Private Limited (CAMS)) to debit my/our following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments.

Systematic Transfer Plan (STP)

I/We would like to switch to the following: From Scheme/Option _____ To Scheme/Option _____

Each STP Amount Rs. _____ Frequency Monthly / Quarterly Date : 5th 15th 25th of the month/quarter

Period : Enrolment Period From ___/___/___ (dd/mm/yy) To ___/___/___ (dd/mm/yy)

Systematic Withdrawal Plan (SWP)

Each SWP Amount Rs. _____ Scheme Name/Option _____

Frequency Monthly / Quarterly Date : 5th 15th 25th of the month/quarter

Period : Enrolment Period From ___/___/___ (dd/mm/yy) To ___/___/___ (dd/mm/yy)

Particulars of bank accountPayment Mechanism of SIP : ECS Cheques(Please any one only)Accountholder Name _____
as in Bank Account _____

Bank Name _____ Branch _____

City _____ PIN code _____

For ECS :

Account Number _____ Account Type Savings Current Cash Credit

9 Digit MICR Code _____ (Please enter the 9 digit number that appears after your cheque number)

For Cheque :

Total number of Cheques _____ Cheque No. : Form _____ To _____

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.

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. _____

Authorisation of the Bank Account Holder (to be signed by the Account Holder)

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 the representative, (Computer Age Management Services Private Limited (CAMS)) carrying this ECS/Auto Debit to account mandate Form to get it verified and executed.

Bank Account Number _____

First Account Holder's Signature
(As in Bank Records)_____
Second Account Holder's Signature
(As in Bank Records)_____
Third Account Holder's Signature
(As in Bank Records)