TRANSACTION SLIP

(For other than IDBI Gold Exchange Traded Fund)
(Only for investors who are already registered with IDBI Mutual Fund)

CIN No. U65100MH2010PLC199319
Registered Office: IDBI Tower, WTC Complex, Cuffe Parade, Colaba, Mumbai - 400005
Corporate Office: 5th Floor, Mafatlal Centre, Nariman Point, Mumbai - 400021
• Tel: 022-66442800 • Fax: 022-66442801 • Email ID: contactus@idbimutual.co.in
• Website: www.idbimutual.co.in • Toll Free: 1800-22-4324 • SMS IDBIMF to 09220092200

IDBI mutual

DISTRIBUTOR INFORMATION

Distributor ARN	Sub Distributor ARN	Internal sub Code / SoI 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 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

INVESTOR DETAILS (Mandatory) Please fill in BLOCK Letters

Folio No. ☐☐☐☐☐☐☐☐☐☐ CKYC No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1st Unit Holder Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SCHEME NAME : _____ **PLAN/OPTION :** _____

Nature of Transaction: (Please tick & fill up relevant details)

☐ **Purchase (New/Additional) :** I/We would like to purchase units of the above mentioned scheme for amount (In fig.)_____ (in words)_____
_____Cheque/DD Number_____dated_____
Drawn on Bank & Branch_____ A/c. No._____
Bank A/c type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE Mode of Payment (Please ✓) ☐ Cheque ☐ DD ☐ Funds Transfer ☐ RTGS/NEFT

☐ **Sweep :** I/We would like to sweep facility from above mentioned scheme to scheme_____
Plan_____Option_____

☐ **Switch :** I/We would like to switch All units ☐ or of Partial units ☐ _____ units or ₹ (amount in rupees)_____
(in words) _____
from above mentioned Scheme to Scheme _____ Plan _____
Option ☐ Growth ☐ Dividend Payout ☐ Dividend Re-Invest

☐ **Redemption :** I/we would like to redeem All units ☐ or of Partial units _____ units or ₹ (amount in rupees)_____
(in words) _____
from above mentioned Scheme / Fund, redemption proceeds to be credited to the following Bank A/c. registered under this folio.
Bank / Branch _____A/c. No. _____

☐ **Change of bank mandate** (Please provide copy of a cancelled cheque)

Bank Name ☐☐

Bank Address ☐☐

City ☐☐

State ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Pin ☐☐☐☐☐☐

Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Payment Location ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Type ☐☐☐☐☐☐☐☐☐ 9 digit MICR No. ☐☐☐☐☐☐☐☐☐ IFSC Code ☐☐☐☐☐☐☐☐☐☐☐☐

DECLARATION

I/We have read and understood the contents of the Statements of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and addendum. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme (s) as applicable from time to time.
Amount invested in the Schemes is derived though legitimate source.

Sole/1st Holder	2nd Holder	3rd Holder

In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the POS of any KYC Registration Agency.

ACKNOWLEDGMENT (TO BE FILLED BY INVESTOR)

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

Scheme_____Plan_____Option_____

TRANSACTION Please tick (✓)	☐ PURCHASE (NEW/ADDITIONAL) ☐ SWEEP ☐ SWITCH ☐ REDEMPTION ☐ CHANGE OF BANK MANDATE

FOR OFFICE USE
(Signature of receiving Authority)

Date/Time of receipt

Registrar & Transfer Agents: Karvy Computershare Pvt. Limited 46, Road No 4, Street No.1 Banjara Hills, Hyderabad - 500 034.
• Phone: 040 - 23312454 • Fax No: +91 40 23311968 • Email: idbimf.customercare@karvy.com • Website: www.karvycomputershare.com