



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

IDBI Building, 2<sup>nd</sup> Floor, Plot No. 39-41, Sector 11, CBD Belapur, Navi Mumbai 400 614.  
Website : www.idbimutual.co.in**Systematic Investment Plan (SIP)/Systematic Transfer Plan (STP)/Systematic Withdrawal Plan (SWP)**

ARN Code & Name	Sub Distributor /Branch Code	Employee Code	Bank Serial No. / Bank Stamp / Receipt Date
ARN-28191			

Please  any one only  Normal SIP  Micro SIP  STP  SWP**Investor and investment details**

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

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

Scheme \_\_\_\_\_ Plan \_\_\_\_\_

Option &amp; Sub Option \_\_\_\_\_

**Systematic Investment Plan (SIP) details**Each SIP Amount (Rs.) \_\_\_\_\_ Frequency  Monthly /  Quarterly

First SIP Cheque No.: \_\_\_\_\_ (Note: Cheque should be drawn on bank details provided below)

SIP Frequency Date:  5th /  15th /  25th of the month/quarter

SIP Period : Start from Month \_\_\_\_\_ Year \_\_\_\_\_ End On Month \_\_\_\_\_ Year \_\_\_\_\_

(Note: Please allow minimum one month for auto debit to register and start).

I/We hereby, authorize IDBI Mutual Fund and their authorized service providers (Computer Age Management Services Private Limited (CAMS)) to debit my/our following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments.

**Systematic Transfer Plan (STP)**

I/We would like to switch to the following: From Scheme/Option \_\_\_\_\_ To Scheme/Option \_\_\_\_\_

Each STP Amount Rs. \_\_\_\_\_ Frequency  Monthly /  Quarterly Date :  5th  15th  25th of the month/quarter

Period : Enrolment Period From \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) To \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

**Systematic Withdrawal Plan (SWP)**

Each SWP Amount Rs. \_\_\_\_\_ Scheme Name/Option \_\_\_\_\_

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

Period : Enrolment Period From \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy) To \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

**Particulars of bank account**Payment Mechanism of SIP :  ECS  Cheques(Please  any one only)Accountholder Name \_\_\_\_\_  
as in Bank Account

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

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

For ECS :

Account Number \_\_\_\_\_ Account Type  Savings  Current  Cash Credit

9 Digit MICR Code \_\_\_\_\_ (Please enter the 9 digit number that appears after your cheque number)

For Cheque :

Total number of Cheques \_\_\_\_\_ Cheque No. : Form \_\_\_\_\_ To \_\_\_\_\_

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.

\_\_\_\_\_  
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. \_\_\_\_\_

**Authorisation of the Bank Account Holder (to be signed by the Account Holder)**

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 the representative, (Computer Age Management Services Private Limited (CAMS)) carrying this ECS/Auto Debit to account mandate Form to get it verified and executed.

Bank Account Number

\_\_\_\_\_  
First Account Holder's Signature  
(As in Bank Records)\_\_\_\_\_  
Second Account Holder's Signature  
(As in Bank Records)\_\_\_\_\_  
Third Account Holder's Signature  
(As in Bank Records)

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