TRANSACTION SLIP

(For other than IDBI Gold Exchange Traded Fund)

(Only for investors who are already registered with IDBI Mutual Fund)



Registered Office: IDBI Tower, WTC Complex, Cuffe Parade, Colaba, Mumbai - 400005 Corporate Office: 4th Floor, IDBI Tower, WTC Complex, Cuffe Parade, Colaba, Mumbai - 400005

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U/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
pfront 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 case purchase/buscription 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/buscription amount and payable to the distributor. Units will issued against the balance amount invested. ZIVMe hereby confirm that the EUIN box has been intentionally left blank by mer/us as this transaction is secured without any interaction or advice by the employee/relationship manager/sales serson of the above distributor/sub broker or notwithstanding the advice of in appropriateness, if any, provided by the employee/relationship manager/sales serson of the distributor/sub broker. Signatures First / Sole Applicant / Guardian Second Applicant Third Applicant NVESTOR DETAILS (Mandatory) Please fill in BLOCK Letters Folio No. CKYC No. Aadhaar No. Adhaar No. Adhaar No. SCHEMENAME: PLAN/OPTION: Nature of Transaction: (Please tick & fill up relevant details) Purchase (New/Additional) : //We would like to purchase units of the above mentioned scheme for amount (In fig.) Cheque/DD Number dated DD Funds Transfer RTGS/NEFT Sweez: I/We would like to sweep facility from above mentioned scheme to scheme DD Funds Transfer RTGS/NEFT Sweez: I/We would like to switch All units or of Partial units units or ₹ (amount in rupees) (In words) Change of bank mandate (Please Provide copy of a cancelled cheque) Bank Name Bank Address Dividend Re-Invest Div
pfront commission shall be paid directly by the investor to the AMPI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor, class purchase/subscription amount is Rs. 10,000.7 omer and the linevisor's Distributor has opted to receive "fransaction Charges" the same are deductable as applicable from the purchase/biscription amount and payable to the distributor. Units will issued against the balance amount meeted. If we hereby confirm that the EUI box has been intentionally left blank by mer/us as this transaction is secured without any interaction or advice by the employee/relationship manager/sales serson of the above distributor/sub broker or notwithstanding the advice of in appropriateness, if am, provided by the employee/relationship manager/sales serson of the distributor/sub broker. Signatures First / Sole Applicant / Guardian Second Applicant NVESTOR DETAILS (Mandatory) Please fill in BLOCK Letters Folio No. CKYC No. Aadhaar No. Third Applicant NVESTOR DETAILS (Mandatory) Please fill in BLOCK Letters Folio No. CKYC No. Aadhaar No. Gin words
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SCHEMENAME: 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)
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Purchase (New/Additional): I/We would like to purchase units of the above mentioned scheme for amount (In fig.)
Cheque/DD Number
Drawn on Bank & Branch Bank A/c type (Please ✓)
Sweep: I/We would like to sweep facility from above mentioned scheme to scheme PlanOption
PlanOption
(in words)
from above mentioned Scheme to Scheme
Option
(in words)
from above mentioned Scheme / Fund, redemption proceeds to be credited to the following Bank A/c. registered under this folio. Bank / Branch
Bank Name
Bank Name Bank Address City
Bank Address City
City
State Pin Pin
Account No. Payment Location
Account Type 9 digit MICR No. IFSC Code
DECLARATION
/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.
We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar
number(s) including demographic information with IDBI Mutual Fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN.
Sole/1st Holder 2nd Holder 3rd Holder
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)
TRANSACTION SLIP CIN No. U65100MH2010PLC199319 (T) IDBI mutual
Registered Office: IDBI Tower, WTC Complex, Cuffe Parade, Colaba, Mumbai - 400005

Folio No. Received from Mr./Ms./M/s. Scheme Plan Option TRANSACTION \square PURCHASE (NEW/ADDITIONAL) ☐ SWEEP ☐ SWITCH ☐ REDEMPTION ☐ CHANGE OF BANK MANDATE Please tick (✓)

Registrar & Transfer Agents: KFin Technologies Private Limited, Karvy Selenium, Unit: IDBI Mutual Fund, Plot No. 31 & 32, Tower B, Survey No.115/22, 115/24 & 115/25, Financial District, Gachibowli, Nanakramguda, Serlingampally Mandal, Hyderabad - 500 034, Ranga Reddy District, Telengana State. Tel.: 040-67162222 / 23312454 • Email: idbimf.customercare@Kfintech.com



FOR OFFICE USE

(Signature of receiving Authority)

Date/Time of receipt