IDBI mutual

COMMON APPLICATION FORM

Distributor ARN	Sub Distributor ARN	Internal sub Code/Sol ID	Employee Code	EUIN	RIA Code#/PMRN

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, have invested in the scheme(s) of IDBI Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of IDBI Mutual Fund, to the above mentioned SEBI Registered Investment Adviser.

☐ EUIN Declaration	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

Please (✓) ☐ LUMPSUM INVESTMENT ☐ MICRO APPLICATION ☐ SIP APPLICATION

1. EXISTING UNIT HOLDER INFORMATION

Folio No.

[Please fill in Folio No. & name of 1st unit holder and proceed to Investment Details]

2. APPLICANT'S PERSONAL DETAILS (MANDATORY)

Mode of holding (Please ✓) ☐ Single ☐ Anyone or Survivor ☐ Joint (Default option is Anyone or Survivor for Joint holding)

Name of First/Sole Applicant/Minor*

PAN/ PEKRN | CKYC* Id No. | Date of Birth (D D / M M / Y Y Y Y)

Mobile No. | Email | (Please ✓) ☐ Self ☐ Family Member ☐ Not Provided

If Family Member (Please specify): ☐ Spouse ☐ Dependent Parent ☐ Dependent Children

Gender **(Please ✓)** ☐ Male ☐ Female ☐ Other | Legal Entity Identification(LEI)Code**

(*) Proof Attached, (**) LEI is applicable for Non-Individual investor including HUF, not applicable to individuals,minor & NRI investor.

Name of the Guardian#/contact person for non-individual

PAN/PEKRN | CKYC Id No.

Nationality | Relationship with Minor Please (✓) ☐ Mother ☐ Father ☐ Legal Guardian

Mobile No. | Email

Proof of the Relationship with Minor (Please ✓) ☐ Birth Certificate ☐ School Certificate ☐ Passport ☐ Other _____ (Please Specify)

* If the first/sole applicant is a Minor, then please provide details of Natural/Legal Guardian. # In case first applicant is a minor

Name of Second Applicant

(Not applicable for minor/Non Individual Investment)

PAN/PEKRN | CKYC Id No.

Mobile No. | Email | (Please ✓) ☐ Self ☐ Family Member ☐ Not Provided

If Family Member (Please specify): ☐ Spouse ☐ Dependent Parent ☐ Dependent Children

Name of Third Applicant

(Not applicable for minor/Non Individual Investment)

PAN/PEKRN | CKYC Id No.

Mobile No. | Email | (Please ✓) ☐ Self ☐ Family Member ☐ Not Provided

If Family Member (Please specify): ☐ Spouse ☐ Dependent Parent ☐ Dependent Children

Tax Status (Applicable for First/Sole Applicant) **(Please ✓)** ☐ Resident Individual ☐ NRI/PIO ☐ Trust ☐ HUF ☐ Bank/FIs ☐ Sole Proprietorship ☐ Minor ☐ Company/Body Corporate ☐ FIIs ☐ Partnership Firm ☐ AOP/BOI ☐ Society ☐ Other _____ (Please Specify)

Acknowledgment slip

Scheme Name: _____

Option: _____ Sub Option: _____

Received from Mr./Ms./M/s. _____

Cheque/DD No.: _____ Date : _____ Amount Rs.: _____

Stamp, Signature & Date

3. COMMUNICATION (Please ✓ to Opt-in)

☐ Visually challenged

☐ All communications will be sent by default to the registered E-mail ID/Mobile No. In case you wish to receive physical communication (please ✓ here)

Correspondence Address (Please provide full Address)	
HOUSE FLAT NO.	
STREET ADDRESS	
CITY/TOWN	STATE
COUNTRY	PIN CODE

Overseas Address (Mandatory for NRI/FII Applicants)	
HOUSE FLAT NO.	
STREET ADDRESS	
CITY/TOWN	STATE
COUNTRY	PIN CODE

Tel. No. | | | | | | | | | | |

4. KYC DETAILS (MANDATORY)

Occupation (Please ✓)

