

Distributor ARN	Sub Distributor ARN	Internal sub Code / Sol ID	Employee Code	EUIN <sup>®</sup>	Serial No. / Date, Time & Stamp
ARN-183038				E	

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 deductible 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
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**1. EXISTING UNIT HOLDER INFORMATION** Folio No. \_\_\_\_\_ [Please fill in Folio No. & name of 1<sup>st</sup> unit holder and proceed to Investment Details]

**2. APPLICANT'S PERSONAL DETAILS (MANDATORY)**

Mode of holding (Please ✓)  Anyone or Survivor  Single  Joint (Default option is Anyone or Survivor for Joint holding)

Name of First/Sole Applicant/Minor* (as appearing in ID proof)		Gender	(Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth	D	D	M	M	Y	Y	Y	Y
PAN (Attach Proof)		CKYC No.										
Father's Name									CKYC (Please ✓) <input type="checkbox"/> Proof Attached			

Status (Please ✓) Please attach mandatory "Ultimate Beneficial Ownership (UBO) including additional FATCA & CRS information" Form]  
 Resident Individual  NRI / PIO  Trust  HUF  Bank / FIs  Sole Proprietorship  Minor  Company/Body Corporate  
 FII  Partnership Firm  AOP / BOI  Society  Other \_\_\_\_\_ (Please Specify)

Occupation (Please ✓)  Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Other \_\_\_\_\_ (Please Specify)

Gross Annual Income Details (Please ✓)  Below 1 Lac  1-5 Lacs  >5-10 Lacs  >10-25 Lacs  >25-1 Crore  >1 Crore

Net-worth in ₹ (\* Net worth should not be older than 1 year) \_\_\_\_\_ as on (date) D D / M M / Y Y Y Y (Not older than 1 year)

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)  I am PEP  I am Related to PEP  Not Applicable

Non-Individual Investors involved / providing any of the mentioned services  Foreign Exchange/Money Changer Services  Money Lending/Pawning  Gaming/Gambling/Lottery/Casino Services  None of the above

Correspondence Address (Please provide full Address)	Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE FLAT NO.	HOUSE FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY/TOWN	CITY/TOWN
STATE	STATE
COUNTRY	COUNTRY
PINuCODE	PINCODE

Tel. (Off.)	Tel. (Res.)	Mobile
E-Mail:		

Name of the Guardian#/contact person for non-individual	CKYC No.
PAN (Attach Proof)	
Nationality	CKYC (Please ✓) <input type="checkbox"/> Proof Attached
Relationship with Minor Please (✓) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	

\* If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. # In case first applicant is a minor

Name of Second Applicant (as appearing in ID proof)		Gender	(Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth	D	D	M	M	Y	Y	Y	Y
PAN (Attach Proof)		CKYC No.										
Father's Name									CKYC (Please ✓) <input type="checkbox"/> Proof Attached			

Status (Please ✓) Please attach mandatory "Ultimate Beneficial Ownership (UBO) including additional FATCA & CRS information" Form]  
 Resident Individual  NRI / PIO

Occupation (Please ✓)  Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Other \_\_\_\_\_ (Please Specify)

Gross Annual Income Details (Please ✓)  Below 1 Lac  1-5 Lacs  >5-10 Lacs  >10-25 Lacs  >25-1 Crore  >1 Crore

Politically Exposed Person (PEP) Status  I am PEP  I am Related to PEP  Not Applicable

Name of Third Applicant (as appearing in ID proof)		Gender	(Please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth	D	D	M	M	Y	Y	Y	Y
PAN (Attach Proof)		CKYC No.										
Father's Name									CKYC (Please ✓) <input type="checkbox"/> Proof Attached			

Status (Please ✓) Please attach mandatory "Ultimate Beneficial Ownership (UBO) including additional FATCA & CRS information" Form]  
 Resident Individual  NRI / PIO

Occupation (Please ✓)  Private Sector Service  Public Sector  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Other \_\_\_\_\_ (Please Specify)

Gross Annual Income Details (Please ✓)  Below 1 Lac  1-5 Lacs  >5-10 Lacs  >10-25 Lacs  >25-1 Crore  >1 Crore

Politically Exposed Person (PEP) Status  I am PEP  I am Related to PEP  Not Applicable

