

Common Application Form - Lumpsum Cum SIP Application Form (Form 1) Application No.

Distributor Code	ARN-	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee	EUIN No.	
<small>I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.</small>				First Holder	Second Holder	Third Holder

TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. T)
 I am a first time investor in mutual funds (₹ 150 will be deducted) **OR** I am an existing investor in mutual funds (₹ 100 will be deducted)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

1. INVESTOR DETAILS (Please refer to the Instruction No. A, C, D, S)
Existing Folio Number / ***Date of Birth** Existing Investor may not fill in Section 1, 2 & 5. *Mandatory for Minor

FIRST HOLDER DETAILS (please ✓)	<input type="checkbox"/> Individual <input type="checkbox"/> Non Individual (Please refer instruction D for UBO)	PAN/PERN (Mandatory)	<input type="text"/>
Name	<input type="checkbox"/> PAN/PERN Proof enclosed <input type="checkbox"/> KYC Compliance		
Correspondence Address	<input type="text"/>		
City	State	Pin Code	<input type="text"/>
Overseas Address for NRIs / PIOs / FIIs (Mandatory)	<input type="text"/>		
City	State	Pin Code	<input type="text"/>

You must fill in	Mobile No.	<input type="text"/>	Email ID	<input type="text"/>
Status	<input type="checkbox"/> Individual (Indian National) <input type="checkbox"/> PIO <input type="checkbox"/> Minor (through Guardian) <input type="checkbox"/> HUF <input type="checkbox"/> FI / Sub-account <input type="checkbox"/> Sole-proprietor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> LLP <input type="checkbox"/> Company (other than Bank/FI) <input type="checkbox"/> Bank <input type="checkbox"/> Financial Institution <input type="checkbox"/> Other Body Corporate <input type="checkbox"/> Government Body <input type="checkbox"/> Charitable / Religious / Non-profit organisation <input type="checkbox"/> Educational Institution <input type="checkbox"/> Mutual Fund <input type="checkbox"/> PF Trust <input type="checkbox"/> Gratuity Fund <input type="checkbox"/> NPS Trust <input type="checkbox"/> Pension / Retirement / Superannuation Fund <input type="checkbox"/> Private Trust <input type="checkbox"/> Co-op. Society <input type="checkbox"/> Society / AOP/ BOI <input type="checkbox"/> Other <small>[Please specify]</small>			

Note for non-individual investor: Please attach the mandatory Ultimate Beneficial Ownership (UBO) Declaration Form available on our website, along with the application form.

Residential / Tax Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident Repatriable (NRE) <input type="checkbox"/> Non-resident Non-repatriable (NRO)
SECOND HOLDER DETAILS	PAN/PERN (Mandatory) <input type="text"/> <input type="checkbox"/> PAN/PERN Proof enclosed <input type="checkbox"/> KYC Compliance
THIRD HOLDER DETAILS	PAN/PERN (Mandatory) <input type="text"/> <input type="checkbox"/> PAN/PERN Proof enclosed <input type="checkbox"/> KYC Compliance
Guardian/POA/Proprietor	PAN/PERN (Mandatory) <input type="text"/> <input type="checkbox"/> PAN/PERN Proof enclosed <input type="checkbox"/> KYC Compliance

Mode Of Holding / Operation	<input type="checkbox"/> Single <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Joint <input type="checkbox"/> As per resolution (Default option is anyone or survivor)
------------------------------------	--

2. BANK DETAILS (Mandatory) Redemption / Dividend / Refund payouts will be credited into this bank account in case it is in the current list of banks with whom IDFC MF has DC facility (Please refer to the Instruction No. I)

Name of the Bank	<input type="text"/>	Branch	<input type="text"/>
Account Number	<input type="text"/>	City	<input type="text"/>
Account Type	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others <small>(please specify)</small>		
MICR Code	<input type="text"/>	RTGS/NEFT Code	<input type="text"/>

 Note : In case of additional purchases, a cheque copy is required in case registered Bank mandate is different than mentioned here.
 I/We understand that the instructions to the bank for Direct Credit / NEFT / ECS will be given by the Mutual Fund, and such instructions will be adequate discharge of the Mutual Fund towards redemption / dividend / refund proceeds. In case the bank does not credit my /our bank account with / without assigning any reason thereof, or if the transaction is delayed or not effected at all or credited into the wrong account for reasons of incomplete or incorrect information, I/ We would not hold IDFC Mutual Fund responsible. Further the Mutual Fund reserves the right to issue a demand draft / payable at par cheque in case it is not possible to make payment by DC/NEFT/ECS.

