

Common Application Form - Lumpsum Cum SIP Application Form (Form 1)

Distributor / RIA Code ARN- ARN-162514		Sub-Distributor Code ARN-	EUIN No.	Application No.
				Internal Code for Sub-broker/ Employee
EUIN Declaration	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.			First Holder
RIA Declaration	I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/RIA*			Second Holder
				Third Holder

TRANSACTION CHARGES (Please tick any one of the below) (Refer Instruction No. S)

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 UNIT HOLDING OPTIONS DEMAT MODE PHYSICAL MODE **2 EXISTING INVESTOR'S FOLIO NUMBER**

(To be filed in case of demat holding only)

Demat Account Details of First/Sole Applicant
(Name should be as per demat account)

Depository Participant Name

NSDL	DP ID	IN	CDSL	Beneficiary ID
	Beneficiary ID			

Note: Please attach copy of Client Master List.

(If you have an existing folio with KYC validated, please mention here)

Folio Number

3 MODE OF HOLDING / OPERATION

Single Anyone or Survivor (Default option is anyone or survivor in case of Non Individual)
 Joint As per resolution

4 FIRST APPLICANT'S DETAILS (Please refer to the Instruction No. A, C, D, R) All fields are mandatory.

Gender Male Female

Name (As in PAN card/KYC records)

Date of birth (1st Holder/Minor)

*Aadhar No. (*Compulsory)

PAN/ PERN

Name of the Guardian
PAN /PERN (Guardian)

Country of Birth

Place of Birth

Date of Birth (Guardian)

For Investments "On behalf of Minor" (Please provide document for proof of DOB)

Birth Certificate School Certificate Passport Other

Guardian named above is

Natural Guardian Court Appointed

C

O

C

E

Status Resident Individual NRI Repatriation NRI-Non-Repatriation Partnership Foreign National Resident in India Sole Proprietorship NPO Company Minor through guardian Trust HUF AOP PIO BOI OCI LLP Body Corporate Society/Club FPI NPO Other

Occupation Pvt. Sector Service Public Sector Defence Gov. Service Housewife Professional Retired Business Agriculturist Student Forex Dealer Other

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others

Are you FATCA Compliant with CAMS Registrar (Please tick any one) Yes No (if no, please fill below details)

Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Sr. No.	Country of Tax Residency*	Tax Identification Number or Functional Equivalent*	Identification Type (TIN or Other, please specify)	If TIN is not available (Please tick any one reason A, B or C (Refer FATCA/ CRS Instructions))
1.				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2.				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3.				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

*To also include USA, where the individual is a citizen / green card holder of the USA. *In case Tax Identification Number is not available, kindly provide its functional equivalent ...Continued Overleaf

IDFC MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor.)

Received, subject to realisation, verification and conditions

Application for purchase of Units as mentioned in the application form FACTA / CRS / UBO Declaration, as applicable.

From

Instrument No.	Dated	Amount (Rs.)	Scheme

Stamp & Signature

ADDITIONAL KYC INFORMATION

Gross Annual Income OR Net-worth* in ` *Not older than one year Source of Wealth In case of business / profession, indicate the details (Including nature of goods/ services dealt in) Any other information	INDIVIDUALS as on DDMMYY <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable	NON-INDIVIDUALS as on DDMMYY Is the entity involved in any of the following: Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

SECOND APPLICANT'S DETAILS (All fields are mandatory) Gender Male Female

Name (As in PAN card/ KYC records) _____

E-mail Id _____ Mobile _____

PAN /PERN _____ KIN _____ KYC Identification Number _____ CKYC Form Supplementary CKYC Form

*Aadhar No. _____ Date of Birth DDMMYYYY Enclosed Attested PAN card copy KYC Acknowledgment