Acknowledgement slip	Scheme Name : _____ Option: _____ Sub Option: _____	Stamp, Signature & Date
	Received from Mr. / Ms. /M/s. _____	
	Cheque / DD No. : _____ Date : _____ Amount Rs.: _____	

**3. BANK ACCOUNT DETAILS OF FIRST / SOLE APPLICANT - MANDATORY (For multiple banks registration please submit the Multiple Bank Registration Form)**

Name of the Bank	Branch Address
State	Bank Branch City
Account No.	Pin Code
9 digit MICR Code	A/C. Type (Please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
11 digit IFSC Code	
Please attach a cancelled cheque OR a clear photo copy of a cheque (Mandatory for credit via NEFT/RTGS)	

**4. 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 mentioned in the Application Form and matches with that of the account held with the DP.

**5. POWER OF ATTORNEY (PoA) POA Name**

PAN	KYC <input type="checkbox"/> Yes <input type="checkbox"/> No - if investment is being made by a constitutional Attorney, please submit the notarized copy of the POA
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**6. INVESTMENT DETAILS AND PAYMENT DETAILS - Cheque/DD/RTGS/NEFT/Transfer (investors are requested to not to submit outstation cheque to avoid delay in processing the application). Please ✓ wherever applicable.**

Scheme Name\*: \_\_\_\_\_ Plan:  Regular  Direct Option:  Growth  Dividend  
 Sub-option / Frequency of Dividend: \_\_\_\_\_ Mode of dividend:  Payout  Re-investment  Sweep  
 Sweep: To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 \* If you wish to choose Growth with Regular Cash Flow Plan (RCFP) option under IDBI Monthly Income Plan, please also fill in the separate form available on our website www.idbimutual.co.in  
**Only for IDBI Gilt Fund: Fixed Tenor Trigger (FTT) Plan** : Automatic redemption after  1 year  3 years  5 years  7 years  10 years  
 Investment Amount (Rs.) \_\_\_\_\_ DD Charges if any (Rs.) \_\_\_\_\_ Net Amount (in words) \_\_\_\_\_  
 Mode of Payment (Please ✓ )  Cheque  DD  Funds Transfer  RTGS/NEFT  NACH (Please refer to point No. 6 of General Instructions)  
 UMRN \_\_\_\_\_ (Mandatory where mode of payment selected is 'NACH')  
 Drawn on Bank \_\_\_\_\_ Account No. \_\_\_\_\_  
 Branch & City \_\_\_\_\_  
 Chq. /DD No. \_\_\_\_\_ Date D D M M Y Y Y Y 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 Scheme Name A/C XXXXXXX" (Investor PAN) or "IDBI Scheme Name A/C XXXXXXX" (Name of the First holder)

**7. 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 (In case Nominee is Minor)			Nominee(s) Signature
1				
2				

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

<input type="checkbox"/> I/We do not wish to nominate anybody on my/our behalf.	Signature of the Declarant
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**8. DECLARATION**

I / We have read and understood the contents of the SID, SAI and Key Information Memorandum (KIM) of the Scheme and information requirements of this Form and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby apply to 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 Registrar and Transfer Agent 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.

Applicable to Non Direct Investors only (investments routed through ARN Holders): 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.

Signature
First / Sole Applicant / Guardian
Second Applicant
Third Applicant



Mafatlal Centre, 5th Floor, Nariman Point, Mumbai - 400 021  
 SMS 'IDBIMF' to 09220092200 • Tollfree: 1800-419-4324 • Website : www.idbimutual.co.in

**REGISTRAR & TRANSFER AGENTS**  
**Karvy Computershare Pvt. Limited**, SEBI Registration Number: INR000000221  
 Unit: IDBI Mutual Fund, KARVY SELENIUM, Plot No.31 & 32, Tower B, Survey No.115/22, 24 & 25,  
 Financial Dist., Gachibowli, Nanakramguda, Serlingampally Mandal, Hyderabad - 500 032, Ranga  
 Reddy Dist., Telengana State. Phone: 040-3321 5121 to 040-3321 5123.  
 Email: [idbimf.customercare@karvy.com](mailto:idbimf.customercare@karvy.com)



**Application form for registration of :  
Systematic Investment Plan (SIP), Systematic Transfer Plan (STP) and  
Systematic Withdrawal Plan (SWP)**

Distributor ARN	Sub Distributor ARN	Internal sub Code / Sol ID	Employee Code	EUIN®	Serial No. / Date, Time & Stamp
ARN-183038	ARN-			E	

