

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

Distributor Code		102683	Sub-Distributor Code		Internal Code for Sub-broker, Employee		EUIN No.	E-024075	
We hereby confirm that dvice by the employee/r y the employee/relations	t the EUIN relationship ship mana	box has been intentionally o manager/sales person o ger/sales person of the dis	left blank by me/us as this is a the above distributor or notwith tributor and the distributor has r	an "execution-only" transaction without a standing the advice of in-appropriatenes ot charged any advisory fees on this tran	any interaction or s, if any, provided saction.	Second Hole	der	Third Holder	
TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. T)									
	am a fir	st time investor in mu	ıtual funds (₹ 150 will be	deducted) OR	I am an existing ir	vestor in mutual funds (₹ 100 will be	deducted)	
			itor who has 'opted in' for to estor to the AMFI registere		s' assessment of various factors incl	uding service rendered by	y the distribute	or.	
1. INVESTOR DETAILS (Please refer to the Instruction No. A, C, D, S)									
Existing Folio N	lumber			/ *Date	of Birth D D M M	Existing Inve		fill in Section 4, 5 & 6	
FIRST HOLDE	R DETA	ILS (please ✓)	Individual Non	Individual (please refer instru	ction D for UBO)	PAN/PERN (mandatory)		AN/PERN KYC Proof Compliance	
Name	-							enclosed	
You must fill in	n N	Nobile No.		Email ID					
Status	[Individual (India	an National)	Minor (through Guardia	an) 🗌 HUF 📗 FII / Sub-a	ccount Sole-pro	oprietor	Partnership Firm	
	[LLP (Company (other than B	ank/FI) Bank	Financial Institution	Other Body Corpora	ate	Government Body	
	[Charitable / Rel	igious / Non-profit org	anisation Educational	nstitution Mutual Fund	PF Trust	Gratuity Fu	nd NPS Trust	
		Pension / Retire	ement / Superannuatio	n Fund Private Trust	Co-op. Society Society / A	OP/ BOI Other			
Note for non-in	ndividu	al investor: Pleas	e attach the mandatory	Ultimate Beneficial Ownersh	ip (UBO) Declaration Form ava	lable on our website,	along with	the application form	
Residential / T	ax Sta	tus Reside	ent Non-r	esident Repatriable (NRE)	Non-resident Non-re	oatriable (NRO)			
DETAILS UND	ER FAT	CA / FOREIGN TAX	LAWS						
Citizenship/ Na	ationalit	у		Country o	f birth/ Incorporation/ Formatio	1			
Country of res	idence			Are you a	resident in any country other th	an India for tax purpo	oses.	Yes No	
If yes, please i	indicate	all countries in wh	nich you are resident fo	or tax purposes and the assoc	ciated Foreign Tax Identification	Number below.			
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SECOND HOLDER DETAILS	PAN/PERN PAN/PERN KYC						
Name	(mandatory) Proof enclosed Compliance						
DETAILS UNDER FATCA / FOREIGN TAX LAWS Citizenship/ Nationality Country of birth/ Incorporation/ Formation							
If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identifi							
Country of Tax Residency*	Tax Identification Number						
*To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID number is	s not issued.						
ADDITIONAL KYC INFORMATION							
Gross Annual Income (Rs.) [Please tick(✓)] ☐ Below 1 Lacs ☐ 1 Lacs - 5 Lacs ☐ 5 Lacs - 10 Lacs ☐ 5 Lacs ☐ 6 Lacs ☐ 7 Lac	acs 10 Lacs - 25 Lacs 25 Lacs - 1 Crore						
OR 1 Crore - 5 Crore 5 Crore - 10 Crore above 10 Cror	re						
Net-worth (Mandatory for Non-Individuals) Rs. as on	D D M M Y Y Y Y (Not older than 1 year)						
Occupation (please tick any one and give brief details): Private Sector Service Public Sector Service	Government Service Business Professional						
Agriculturist Retired Housewife Student Others Please sp	pecify						
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 /Who	,						
I am PEP I am a relative / associate of PEP None of these (for definition of PE	EP refer instruction X) PAN/PERN PAN/PERN KYC						
ININD HOLDEN DETAILS	PAN/PERN PAN/PERN KYC Proof enclosed Compliance						
Name	GILLIUSEU						
DETAILS UNDER FATCA / FOREIGN TAX LAWS							
Citizenship/ Nationality Country of birth/ Incorporation/ Fo	ormation						
Country of residence Are you a resident in any country other than India for tax purposes. Yes No							
If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identifi	fication Number below.						
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Toll free 1-800-2-666688