First Applicant	☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Other (Please Specify)
Second Applicant	☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Other (Please Specify)
Third Applicant	☐ Private Sector Service ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Other (Please Specify)

Gross Annual Income Details (Please ✓)

First Applicant/ Guardian	☐ Below 1 Lac ☐ 1-5 Lacs ☐ >5-10 Lacs ☐ >10-25 Lacs ☐ >25-1 Crore ☐ >1 Crore Net-worth in ₹ (* Net worth should not be older than 1 year) as on (date) D D / M M / Y Y Y Y (Not older than 1 year)
Second Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ >5-10 Lacs ☐ >10-25 Lacs ☐ >25-1 Crore ☐ >1 Crore Net-worth in ₹ (* Net worth should not be older than 1 year) as on (date) D D / M M / Y Y Y Y (Not older than 1 year)
Third Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ >5-10 Lacs ☐ >10-25 Lacs ☐ >25-1 Crore ☐ >1 Crore Net-worth in ₹ (* Net worth should not be older than 1 year) as on (date) D D / M M / Y Y Y Y (Not older than 1 year)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

Non-Individual Investors involved/providing any of the mentioned services ☐ Foreign Exchange/Money Changer Services ☐ Money Lending/Pawning ☐ Gaming/Gambling/Lottery/Casino Services ☐ None of the above

5. FATCA and CRS DETAILS For Individuals (Mandatory) (Non-Individuals are required to submit separate FATCA & CRS information (for non-individuals/Legal entity) and UBO Declaration Form available at www.idbimutual.co.in)

	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 Address Type (as per KYC records)	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	If 'YES', please fill below for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen/Resident/ Green Card Holder/Tax Resident in the Respective countries.		
Country of Tax Residency	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Tax Identification Number OR Functional Equivalent	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Identification Type (TIN of other, Please specify)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
If TIN is not available, please tick the reason A, B, or C (as defined below)	**1** ☐A ☐B ☐C | **2** ☐A ☐B ☐C | **3** ☐A ☐B ☐C	**1** ☐A ☐B ☐C | **2** ☐A ☐B ☐C | **3** ☐A ☐B ☐C	**1** ☐A ☐B ☐C | **2** ☐A ☐B ☐C | **3** ☐A ☐B ☐C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).
Reason C → Others; please state the reason thereof _____

IDBI mutual

4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Colaba, Mumbai - 400005.
Tollfree: 1800-419-4324 ● Website: www.idbimutual.co.in
Tel: (022) 66442800 ● Fax: 66442801 Email: contactus@idbimutual.co.in

REGISTRAR & TRANSFER AGENTS

KFin Technologies Private Limited SEBI Registration Number: INR000000221
Unit: IDBI Mutual Fund, Selenium Tower B, Plot Nos. 31 & 32 Financial District,
Nanakramguda, Serilingampally Mandal, Hyderabad - 500 032, India
Email: idbimf.customercare@kfintech.com

6. BANK ACCOUNT DETAILS OF FIRST/SOLE APPLICANT - MANDATORY (For multiple banks registration please submit the Multiple Bank Registration Form)

Name of the Bank

Branch Address | City

State | Pin Code

Account No. | A/C. Type (Please ✓) ☐ Savings ☐ NRE ☐ Current ☐ NRO ☐ FCNR

9 digit MICR Code | 11 digit IFSC Code

Please attach a cancelled cheque OR a clear photo copy of a cheque (Mandatory for credit via NEFT/RTGS)

7. ☐ UNITS IN DEMAT MODE (Please ✓) ☐ NSDL ☐ CDSL

DP ID | Beneficiary Account No./Client ID

DP Name

Note: Please attach the depository transaction statement or DP master data indicating the DP account number of the applicant. Please ensure that sequence of Names as mentioned in the Application Form and matches with that of the account held with the DP.

8. POWER OF ATTORNEY (POA) if investment is being made by a constitutional Attorney, please submit the notarized copy of the POA

PoA Name

PAN/PEKRN | CKYC ID No.

