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



Application No.

Distributor Code	ARN-	9992	S	ub-Disti Cod	ributor le	ARN-				Su	Inte	ernal C oroker/	ode f Empl	or oyee	Э			UIN No.					RIA ode				
EUIN Declaration	I/We he transac distribu manage	ereby con tion withoutor or no er/sales pe	firm that out any in twithstan erson of th	the EUIN nteraction ding the a ne distribut	box has be or advice ladvice of it or and the o	een inte by the n-approdistribu	entiona emplo opriate	ally lef byee/re eness, s not cl	t blank elations if any, harged	by m ship m provid	ne/us nanac ded 1 dvisc	as this is ger/sales p by the er ory fees or	an "ex person nploye this tra	ecutio of the e/relat	on-only" e above tionship ion.	Fire	st Holder		S	Secon	nd Hol	lder			Third	Holder	ſ
RIA Declaration	"I/We h in resp SEBI-R	nereby givect of my egistered	e you my /our inves Investme	our consestments un nt Adviser	ent to share nder Direc / RIA"	e/provi t Plan	ide the of all S	e trans Schem	action: nes ma	s data naged	feed d by	l/portfolic you, to th	holdir e abov	ngs/N ve mer	IAV etc. ntioned	Fir	st Holder		S	Secon	nd Hol	lder			Third	Holdei	ſ
TRANSAC											ion l																
					funds (							OR				isting in	vestor	in mut	ual f	und	s (`	100	will	be	dedu	cted	)
Applicable Upfront corservice rend 1. INVES Existing F	mmissidered b	on shall y the di DETAI	be paid stributo LS (Ple	d direct or.	ly by th	e inve	estor	to th	he Al	MFI r	egis , R)		distrik			ed on the	E	xisting	j Inve	esto	r ma	ay no					3
■ FIRST I				(please	7) [	Ind	ividu	ıal		]				ase re	efer inst	truction E		Manda	atory	/ for	Mir	ior)					
_				(рісазе	· ,	IIIu	IVIG	Jai				PERN		(YC	.101 11130		101 01			d in i	161		<u> </u>	N. I			$\overline{}$
PAN/PER	iv (iviai	luator	y)							⊢ Pr	roof	enclose	d U	Comp	oliance	KIN		KYC	JIO	ent	TITIC	atio	an i	Nur	mbe		+
Name							_	_											+	+	╄	$\vdash$	╄	<u> </u>		+	+
Correspor	ndence	Addr	ess																		<u> </u>	<u> </u>	$\perp$	<u> </u>		$\perp$	<del> </del>
								_															Ļ			_	
City								S	tate											Pin	Со	de					
Overseas	Addre	ss for	NRIs /	PIOs /	FIIs (N	landa	atory)	)																			
City								С	oun	try										Zi	рС	ode	>				
You must	fill in	Mobi	le No.								Εn	nail ID															
Educat Private lote:• Fo • Fo  SECON	Trust r Indivi r Non-i	Co dual inv ndividu	-op. So estor: F al inves	ociety Please a stor: Plea	Solutiach the see attac	ciety e mar	/ / A ndato	OP/ ory F	BOI orm	for A	Ot Addi	ther [	YC, F	ATC.	A & CI	RS Anne	exure fo	[Please or Indiv	e spec	ify]	ccou CA 8	ınts -	- Fo	rm 1 Iforn	Α.		
	101		, tans (	Mandato	ry)		+	+						ompi	liance				+		+	+	+		$\Box$	$\pm$	+
Name		D - t - !!	_   F	PAN/PI	FRN								l Κ΄	YC					1.0			<u></u>	L.	H	$\Box$	$\pm$	+
■ Third H	loider	Detail		Mandato			_						] _ C	ompl	liance	KIN			K	YIL IQ	entirio	cation	n Num	iber		<u></u>	<del>_</del>
Name																					$\perp$		$\perp$			$\perp$	
■ Guardia	n/POA	/Propr	ietor <sup>F</sup>	PAN/PI Mandato	ERN ry)									YC ompl	liance	□KIN			К	YC Id	entific	cation	n Num	nber			
Name																					T		T				
Node Of I	Holdin	g / Op	eratio	n	Single		An	yon	e or	Sur	vivo	or [	Joir	nt	_ A	s per re	esoluti	on (E	Defau	ılt o	ptic	n is	any	one	or su	rvior	-)
2. BANK	DETA	AILS (N	/landate	ory) Red	demptio	n / D	ivide	end /	Refu	ınd p	payo	outs wil	l be c	redit	ted int	to this b	ank ac	count	in ca	se i	t is i	n th	e cu	ırren	ıt list	of ba	anks
vith whom Name of t			JC facil	lity (Ple	ase refe	r to ti	he In	struc	ction	No. I	1)					Brand	sh				т-	T	_	Т			
																Cit				+	+	+	+	<u> </u>		+	+
Account I			0	- + -	Carrina		<u> </u>	NDO			ND						·			/-		<u></u>		(e. v)	Ш		<u> </u>
Account 7			Currer	11L	Saving	]5 		NRC			NR		F0	∠INΚ		Other	S	T 1		()	nea	se s	peci	ıy)			
MICR Coc Note: In c / We understan roceeds. In case nformation, I / W If howev	ase the dank de would no	le regis instruction does not co ot hold IDF unit ho	stered is to the baredit my /o C Mutual F ders w	bank reank for Direct our bank according to the second sec	mandat ct Credit / N count with / nsible. Furth eccive a	e is of the Month	diffe CAMS C tassign Mutual F	rent OTM wi ning an	NEF fror Ill be given y reaso serves ad of	n tha ven by t n there the righ	at u the M eof, or ht to is	used to lutual Fund if the transsue a den	D SOL d, and si saction nand dra t into	Irce uch ins is delay aft / pa their	the instructions yed or no yable at property thank	nvestm s will be ade of effected a par cheque	ent, p quate disa t all or cre in case it is nt) plea	ease charge of dited into not possuse tick	enc the Mu the wi sible to k the	OSE utual I rong a make	ed t Fund t account paym x alc	he a toward nt for i nent by	a ch ds red reasor y DC/I side	IEQU lempti ns of ir NEFT/	JE CO ion / div comple CAMS (	Py. idend ete or ii OTM.	/refunc
3. All cor please		cation	s will k	oe sent	by def	ault	to th	ne re	giste	ered	l E-I	mail IE	) / M	obile	e No.	In case	you v	vish to	o rec	eiv	e pl	าysi	cal	con	nmuı	nica	tion
DFC MU Received,	subjec	t to rea	alisatio	n, verif	ication	and	conc	ditio	ns									plicat	tion	No							9
Applicati	on for pu	urchase o	or Units a	as mentic	ned in the	e appl	ıcatio	n forr	m	FACT	IA /	CRS / U	RO De	eclara	tion, as	applicab	ile.										
From							_											Щ			0.1			~! -			
Instrume	nt No.		Dated	I A	\moun	t (Rs	5.)						Sche	me							Sta	ımp	186	oign	natur	3	
		DD	MM)	YIY																							