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 deductible 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

**1. Investor and Investment details. Please ✓ wherever applicable.**

Sole / First Investor Name (as appearing in ID proof)

PAN No.  Folio No. (For Existing Investor)

Scheme Name: \_\_\_\_\_ Plan:  Regular  Direct Option:  Growth  Dividend

Sub-option / Frequency of Dividend: \_\_\_\_\_

Mode of dividend:  Payout  Re-investment  Sweep

Switch: To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

**2. Systematic Investment Plan (SIP). Refer point no. I of Terms & Conditions for SIP/STP/SWP**

Each SIP Amount (Rs.) \_\_\_\_\_ Frequency:  Monthly /  Quarterly

SIP Frequency Date:  1st /  5th /  10th /  15th /  20th /  25th of the month (1st month of the quarter for quarterly frequency)

From  To  or No. of installments \_\_\_\_\_ or  perpetual.

**3. Systematic Transfer Plan (STP). Refer point no. II of Terms & Conditions for SIP/STP/SWP**

Switch: To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Dividend Sweep: To Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

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

Date:  1st /  5th /  10th /  15th /  20th /  25th of the month / quarter

Enrolment Start  End  or No. of installments \_\_\_\_\_

**4. Systematic Withdrawal Plan (SWP). Refer point no. III of Terms & Conditions for SIP/STP/SWP**

Each SWP Amount (Rs.)

Enrolment Start  End  or No. of installments \_\_\_\_\_

**5. Declaration**

I/We hereby, declare that the particulars given above are correct and express my willingness to make payments referred above through participation in National Automated Clearing House (NACH) / Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I/We would not hold IDBI Mutual Fund / IDBI Asset Management Ltd 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 Auto Debit Facility and that my payment towards my investment in IDBI Mutual Fund shall be made from my/our bank account registered with IDBI Mutual Fund. I/We authorize IDBI Mutual Fund / IDBI Asset Management Ltd/ representative of IDBI Asset Management Ltd carrying this Form to debit my bank account as per instructions given above.

First Unit Holder's Signature \_\_\_\_\_

Second Unit Holder's Signature \_\_\_\_\_

Third Unit Holder's Signature \_\_\_\_\_



UMRN <sup>1</sup>

Date <sup>2</sup>

tick (✓)

CREATE

MODIFY

CANCEL

Sponsor Bank Code <sup>3</sup> C I T I O O O P I G W

Utility Code <sup>4</sup> C I T I O O O O 2 0 0 0 0 0 0 0 0 3 7

I/We hereby authorize <sup>5</sup> IDBI Mutual Fund to debit (tick✓) <sup>6</sup> SB / CA / €€ / SB-NRE / SB-NRO / Other

Bank A/c Number <sup>8</sup>

With Bank <sup>9</sup>  Name of customers bank <sup>10</sup> IFSC  or MICR <sup>11</sup>

an amount of Rupees <sup>12</sup>  <sup>13</sup> ₹

<sup>14</sup> FREQUENCY  Mthly  Qly  H-Yrly  Yrly  As & When presented <sup>15</sup> DEBIT TYPE  Fixed Amount  Maximum Amount

Reference-1 <sup>16</sup>  FOLIO NO. <sup>18</sup> Mobile

Reference-2 <sup>17</sup>  E-Mail ID <sup>19</sup>

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

<sup>20</sup> PERIOD

From

To

Or  Until Cancelled

<sup>21</sup> Signature of the account holder \_\_\_\_\_ Signature of the account holder \_\_\_\_\_ Signature of the account holder \_\_\_\_\_

<sup>22</sup> Name of the account holder \_\_\_\_\_ Name of the account holder \_\_\_\_\_ Name of the account holder \_\_\_\_\_

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I have authorized debit.

## TERMS & CONDITIONS FOR SIP / STP / SWP

### I. SYSTEMATIC INVESTMENT PLAN (SIP):

This mandate registration form will be submitted through National Automated Clearing House (NACH).