Country of Birth _____ Place of Birth _____ Nationality _____

Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> NRI Repatriation <input type="checkbox"/> NRI-Non-Repatriation <input type="checkbox"/> Other Specify _____	ADDITIONAL KYC Gross Annual Income OR Net-worth* in ` *Not older than one year Source of Wealth In case of business/profession, indicate the details (Including nature of goods/ services dealt in) Any other information	<1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L as on DDMMYY <input type="checkbox"/> Politically Exposed Person (PEP) Related to a PEP <input type="checkbox"/> Not Applicable

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others specify _____

Are you FATCA Compliant with CAMS Registrar (Please tick any one) Yes No (if no, please fill below details)

Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Sr. No.	Country of Tax Residency*	Tax Identification Number or Functional Equivalent*	Identification Type (TIN or Other, please specify)	If TIN is not available (Please tick the reason A, B or C (Refer FATCA/ CRS Instructions))
1.				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
2.				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
3.				Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____

*To also include USA, where the individual is a citizen / green card holder of the USA. *In case Tax Identification Number is not available, kindly provide its functional equivalent

THIRD APPLICANT'S DETAILS POA / PROPRIETOR / GUARDIAN (All fields are mandatory) Gender Male Female

Name (As in PAN card/ KYC records) _____

E-mail Id _____ Mobile _____

PAN /PERN _____ KIN _____ KYC Identification Number _____ CKYC Form Supplementary CKYC Form

*Aadhar No. _____ Date of Birth DDMMYYYY Enclosed Attested PAN card copy KYC Acknowledgment

Country of Birth _____ Place of Birth _____ Nationality _____

Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> NRI Repatriation <input type="checkbox"/> NRI-Non-Repatriation <input type="checkbox"/> Other Specify _____	ADDITIONAL KYC Gross Annual Income OR Net-worth* in ` *Not older than one year Source of Wealth In case of business/profession, indicate the details (Including nature of goods/ services dealt in) Any other information	<1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L as on DDMMYY <input type="checkbox"/> Politically Exposed Person (PEP) Related to a PEP <input type="checkbox"/> Not Applicable

Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA Residential or Business Residential Business Registered Office

Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others specify _____

Are you FATCA Compliant with CAMS Registrar (Please tick any one) Yes No (if no, please fill below details)

*Compulsory ...Continued Overleaf

Are you a tax resident of any country other than India? Yes No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Sr. No.	Country of Tax Residency*	Tax Identification Number or Functional Equivalent*	Identification Type (TIN or Other, please specify)	If TIN is not available (Please tick ü the reason A, B or C (Refer FATCA / CRS Instructions))
1.				à Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
2.				à Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
3.				à Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____

*To also include USA, where the individual is a citizen / green card holder of the USA. *In case Tax Identification Number is not available, kindly provide its functional equivalent. Ø Reason A à The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents. Ø Reason B à No TIN required. (select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected) Ø Reason C à others, please state the reason thereof.

5 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 _____
 Branch _____ Account Number _____
 City _____ Account Type Current Savings NRO NRE FCNR Others (please specify) _____
 MICR Code _____ RTGS/NEFT Code (IFSC Code) _____

Note: In case the registered bank mandate is different from that used to source the investment, please enclosed the a cheque copy.
 I/We understand that the instructions to the bank for Direct Credit/ NEFT/ CAMS OTM 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/CAMS OTM.
 ➔ If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) please ü the box alongside

6 All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ü here)

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

INVESTMENT DETAILS

Type of Investment (ü anyone) Lumpsum SIP SIP with TOP-UP Micro SIP (Refer to point J (v) of the instructions) Photo ID No. (for Micro SIP) _____
 Nature of investment (ü anyone) Single scheme Multiple schemes* (*Please draw the cheque in favour of IDFC Mutual Fund)

Scheme	Name	Plan	Option	Dividend Frequency	Dividend Sweep (fill relevant form)	Amount
I					<input type="checkbox"/>	
II					<input type="checkbox"/>	
III					<input type="checkbox"/>	
					Total	

PAYMENT DETAILS

Mode of payment Self Third Party Payment (Please fill the 'Third Party Payment Declaration Form')