 If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) please tick the box alongside
IDFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)
Application No.

Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From	<input type="text"/>		
Instrument No.	Dated	Amount (Rs.)	Scheme
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Stamp & Signature

3. INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E, J, N)

Type of Investment (Refer to instruction A). Lumpsum SIP SIP with TOP-UP Micro SIP (Refer to point J (v) of the instructions) Photo ID No. _____ (for Micro SIP)
Payment Type (Please ✓): Self Third Party Payment (Please fill the 'Third Party Payment Declaration Form')

Scheme IDFC _____ **Plan** _____
Option Growth Div - Reinvest Div - Payout Div - Sweep* **Div Frequency** _____

*Dividend Sweep Option to (Scheme & Plan Name) IDFC _____ Growth Div - Payout Div - Reinvest
 Dividend Sweep Option is available from all Debt Schemes to Equity and Equity to Debt Schemes of IDFC Mutual Fund. Please fill in all details of Sweep.

LUMP SUM	Payment Mode <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Funds Transfer	Instrument No. _____	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Amount (₹) (i) _____	Account No. _____	
	DD charges, (₹)(ii) _____	Bank Name _____	
	Total Amount (₹) (i) + (ii) _____ in figs _____ in words	Branch & City _____	
Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR			

Initial SIP Installment Amount* (Rs.) _____ Cheque / DD No. _____ Date
 Bank _____ Branch _____
 *Subsequent SIP instalment amounts must be equal to this amount.

SIP	Monthly SIP Date	SIP Enrollment Period	SIP Installment Amount (Rs.)	Payment mode
	<input type="checkbox"/> Standard <input type="text"/> <input type="text"/> <input type="text"/> (any date of the month)	<input type="checkbox"/> Standard From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> any other amount _____	<input type="checkbox"/> ACH Mandate (Please also fill form 2A)
	<input type="checkbox"/> Default (10th of every month)	<input type="checkbox"/> Default From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month.

SIP TOP-UP	<input type="checkbox"/> SIP Top-up (Optional) (Refer J (vii)) (Please ✓ to avail this facility)	Top-up Amount (Rs.) _____ (The Top-up amount should be Rs. 500 and multiples of Rs. 500 thereafter) SIP Top-up Frequency: <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default Top-up option is Yearly)	Payment mode <input type="checkbox"/> ECS Autosave (Please also fill form 2B)
	Registration for this facility is subject to the investor's bankers accepting the mandate for SIP Top-up registration.		

4. UNIT HOLDING OPTION (Switch not allowed for Demat holdings. Redemption through Stock Exchange Platforms/ DPs only)

Physical Mode Demat Mode (Investors opting for units in demat form may please fill the details below. Nomination provided in Demat Account shall be considered.)

DEMAT MODE	<input type="checkbox"/> NSDL OR <input type="checkbox"/> CDSL	Depository Participant Name _____		
	Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	Depository Participant (DP) ID (CDSL only)	
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

5. NOMINATION DETAILS (Mandatory information. Please select the desired option.) (Read instructions in connection with Nomination given in this KIM)

Particulars	Nomination Details		
	Nominee 1	Nominee 2	Nominee 3
Name and address of the nominee	_____	_____	_____
Relationship with Investor	_____	_____	_____
Date of birth (mandatory in case of minor)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Proof of minor DOB submitted (Optional)	_____ Specify nature of the document _____	_____ Specify nature of the document _____	_____ Specify nature of the document _____
Name and address of the Guardian (in case the nominee is minor)*	_____	_____	_____
Percentage of Allocation/Share	_____	_____	_____
Unitholder (s) (To be signed by all joint holders, even if the mode of holding is not 'Joint')			Witnesses (Could be the same for all unit holders)
Name: _____	Name: _____	Name: _____	Name: _____
First Unitholder Signature	Second Unitholder Signature	Third Unitholder Signature	Witness Signature

Toll free 1-800-2-666688

Available between 8.00 am to 7.00 pm on business days only.