1. This facility is offered to investors having Bank accounts in select banks mentioned in the link <http://www.npci.org.in/>. The Banks in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of National Payments Corporation of India without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. We will inform you on such discontinuation.
2. Investor/Unitholder(s) should submit original Cancelled Cheque (or a copy) along with mandate form with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unitholder(s) cheque/bank account details are subject to third party verification.
3. IDBI Mutual Fund will not liable for any transaction failures due to rejection by the investors bank/branch.
4. The investor agrees to abide by the terms and conditions of NACH facility of NPCI.
5. Investor will not hold IDBI Mutual Fund and its service providers responsible if the transaction is delayed or not effected by the Investor's Bank or if debited in advance or after the specific date due to various reasons or for any bank charges debited by his banker in his account towards NACH Registration/Cancellation/Rejections.
6. IDBI Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
7. The AMC reserves the right to discontinue the SIP enrolment in case payment instruction on submitted by Unit holder is not honored by Banker on 3 (three) consecutive occasions and reserves the right to redeem the outstanding units at applicable NAV related prices if total investment is below Rs.5,000/- or 500 units.
8. The facility will be automatically terminated upon receipt of intimation of death of the Unit holder.
9. IDBI Mutual Fund reserves the right to reject any application without assigning any reason thereof.
10. Cancellation can be done separately by submitting the request atleast 21 days in advance; however the associated NACH mandate can be retained for future investments.
11. For intimating the change in bank particulars, please use separate form to modify transaction limit or add/remove banks from the NACH facility. Also fill-up all the relevant details as applicable.
12. Requests for any changes/modify in the NACH Bank Mandate request should be submitted atleast 21 days in advance.
13. Investors are required to ensure adequate funds in their bank account on opted date. IDBIMF will endeavor to debit the investor bank account on opted date, however if there is any delay all such transactions are debited subsequently.
14. IDBI Mutual Fund/Sponsor Bank/NPCI are not liable for the bank charges, if any debited from investor's bank account by the destination bank, on account of payment through NACH.
15. For further details of the Scheme features like minimum amounts, risk factors etc, investors may, before investment, refer to the Scheme Information Document(s), Key Information Memorandum and Addendum issued from time to time available at any of the Investor Service Centers or Distributors or from the website [www.idbimutual.co.in](http://www.idbimutual.co.in)

#### Additional for MICRO Systematic Investment Plans (MICRO SIPs)

As per SEBI guidelines, Lumpsum and SIP investments in mutual funds upto Rs. 50,000 per year, per investor, per mutual fund shall be exempted from the requirement of PAN subject to other operational guidelines. Any investment, lumpsum or through Systematic Investment Plans (SIPs) by investors, where aggregate of investments/instalments in a rolling 12 months period, does not exceed Rs. 50,000/- per investor will be treated as Micro investments for the above purpose. Micro investments will be accepted subject to PAN exemption in KYC process. This exemption will be applicable ONLY to investments by individuals (not NRI & PIOs), Minors and Sole proprietary firms. HUFs and other categories will not be eligible for Micro Investments. The exemption is applicable to joint holders also. In case under MICRO SIP, the first SIP Instalment is processed (as the cheque may be banked), and the application is found to be defective, the Micro SIP registration will cease for future instalments. No refund to be made for the units already allotted. However redemptions will be allowed based on the submission of normal prescribed Redemption Transaction Slip. Investors may submit any one of the PHOTO IDENTIFICATION documents (please refer paragraph titled PAN under the General instructions) along with KYC form and proof of address (self attested). No separate address proof is required if Photo ID with address mentioned on it is submitted. The photo identification documents have to be current and valid and also to be either self attested or attested by ARN holder (AMFI Registered Distributor). All the applicants including second and third applicant (if any) is mandated to submit any of the above documents.

**Systematic Investment Plan for Corporate Employees:** In this case, the concerned employer is required to forward to the AMC the Scheme application cum SIP registration mandate form of the corporate employee who desires to invest in the Scheme. The application amount for the corporate employees would also be forwarded by the employer on specific request from the concerned employee. The concerned employee has to authorize the employer to deduct the application amount from his salary and remit the same to the Fund at regular intervals to ensure receipt of funds by the AMC on or before the next due date.

All other terms and conditions applicable to regular SIP investment shall be applicable for Micro SIP also. Please refer the general guidelines for more details on KYC, Particulars of Bank Account payment mode etc.

### II. SYSTEMATIC TRANSFER PLAN (STP):

This facility allows Unitholders to transfer specified fixed sums on periodic basis from one scheme to other schemes launched by the Mutual Fund from time to time by giving a single instruction.

