

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	Option	Sub-option	Dividend Mode
IDBI MONTHLY INCOME PLAN	Growth <input type="checkbox"/>		
	Dividend <input type="checkbox"/>	Monthly* <input type="checkbox"/>	Payout* <input type="checkbox"/>
		Quarterly* <input type="checkbox"/>	Reinvestment <input type="checkbox"/>
			Sweep <input type="checkbox"/> To Scheme _____ Plan _____ Option _____

* For folios with subscription amount of Rs. 25000/- or below under the Dividend option, remaining as on the record date, the dividend, if any, declared will be compulsorily reinvested.

Investment Amount (Rs.) DD Charges if any (Rs.) Net Amount (Rs.) Mode of Payment (Please ✓) Cheque DD Funds Transfer RTGS/NEFT

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 Monthly Income Plan XXXXXXX" (Investor PAN)

11. NOMINATION DETAILS (OPTIONAL) [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	Date of Birth (in case of Minor)	
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	% of Share*
1			
2			

* If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

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 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
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Scheme Name : IDBI Monthly Income Plan Plan: _____ 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



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

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)

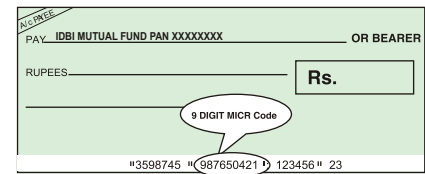
Accountholder Name as in Bank Account

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