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

www.idfcmf.com

ARN102683 E-024075

ADI	DITIONAL KYC INFORMATION						
Gross Annual Income (Rs.) [Please tick(✓)] ☐ Below 1 Lacs ☐ 1 Lacs - 5 Lacs ☐ 5 Lacs - 10 Lacs ☐ 10 Lacs - 25 Lacs ☐ 25 Lacs - 1 Crore							
0R	OR 1 Crore - 5 Crore 5 Crore above 10 Crore						
Net	Net-worth (Mandatory for Non-Individuals) Rs. as on DDDMMYYYYYY (Not older than 1 year)						
Осс	Occupation (please tick any one and give brief details): Private Sector Service Public Sector Service Government Service Business Professional						
	Agriculturist Retired Housewife Student Others Please specify						
In c	ase of business / profession, indicate the details (including nature of goods/ services dealt in)						
	tically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)						
	I am PEP I am a relative / associate of PEP None of these (for definition of PEP refer instruction)	()					
Mod	de Of Holding / Operation						
	Single Anyone or Survivor Joint As per resolution (Default option is anyone or survior)						
2 111	NECTREAL & DAVMENT DETAILS (Disease refer to the locary setion No. E. J. N.)						
	VESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E, J, N) of Investment (refer to instruction A)	SID)					
	of Investment (refer to instruction A).	<u> </u>					
_							
Optio *Divi		Payout Div - Reinvest					
	and Sweep Option to (Scheme & Plan Marile) lord Biv = rank 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.	ayout DIV - NEIIIVEST					
		D D M M Y Y					
	SCB Debit Mandate (available on form 2C)	_ , _ , , ,					
∑	Amount (₹) (i) Account No.						
LUMPSUM	DD charges, (₹)(ii) Bank Name						
	Total Amount (₹) (i) + (ii) in figs Branch & City						
	in words Account Type Current Savings NRC	NRE FCNR					
	Initial CID Installment Amount* (Pa.) Chagus / DD No.	MMYYYY					
	Initial SIP Installment Amount* (Rs.) Cheque / DD No. Date Bank Branch						
	*Subsequent SIP instalment amounts must be equal to this amount.						
	Monthly SIP Date SIP Enrollment Period SIP Installment Amount (Rs.)	Payment mode					
SIP	Standard □ □ □ □ Standard From M M Y Y Y Y To M M Y Y Y Y Y □ 5,000 □ 10,000 □ 25,000	ACH Mandate					
	(any date of the month)	(Please also fill form 2A)					
	Default From M M Y Y Y Y To 1 2 2 0 9 9 any other amount	Standing Instructions (Please also fill form 2B)					
	In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month.	(1 loase also lili form 2b)					
0	The Ton-un amount should be Rs. 500	Payment mode					
TOP-UP	SIP Top-up (Uptional) (Refer J (vii) Top-up Amount (Rs.)						
10	(Please ✓ to avail this facility) SIP Top-up Frequency: Half-yearly Yearly (Default Top-up option is Yearly)	ECS Autosave (Please also fill form 2D)					
SIP		(* ************************************					
Registration for this facility is subject to the investor's bankers accepting the mandate for SIP Top-up registration.							
3. UN	IIT 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.)					
ODE	☐ NSDL OR ☐ CDSL Depository Participant Name						
DEMAT MODE	Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only) Depository Participant (DP) ID (CDSL only)						
EM/							
	DRRESPONDENCE ADDRESS (P.O.Box Address may not be sufficient) (Mandatory. If you have completed your KYC Process via KRA, the address of the 1st Apparent of the 1st A	plicant as registered with					
KIUTI	The betaternationally appeared in our received. Investors residing eversions, produce provide your indian addressly (received in in explain Editor)						
City State Pin code / Zip							
Overseas Address for NRIs / PIOs / FIIs (Mandatory)							
T.I. 0							