A Unitholder may effect a Systematic Transfer Plan (STP) by redeeming units of the transfer-out (transferor) Scheme at the prevailing NAV, subject to Exit Load, if any and investing the same amount in the transfer-in (transferee) scheme at prevailing NAV of the transfer-in Scheme. To seamlessly facilitate STP between two Schemes of the Mutual Fund, the Unitholder must comply with the redemption requirements of the transferor scheme and subscription requirements of the transferee scheme.

STP facility is offered subject to following terms & conditions:

1. STP facility is offered with weekly (1st business day of the week), monthly and quarterly (1st, 5th, 10th, 15th, 20th or 25th of the month under monthly / 1st month of each quarter under quarterly) frequency.
2. In case the frequency is not specified, it will be considered as application for monthly frequency and will be processed accordingly. In case the STP date is not specified or in case of ambiguity, the STP transaction will be processed on 15th of month / quarter. In case the end date is not specified, the Fund would continue the STP till it receives termination notice from the Unitholder.
3. Minimum balance in the source (transferor) Scheme should be Rs.25,000 at the time of enrolment for STP.
4. Minimum amount for each transfer for weekly and monthly STP is Rs.1000 and Rs.2,500 for quarterly frequency. Any STP over and above the minimum amounts mentioned above shall be in multiples of Rs.1 thereafter.
5. Minimum term/duration: For Weekly & Monthly Frequency - Minimum 12 Instalments. For Quarterly Frequency - Minimum 4 Instalments.
6. In case the Unitholder purchases additional units in the transferor scheme, the STP facility would be extended to such additional units also.
7. Units marked under lien or pledge in the source Scheme will not be eligible for STP.
8. If the balance under scheme falls below Rs.5000, then the AMC reserve the right to redeem the balance units.
9. The application for start of STP should be submitted to Official Point(s) of Acceptance at least 7 days before the date of commencement / start date of STP. Unitholder may change the amount (but not below the minimum specified) / frequency by giving written notice to any of the Official Point(s) of Acceptance at least 7 days prior to next transfer / STP execution date.
10. Unitholder can discontinue STP facility at any time by sending a written notice to any of the Official Point(s) of Acceptance, at least 7 days prior to next transfer / STP execution date.
11. If STP date is a Non-Business Day, then the next Business Day shall be the STP date and the same will be considered for the purpose of determining the applicability of NAV.
12. STP will be terminated automatically in case of a Zero balance in the respective Scheme-Folio on the run-date or expiry of the enrolment period whichever is earlier.

### III. SYSTEMATIC WITHDRAWAL PLAN (SWP):

This facility allows Unitholders to withdraw a fixed amount (subject to deduction of tax at source, if applicable) on monthly basis by redemption of units in the Unitholders' account. Withdrawal will be both from the unit capital and appreciation (if any) on the invested capital.

The Scheme offers SWP facility subject to following terms & conditions:

1. Unitholder can withdraw the amount on the 25th of each month. In case the 25th of the month is a non Business Day, the transaction would be effected on the next Business Day.
2. Minimum balance in the Scheme should be Rs.25,000 at the time of enrolment for SWP
3. Minimum amount for each withdrawal should be Rs.1,000 and in multiples of Rs.1 thereafter for a minimum period of 6 months.
4. In case the Unitholder purchases additional Units in the Scheme under the same folio, the SWP facility would be extended to such units also.
5. The facility will be automatically terminated if the units in the Scheme are pledged or upon receipt of intimation of death of the Unitholder.
6. The redemption under SWP will be subject to applicable Exit load
7. The application for start of SWP should be submitted to Official Point(s) of Acceptance atleast 7 days before the date of commencement / start date of SWP. Unitholder may change the amount (but not below the minimum specified) / frequency by giving written notice to any of the Official Point(s) of Acceptance atleast 7 days prior to next SWP execution date.
8. Unitholder can discontinue SWP facility by sending a written notice to any of the Official Point(s) of Acceptance, at least 7 days prior to next SWP execution date.
9. If the balance under scheme falls below Rs.5000, then the AMC reserve the right to redeem the balance units.
10. SWP will be terminated automatically in case of a Zero balance in the respective Scheme-Folio on the run-date or expiry of the enrolment period whichever is earlier.

The AMC reserves right to change the frequency, date(s) or other terms and conditions of SWP. Please contact the nearest Investor Service Centre (ISC) of IDBI Mutual Fund for more information on SWP.