9. INVESTMENT DETAILS AND PAYMENT DETAILS - CHEQUE/DD/RTGS/NEFT/TRANSFER

(investors are requested to not to submit outstation cheque to avoid delay in processing the application). Please ✓ wherever applicable.

Scheme Name: _____ **Plan :** ☐ Regular ☐ Direct **Option :** ☐ Growth ☐ Income Distribution cum Capital Withdrawal (IDCW)

Mode of IDCW: ☐ Payout of IDCW ☐ Re-investment of IDFCW ☐ Transfer of IDCW

Transfer of IDCW: To Scheme _____ Plan _____ Option _____

Mode of Payment (Please ✓) ☐ Cheque ☐ DD ☐ Funds Transfer ☐ RTGS/NEFT ☐ NACH

Investment Amount (Rs.) _____ DD Charges if any (Rs.) _____

Net Amount (in words) _____

Draw on Bank

Branch & City | Account No.

Cheque/DD No. | Date D D / M M / Y Y Y Y | IFSC Code

A/c Type - ☐ S/B ☐ NRE ☐ Current ☐ NRO ☐ FCNR* Kindly provide photocopy of the payment Instrument. *Kindly provide 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 Scheme Name A/C XXXXXXX" (Investor PAN) or "IDBI Scheme Name A/C XXXXXXX" (Name of the First holder)

10. NOMINATION DETAILS (Minor/HUF/POA Holder/Non Individuals Cannot Nominate) [MANDATORY]

☐ **PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS**

Sr. No.	Nominee(s) Name	Date of Birth (in case of Minor)	PAN No. of Nomiee/ Guardian	Name of the Guardian (in case of Minor)	Relationship with Investor	% of Share
1		D D M M Y Y Y Y				
2		D D M M Y Y Y Y				
3		D D M M Y Y Y Y				

If in case nominee is a minor, please provide Guardian's PAN No. and attach a copy of minor's Birth Certificate.

Signature of Nominee/Guardian	(1)	(2)	(3)

☐ **I/WE DO NOT WISH TO NOMINATE**

I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Name of First Unitholder | Name of Second Unitholder | Name of Third Unitholder

Signature of First Unitholder | Signature of Second Unitholder | Signature of Third Unitholder

11. DECLARATION

I/We have read and understood the contents of the SID, SAI and Key Information Memorandum (KIM) of the Scheme and information requirements of this Form and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby apply to 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 I/we undertake to provide all necessary proof/documentation, if any, required to substantiate the facts of this undertaking. I/We 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 Registrar and Transfer Agent whose stamp appears on the application form. I/We 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.

Applicable to Non Direct Investors only (investments routed through ARN Holders): 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.

FATCA/CRS Certification/Declaration: I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. I/We also undertake to keep you informed in writing about any changes/modification to the above information (including change in tax residency status) in future promptly i.e. within 30 days of such change and also undertake to provide any other additional information as may be required at your end.

First/Sole Applicant/Guardian	Second Applicant	Third Applicant

IDBI mutual

Application form for registration of Systematic Investment Plan (SIP), Systematic Transfer Plan (STP) and Systematic Withdrawal Plan (SWP)

Distributor ARN	Sub Distributor ARN	Internal sub Code/Sol ID	Employee Code	EUIN	Serial No./Date, Time & Stamp
ARN	ARN				

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, have invested in the scheme(s) of IDBI Mutual Fund under Direct Plan. I/We hereby give my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes of IDBI Mutual Fund, to the above mentioned SEBI Registered Investment Adviser:"

☐ EUIN Declaration	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

Please (✓) ☐ SIP WITH CHEQUE ☐ SIP WITHOUT CHEQUE

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 ☐ Income Distribution cum Capital Withdrawal (IDCW)

Mode of IDCW: ☐ Payout of IDCW ☐ Re-investment of IDCW ☐ Transfer of IDCW

2. Systematic Investment Plan (SIP).

Each SIP Amount (Rs.)_____ Frequency : ☐ Daily (Only for IDBI Ultra Short Term Fund)^/☐ 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.