ARN102683 E-024075

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								
Account Type Current	Account Type Current Savings NRO NRE FCNR Others (please specify)							
MICR Code	MICR Code RTGS/NEFT Code							
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								
6. NOMINATION DETAILS (Mandatory informat	ion. Please select the desired option.) (Read instr	uctions in connection with Nomination given in this	s KIM)					
Nominee Name Address Nominee Date of Birth (mandatroy for minor)		Proof of minor DOB submitted (Optional)	Signature of					
Guardian Name (if nominee is a minor) Address	Nominee / Guardian (optional)							
Witness NameAddress			Signature of Witness					
I/We do not wish to nominate any person for my investments. Signature of investor Note: In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website								
7. EASY TRANSACT (for Resident and NRI Indivi	idual (including minors). Sole Proprietors & HUF)							
All communications will be sent by default to		se you wish to receive physical communicati	on please ✓					
I WISH TO APPLY FOR TRANSACT ONLINE	Yes No		•					
Note: With this new way of transacting with us - without any requirement of a PIN, you can create your online username and password and can transact right-away by activating the link. Access your account 24x7 / purchase / redeem / switch / download account statements online at www.idfcmf.com								
8. DECLARATION & SIGNATURES (Please re	efer 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 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 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 girts, directly or indirectly in making this investment that the scheme(s), each of the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorisation(s). I/We amrave 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 amrave aligible 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 amrave aligible 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 amrave aligible 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 amrave aligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ authorised to make this investment as per the Constitutive documents/ authorised to a the s								
First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder					



Bank use Mandate Ref. No.

ECS Autosave Form for Systematic Investment Plan (SIP) with TOP-UP (Form 2D) **Application No.** Internal Code for Sub-broker/ Distributor Code ARN- 102683 Sub-Distributor Code ARN-EUIN No. E-024075 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 in-appropriateness, 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. **ECS Autosave Debit Mandate for SIP with TOP-UP** Authorization to pay SIP installments through Electronic Clearing Service (ECS) / Electronic Debit I/We hereby, authorise IDFC Mutual Fund or their authorised service provider for IDFC Asset Management Company Limited to debit my/our bank account by ECS (Debit Clearing) / Electronic Debit for the collection of SIP installments. **UNIT HOLDER INFORMATION Existing Folio Number** Name of the First Holder SYSTEMATIC INVESTMENT PLAN DETAILS Plan Option Name of the Scheme SIP Installment Amount (Rs.) Monthly SIP Date (10, if no date is mentioned) SIP Furnilment Period 5,000 10,000 25,000 Standard Standard From (any date of the month) 50,000 1,00,000 any other Default 2 2 0 9 From To (10th of every month) amount TOP-UP (The Top-up amount should be Rs. 500 and SIP Top-up (Optional) Top-up Amount (Rs.) multiples of Rs. 500 thereafter) (Refer J (vii) (Default Top-up option is Yearly) SIP Top-up Frequency: Half-yearly Yearly (Please ✓ to avail this facility) Registration for this facility is subject to the investor's bankers accepting the mandate for SIP Top-up registration. BANK DETAILS (Centralised Bank Account (CBS) Number is mandatory for ECS and Direct Debit. Enclose a blank cancelled cheque or copy thereof) Name of the Account Holder Name of the Bank **Branch** Account Number City Savings NR0 NRE **FCNR Account Type** Current Others **MICR Code** (Please enter the 9 digit number that appears after the cheque number) Please specifically mention the MICR code of you bank branch in case you have a payable at par cheque book. In case of incorrect/ incomplete bank details it will be captured from attached cheque copy on a best effort basis. 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 registration of Systematic Investment Plan (SIP) as indicated above and agree to abide by the terms, conditions, rules and regulations governing the Scheme(s) and the SIP. 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 any 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. We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. Whe hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Mutual Fund or the bank responsible. I/We further undertake that any changes in my/our Bank details will be informed to the Mutual Fund immediately 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. SIGNATURE/S AS PER IDFC MUTUAL FUND (MANDATORY) SIGNATURE/S AS PER BANK RECORDS (MANDATORY) Sole / 1st applicant/ Sole / 1st applicant/ Guardian Authorised Signatory **Guardian Authorised Signatory** 2nd applicant/ 2nd applicant/ **Authorised Signatory Authorised Signatory** 3rd applicant/ 3rd applicant/ Authorised Signatory Authorised Signatory FOR OFFICE USE ONLY (Not to be filled in by Investor) Recorded on Scheme Code Recorded by Credit Account Number

Customer Ref. No.