

PAYMENT OF REDEMPTION

Direct Credit of Redemption

If you have an account in any of the following banks you can opt for direct credit of redemption to your bank account. I authorise IDBI Mutual Fund to credit my redemption amount to my account maintained with the following bank (Please ✓): Bank A/c. No. _____

IDBI Bank Thru RTGS

I/We understand that the instruction to the bank for direct credit will be given by the Mutual Fund and such instruction will be adequate discharge of Mutual Fund towards redemption proceeds. In case of bank not crediting my bank account with/without assigning any reasons thereof or if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold IDBI Mutual Fund responsible. I/We understand that the Mutual Fund reserves the right to issue a demand draft/payable at par cheque instead of direct credit which will be in the beneficial interest of the investors.

If Thru RTGS, furnish IFSC code of the Branch where A/c is maintained

INVESTMENT DETAILS AND PAYMENT DETAILS (Payment through Cash/Outstation Cheques not accepted)

Kindly fill up the plan/option and sub-option. For complete information on Investment Details please refer to Instruction

Scheme Name : IDBI NIFTY INDEX FUND	Plans : <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Options: <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend payout
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Investment Amount (Rs.)	DD Charges# if any (Rs.)	Net Amount (Rs.)	Mode of Payment Cheque / DD / Funds Transfer
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Cheque/D.D. to be crossed "Account Payee" only and should be drawn payable to: - "IDBI Nifty Index Fund"

Chq. / DD No. _____ Date _____ Drawn on Bank _____

Branch & City _____

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

SIP ENROLMENT DETAILS

SIP Amount (Rs.)	Enrolment Period	Start Month <input type="text"/>	End Month <input type="text"/>	Frequency Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
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PAYMENT MECHANISM (✓) Option I : Debit through ECS / Auto Debit facility (Tick this box and fill up SIP ECS / Auto Debit Facility Form)

Option II : Through Post Dated Cheques - Total Cheques _____ Cheque Nos. From To

Drawn on Bank _____

Branch & City _____

NOMINATION DETAILS (OPTIONAL) [Minor / HUF / POA Holder / Non Individuals cannot Nominate]

I/We _____ do here by 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)	Name of the Guardian (in case of Minor)	Relationship with Unit Holder	* % of Share
1		D D - M M - Y Y Y Y			
2		D D - M M - Y Y Y Y			

Signature of 1st Nominee / Guardian

Signature of 2nd Nominee / Guardian

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

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 : _____ Plan : _____ Option: _____

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

REGISTRAR & TRANSFER AGENTS

Computer Age Management Services Private Limited (CAMS)
SEBI Registration Number: INR00002813,
New No. 10, Old No. 178, MGR Salai, Nungambakkam, Chennai – 600034
Tel: 044-30407000 Fax: 044-24581750