Payment mode	Instrument/ CAMS OTM no.	Amount (Rs.)	Account No.	Account type
<input type="checkbox"/> Cheque/ DD				<input type="checkbox"/> Savings
<input type="checkbox"/> RTGS/ NEFT				<input type="checkbox"/> Current
<input type="checkbox"/> Funds Transfer		DD Charges (if any)	Bank & Branch	<input type="checkbox"/> NRO
<input type="checkbox"/> CAMS OTM				<input type="checkbox"/> NRE

...Continued Overleaf

CAMS Common Mandate (CAMS OTM)

Our Mission... Your Growth

UMRN FOR OFFICE USE ONLY Date _____

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

Tick(✓)
 CREATE I/We hereby authorize Computer Age Management Services Pvt. Ltd. to debit tick (✓) SB CA SB-NRE SB-NRO
 MODIFY
 CANCEL

Bank A/c number _____

with Bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

PAN No. _____ Mobile No. +91 _____

Reference _____ Email ID _____

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

PERIOD

From

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

 To

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

 Or Until Cancelled

Signature of Primary Account Holder _____ Signature of Account Holder _____ Signature of Account Holder _____

1. _____ Name as in bank records 2. _____ Name as in bank records 3. _____ Name as in bank records

* This is to confirm 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 & signed by me.

* I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

SIP DETAILS (Please fill in CAMS OTM available on previous page)

Scheme	Monthly SIP date* (any date except 29,30,31)		Installment Amount (Rs.)	From Date			To Date (default Dec 2099)			SIP Top-up*							
										Top-up Amount (Rs.)	Frequency (default yearly)						
I	D	D		D	D	M	M	Y	Y	D	D	M	M	Y	Y		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
II	D	D		D	D	M	M	Y	Y	D	D	M	M	Y	Y		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
III	D	D		D	D	M	M	Y	Y	D	D	M	M	Y	Y		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

*In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month. *The Top-up amount should be Rs. 500 and multiples of Rs. 500 thereafter).

8 NOMINATION DETAILS Individuals (single or joint applicants) are advised to avail Nomination facility.

<input type="checkbox"/> I/We wish to nominate.	Witness Name	Signature
<input type="checkbox"/> I/We DO NOT wish to nominate and sign here		

1st Applicant signature (mandatory)

Nominee	Nominee Name & Address	In case of Minor						Allocation %	Relationship with Investor	Nominee/ Guardian sign
		Guardian Name & Address			Date of birth					
Nominee 1		D	D	M	M	Y	Y			
Nominee 2		D	D	M	M	Y	Y			
Nominee 3		D	D	M	M	Y	Y			

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

1. I/We have read and understood the terms and features of the scheme(s), associated risk factors, 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) legally belongs to me/us and is acquired 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 laws as applicable to me/us from time to time. I/We am/are eligible investor(s) as per the scheme related documents and am/are authorised as per the Constitutive documents/ authorisation(s) and have not been induced by any rebate or gifts, directly or indirectly, in making this investment. 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. 2. 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. 3. I/ We have understood the information requirements of this Form (read along with the FATCA, Additional KYC & CRS Instructions). 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 and in case any of the 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 statutory or regulatory authorities without any obligation of advising me/us of the same. 4. 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. 5. 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. 6. For NRIs/ PIOs/ FPIs only : I/ We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) 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 (ii) 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.

I/We hereby confirm that, I/We have read and understood the Privacy Policy hosted on www.idfcmf.com. I/ We hereby consent IDFC AMC/IDFC MF/Trustee to share information (including sensitive personal data or information) provided in relation to our investment in IDFC MF to any Associate / Group company / Affiliate of IDFC AMC/IDFC MF / Trustee, for offering, marketing or solicitation of their products and services.

First/Sole Applicant/ Guardian/ Authorised Signatory	Second Applicant	Third Applicant	POA Holder	Date	D	D	M	M	Y	Y	Y	Y
				Place								