^The minimum investment per day is Rs. 500/- for a minimum of 30 installments continuously for all business days

3. Systematic Transfer Plan (STP).

Source Scheme _____ Plan_____ Option _____

Target Scheme_____ Plan_____ Option _____

Each STP Amount (Rs.) Frequency: ☐ Weekly (1st business day of the week) ☐ Monthly ☐ Quarterly

Date: ☐ 1st/☐ 5th/☐ 10th/☐ 15th/☐ 20th/☐ 25th of the month/quarter

Enrolment Start D D M M Y Y Y Y End D D M M Y Y Y Y **or** No. of installments _____

4. Systematic Withdrawal Plan (SWP).

Each SWP Amount (Rs.)

Enrolment Start 2 5 M M Y Y Y Y End 2 5 M M Y Y Y Y **or** No. of installments _____

5. Declaration

I/We hereby, declare that the particulars given above are correct and express my willingness to make payments referred above through participation in National Automated Clearing House (NACH)/Auto Debit. 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/IDBI Asset Management Ltd 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 Auto Debit Facility and that my payment towards my investment in IDBI Mutual Fund shall be made from my/our bank account registered with IDBI Mutual Fund. I/We authorize IDBI Mutual Fund/IDBI Asset Management Ltd/representative of IDBI Asset Management Ltd carrying this Form to debit my bank account as per instructions given above.

First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature

---

IDBI mutual

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

For Office use

tick (✓)

CREATE	☑
MODIFY	☒
CANCEL	☒

3 Sponsor Bank Code 4 Utility Code

For Office use

I/We hereby authorize 5 IDBI Mutual Fund to debit (tick✓) 6 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 FOLIO NO. 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 as per Bank Record	Signature as per Bank Record	Signature as per Bank Record
22	Name as per Bank Record	Name as per Bank Record	Name as per Bank Record

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.

Details of Ultimate Beneficial Owner
(For Non Individual)

IDBI Asset Management Limited
CIN: U65100MH2010PLC199319
Registered Office: IDBI Tower, WTC Complex, Cuffe Parade, Colaba, Mumbai - 400 005.
Corporate Office: 4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Mumbai - 400 005.
Tel: (022) 66442800 Fax: 66442801 Website: www.idbimutual.co.in Email: contactus@idbimutual.co.in

Folio No. PAN

Name of the entity

Category *(Please tick applicable category)* ☐ Listed Company *(Need not provide UBO details sought under)* ☐ Unlisted Company ☐ Partnership Firm

☐ Unincorporated association/body of individuals ☐ Limited Liability Partnership Company ☐ Public Charitable Trust ☐ Religious Trust

☐ Private Trust ☐ Others _____

Please list below the details of controlling person(s), confirming ALL countries of tax residency/permanent residency/citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Name - *Beneficial owner/Controlling person*	**Tax ID No -** *TIN or Other, please specify*	**Address -** *Include State, Country, PIN/ZIP Code & Contact Details*
Country - *Tax Residency#*	**Beneficial Interest -** *In percentage*	**Address Type -**
Tax ID No - *Or functional equivalent for each country#*	**Type Code[9] -** *of Controlling person*	

1. Name | Tax ID Type | Address Type ☐ Residence ☐ Business ☐ Registered office
Country | Beneficial Interest | Address
Tax ID No.# | | ZIP | State: Country:
Type Code

2. Name | Tax ID Type | Address Type ☐ Residence ☐ Business ☐ Registered office
Country | Beneficial Interest | Address
Tax ID No.# | | ZIP | State: Country:
Type Code

3. Name | Tax ID Type | Address Type ☐ Residence ☐ Business ☐ Registered office
Country | Beneficial Interest | Address
Tax ID No.# | | ZIP | State: Country:
Type Code

Note: If passive NFE, please provide below additional details. *(Please attached additional sheets if necessary)*