Please note our investor service email id
investormf@idfc.com

www.idfcmf.com

6. FATCA INFORMATION/ FOREIGN TAX LAWS (Self Certification) *To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID number is not issued.

Category	Citizenship / Nationality	Country of Birth / Incorporation / Formation	Resident in any country for tax purpose, other than India	Country of Residence	Country of Tax Residency 1*	Tax Payer Ref. ID No. 1	Country of Tax Residency 2*	Tax Payer Ref. ID No. 2
First Applicant (Including Minor)			Yes No					
Second Applicant/ Guardian			Yes No					
Third Applicant			Yes No					
Guardian/POA/Proprietor			Yes No					

Additional KYC Information	First Applicant (Including Minor)	Second Applicant/ Guardian	Third Applicant	Guardian/POA/Proprietor
Gross Annual Income (Rs.) - Categories Below 1 Lac, 1 - 5 Lac, 5 Lac - 10 Lac, 10 Lac - 25 Lac, 25 Lac - 1 Cr, 1 Cr - 5 Cr, 5 Cr - 10 Cr, above 10 Cr OR Net-worth (Mandatory for Non-Individuals) (Rs.)	Gross annual Income (Rs.) Please write from options given	Gross annual Income (Rs.) Please write from options given	Gross annual Income (Rs.) Please write from options given	Gross annual Income (Rs.) Please write from options given
	Rs. _____ as on D D M M Y Y Y Y (Not older than 1 year)	Rs. _____ as on D D M M Y Y Y Y (Not older than 1 year)	Rs. _____ as on D D M M Y Y Y Y (Not older than 1 year)	Rs. _____ as on D D M M Y Y Y Y (Not older than 1 year)
Occupation - Categories Private Sector Service, Public Sector Service, Government Service, Business, Professional, Agriculturist, Retired, Housewife, Student & Others	Please write from options given	Please write from options given	Please write from options given	Please write from options given
In case of business / profession, indicate the details (Including nature of goods/ services dealt in)				
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these (For definition of PEP refer instruction X)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these (For definition of PEP refer instruction X)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these (For definition of PEP refer instruction X)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these (For definition of PEP refer instruction X)
Non-Individual Investors involved/ providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming/Gambling/ Lottery/Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of these	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming/Gambling/ Lottery/Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of these	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming/Gambling/ Lottery/Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of these	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming/Gambling/ Lottery/Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of these
For Non Individual Investor, Please tick the relevant box below, even if Country of Tax Residency is India*	<input type="checkbox"/> Form W8 BEN-E / Specified declaration (Form available on our website) <input type="checkbox"/> Unable to Provide [IDFC Mutual Fund will contact you in due course to confirm your FATCA Status] *Where no box is ticked, the second statement will be taken as the default implying that the applicant/investor currently is unable to confirm FATCA status and will confirm the same in future.			

7. DECLARATION & SIGNATURES (Please refer to the Instruction No. K)

I/We have read and understood the terms and features of the scheme(s) and associated risk factors. Having read and understood the contents of the Statement of Additional Information (SAI) of IDFC Mutual Fund, Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) and the Addenda issued till date, I/we hereby apply for the units of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s). I/ We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the Taxation Laws, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws as applicable to me/us from time to time. I/ We confirm that the funds invested in the Scheme(s), legally belong to me / us and I/ we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorisation(s). I/We further confirm that I am not /we are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any judicial or regulatory authority.

In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the Mutual Fund, I/ we hereby authorise the Mutual Fund, to redeem the funds invested in the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption subject to applicable exit load and undertake such other action with such funds that may be required by the Law.

I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to keep you informed immediately in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end. I/We hereby authorise you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI registered intermediaries or any Indian or foreign governmental or statutory or judicial authorities / agencies, the tax / revenue authorities and other investigation agencies without any obligation of advising me/us of the same.

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.

For micro-investments only : I/We confirm that I/we do not have any other existing investment in the schemes of IDFC Mutual Fund which together with this proposed investment will result in aggregate investments exceeding Rs.50,000/- in a year.

For NRIs / PIOs / FPIs only : I/ We confirm that I am / we are Non Residents Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada, and that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder