

IDBI ASSET MANAGEMENT LIMITED

Consent for Direct credit of brokerage to my / our bank account

Distributor Code: ARN- _____ Distributor Name: _____

Name of Bank: _____

Branch Name : _____

Bank Address : _____

City : _____ PIN: _____

My/our bank account number: _____

Account type: Savings / Current / Others (Please specify) : _____

I / we declare that the above information is true and correct to the best of my / our knowledge. I/We understand that the above details shall supercede any information provided by me/us earlier in this regard.

I /We also would not hold IDBI Asset Management Limited responsible if the brokerage payment is not effected by way of a direct credit to my bank account as above. IDBI Asset Management Limited reserves the right to pay my / our brokerage by a cheque/demand draft.

Distributor Signature(s): _____ (*)

Name(s) of signatory/ies: (1) _____ (2) _____

Designation(s) : (1) _____ (2) _____ (**)

(*) To be signed by authorised official/s in case of non-individual distributors under the company/ agency seal

(**) To be filled only in case of non individual distributors

Important: Please enclose a copy of a blank cheque leaf for our reference.