PAN/Any other Identification Number - *(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving License, NREGA Job Card, Others)* **City of Birth - Country of Birth**	**Occupation Type -** *Service, Business, Others* **Nationality** **Father's Name -** *Mandatory if PAN is not available*	**DOB -** *Date of Birth* **Gender -** *Male, Female, Other*

1. PAN | Occupation Type | DOB (D D M M Y Y Y Y)
City of Birth | Nationality | Gender ☐ Male ☐ Female ☐ Others
Country of Birth | Father's Name

2. PAN | Occupation Type | DOB (D D M M Y Y Y Y)
City of Birth | Nationality | Gender ☐ Male ☐ Female ☐ Others
Country of Birth | Father's Name

3. PAN | Occupation Type | DOB (D D M M Y Y Y Y)
City of Birth | Nationality | Gender ☐ Male ☐ Female ☐ Others
Country of Birth | Father's Name

Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India;
To include US, where controlling person is a US citizen or green card holder
In case Tax Identification Number is not available, kindly provide functional equivalent

Name

Designation

First/Sole Applicant/ Guardian Signature	Second Applicant Signature	Third Applicant Signature

Place :_____

Date : _____/_____ / _____

CKYC & KRA KYC Form

IDBI mutual

Know Your Client Application Form (For Individuals only)
(Please fill the form in English and in BLOCK Letters)
Fields marked with '*' are mandatory fields

Application Type* ☐ New ☐ Update KYC Number*

KYC Type* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction **A** at the end)

PAN Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)				
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				

Date of Birth* D D – M M – Y Y Y Y

Photo

Signature/ Thumb Impression

Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender

Marital Status* ☐ Married ☐ Unmarried ☐ Others

Citizenship* ☐ IN- Indian ☐ Others – Country _____ Country Code

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

Occupation Type* ☐ S-Service ☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ O-Others ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ B-Business ☐ X-Not Categorised

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ B- Voter ID Card

☐ D- Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

3. Proof of Address (PoA)*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

☐ Passport Number Passport Expiry Date D D – M M – Y Y Y Y

☐ Voter ID Card

☐ Driving Licence Driving Licence Expiry Date D D – M M – Y Y Y Y

☐ Aadhaar Card

☐ NREGA Job Card

☐ Others (any document notified by the central government) Identification Number

☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID

Mobile — Tel. (Off) — Tel. (Res) —

5. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

☐ Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* ☐ Guardian of Minor ☐ Assignee ☐ Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

☐ Proof of Identity [PoI] of Related Person* (Please see instruction (**H**) at the end)

(Certified copy of <u>any one</u> of the following Proof of Identity[PoI] needs to be submitted)

☐ A- Passport Number Passport Expiry Date D D — M M — Y Y Y Y

☐ B- Voter ID Card

☐ C- PAN Card

☐ D- Driving Licence Driving Licence Expiry Date D D — M M — Y Y Y Y

☐ E- Aadhaar Card

☐ F- NREGA Job Card

☐ Z- Others (any document notified by the central government) Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date: D D — M M — Y Y Y Y Place :

9. Attestation / For Office Use Only

Documents Received ☐ Certified Copies

KYC Verification Carried Out by *(Refer Instruction I)*

Date D D — M M — Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

In-Person Verification (IPV) Carried Out by *(Refer Instruction J)*

Date D D — M M — Y Y Y Y

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

IDBI mutual
4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Colaba,
Mumbai - 400 021 | Website: www.idbimutual.co.in

Details of FATCA & CRS information

For non-individuals/legal entity

Name of the entity

Type of address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

PAN | Date of Incorporation (D D / M M / Y Y Y Y)

City of Incorporation

Country of Incorporation

Please tick the applicable tax resident declaration

1. Is "Entity" a tax resident of any country other than India Yes ☐ No ☐

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number Below)

Country	Tax Identification Number%	Identification Type *(TIN or Other, Please specify)*

%In case Tax Identification Number is not available, kindly provide its functional equivalent.
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

Please refer to para 3(vii) Exemption code for U.S. persons under Part D of FATCA Instructions & Definitions

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A *(to be filled by Financial Institutions or Direct Reporting NFEs)*

