



**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 mention in the Application Form match with that of the account held with the DP.

**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 scheme(s) 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 tick (✓) the required options For complete information on Investment details, please refer to "Plan & Options" in the KIM.

Scheme Name	Option	Sub-option	Dividend Mode
IDBI DYNAMIC BOND FUND	Growth <input type="checkbox"/>		
	Dividend <input type="checkbox"/>	Quarterly* <input type="checkbox"/>	Payout <input type="checkbox"/>
		Annual* <input type="checkbox"/>	Reinvestment <input type="checkbox"/>
			Sweep# <input type="checkbox"/> To Scheme _____ Plan _____ Option _____

\* compulsory re-investment in case the dividend amount is Rs. 100/- and below # only in case the dividend amount is above Rs. 1500/-

Investment Amount (Rs.) _____	DD Charges if any (Rs.) _____	Net Amount (Rs.) _____	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 DYNAMIC BOND FUND A/C XXXXXXX" (Investor PAN)**

**11. 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 (incase, Nominee is Minor)	Relationship with Nominee
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

**12. 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 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 the intermediary 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.

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
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Scheme Name : **IDBI DYNAMIC BOND FUND** Option: \_\_\_\_\_ Sub-Option: \_\_\_\_\_

Cheque / DD No. : \_\_\_\_\_ Date : \_\_\_\_\_ Amount : Rs. \_\_\_\_\_ Bank and Branch: \_\_\_\_\_

**REGISTRAR & TRANSFER AGENTS**

Computer Age Management Services Private Limited (CAMS)  
SEBI Registration Number: INR000002813,  
148, Old Mahabalipuram Road, Okkiyam, Thuraiyakkam, Chennai 600 096, Tamil Nadu  
Tel: 044-30407000 Fax: 044-24581750



Mafatal Centre , 5th Floor, Nariman Point, Mumbai - 400 021  
Website : www.idbimutual.co.in

**Application Form**  
**For Systematic Investment Plan (SIP) / Systematic**  
**Transfer Plan (STP)/ Systematic Withdrawal Plan (SWP)**

**IDBI DYNAMIC BOND FUND**

Form No. \_\_\_\_\_

ARN Code & Name	Sub Distributor /Branch Code	Bank Serial No. / Bank Stamp / Receipt Date
<b>ARN-0007</b> <b>SPA Capital</b>		

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.

Please  any one only     SIP     Micro SIP     Change in Bank Mandate     STP     SWP     SIP Cancellation

**1. Investor and investment details**

Sole / First Investor Name \_\_\_\_\_

PAN No. \_\_\_\_\_ Folio No.(For Existing Investor) \_\_\_\_\_

Scheme Name	Option	Sub-option	Dividend Mode
IDBI DYNAMIC BOND FUND	Growth <input type="checkbox"/>		
	Dividend <input type="checkbox"/>	Quarterly* <input type="checkbox"/>	Payout <input type="checkbox"/>
		Annual* <input type="checkbox"/>	Reinvestment <input type="checkbox"/>
			Sweep# <input type="checkbox"/> To Scheme _____ Plan _____ Option _____

\* compulsory re-investment in case the dividend amount is Rs. 100/- and below # only in case the dividend amount is above Rs. 1500/-

**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 for quarterly frequency)

SIP Period : From  To  Or 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: To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

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

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

STP Period : Enrolment Start  End  Or No. of installments \_\_\_\_\_

**4. Systematic Withdrawal Plan (SWP)**

Each SWP Amount Rs. \_\_\_\_\_

SWP Period : Enrolment Start Month  End Month  Or No. of installments \_\_\_\_\_

**5. Particulars of bank account**

Accountholder Name as in Bank Account \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

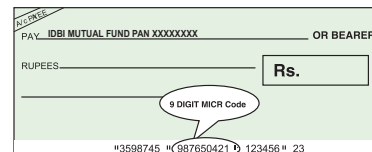
City \_\_\_\_\_ PIN code \_\_\_\_\_

Account Type  Savings  Current  NRE  NRO  FCNR

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 \_\_\_\_\_

Tear Here