1. We are a,
   Financial institution[3] ☐
   or
   Direct reporting NFE[4] ☐
   (please tick as appropriate)

Global Intermediary Identification Number (GIIN)

Note : *If you do not have GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below*

Name of Sponsoring Entity

GIIN not available *(please tick as applicable)* ☐ **Applied for**

If the entity is a financial institution, ☐ Not required to apply for - please specify 2 digits sub-category[10]

☐ Not obtained - Non-participating FI

PART B *(Please fill any one as appropriate "to be filled by NFE other than Direct Reporting NFEs")*

1.	Is the Entity a *publicly traded company (that is, a company whose shares are regularly traded on an established securities market)* No ☐	Yes ☐ *(If yes, please specify any one stock exchange on which the stock is regularly traded)* Name of stock exchange _____
2.	Is the Entity a *related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)* No ☐	Yes ☐ *(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)* Name of listed company _____ Nature of relation ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an *active[1] Non-financial entity (*NFE) No ☐	Yes ☐ Nature of Business _____ Please specify the sub-category of active NFE ☐☐ (Mention code - refer 2c of Part D)
4.	Is the Entity an *passive[2]* NFE No ☐	Yes ☐ *(If yes, please fill UBO declaration in the next section)* Nature of Business _____

[1]Refer 2 of Part D | [2]Refer 3(ii) of Part D | [3]Refer 1(i) of Part D | [4]Refer 3(vi) of Part D

 # If passive NFE, please provide below additional details for each of Controlling person. *(Please attached additional sheets if necessary)*

Name and PAN/Any other Identification Number *(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving License, NREGA Job Card, Others)* **City of Birth - Country of Birth**	**Occupation Type -** *Service, Business, Others* **Nationality** **Father's Name -** *Mandatory if PAN is not available*	**DOB -** *Date of Birth* **Gender -** *Male, Female, Other*
1. Name & PAN	Occupation Type	DOB D D M M Y Y Y Y
City of Birth	Nationality	Gender Male Female
Country of Birth	Father's Name	Others
2. Name & PAN	Occupation Type	DOB D D M M Y Y Y Y
City of Birth	Nationality	Gender Male Female
Country of Birth	Father's Name	Others
3. Name & PAN	Occupation Type	DOB D D M M Y Y Y Y
City of Birth	Nationality	Gender Male Female
Country of Birth	Father's Name	Others

Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India;
* To include US, where controlling person is a US citizen or green card holder
% In case Tax Identification Number is not available, kindly provide functional equivalent

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian Financial institutions such as the Bank to seek additional personal, tax and beneficial ownder information and certain certifications and doucmentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

*It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Part C : Certification

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Date :

Name	
Designation	

Signature	Signature	Signature

PART D *FATCA Instructions & Definitions*
(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

1. (i) ***Financial Institution (FI)*** **-** The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.

(ii) Depository Institution : is an entity that accepts deposits in the ordinary course of banking or similar business.

(iii) Custodial Institution is an entity that holds as a substantial portion of its business, financial assets for the account of others and where it's income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of -

(i) The three financial years preceding the year in which determination is made; or

(ii) The period during which the entity has been in existence, whichever is less.

(iv) Investment entity is any entity :

(a) That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer

(i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or

Individual and collective portfolio management; or

(ii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;

Or

(b) The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :

(i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or

(ii) The period during which the entity has been in existence.

The term **"Investment Entity"** does not include an entity that is an active non-financial entity as per codes 04, 05, 06 and 07 - refer point 2c.)

(v) Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

(vi) FI not required to apply for GIIN : Refer Rule 114F(5) of Income Tax Rules, 1962 for the conditions to be satisfied as "non-reporting financial institution and Guidance issued by CBDT in this regard.

A. *Reasons why FI not required to apply for GIIN:*	
Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trust
09	Non-registering local banks
10	FFI with only Low-Value Accounts
11	Sponsored investment entity and controlled foreign corporation
12	Sponsored, Closely Held Investment Vehicle