	NVESTMENT & PAYMENT DETAILS (Please re- of Investment (Refer to instruction A) Lumpsum SIP		SIP (Refer	to point J (	(v) of the	instruc	tions) <b>F</b>	Phote	o ID No	(fo	r Mic	ro SIP)			
Pay	ment Type (Please ✓) ☐ Self ☐ Third Party Pa	yment (Please fill the 'Third Party	/ Payme	ent Decl	aratio	n Fo	rm′)								
Sch				lan											
Opt			equen	су											
	idend Sweep Option to (Scheme & Plan Name) I dend Sweep Option is available from all Debt Schemes t		mos of	IDEC M					iyout D						
DIVIC	Payment Mode Cheque DD RTGS/NE				utuai	L	. Pleas			M	_				
$\geq$	CAMS OTM CAMS OTM								10 2 2		1				
LUMPSUM	Amount (`) (i)	Bank I	Name												
$\subseteq$	DD charges, (`)(ii)														
	, , , , ,	figs Accou	nt Typ	e [] (	Curre	nt 🗌	Savi	ngs [	NRO	NR	E	FCNF			
	My existing CAMS OTM registered to be u SIP instalments (mention CAMS OTM No.														
	Cheque No. Bank Nar														
	Monthly SIP Date SIP Enro	Ilment Period	SIP	Installn	nent	Amo	ount (	Rs.)	Payme	ent	nt mode				
SIP	Standard From M M Y	000	25,0	000											
	(Any date except 29 <sup>th</sup> , 30 <sup>th</sup> , 31 <sup>st</sup> of the month)	OO,000 CAMS OTM (Please also fill CAMS OTM in form 2)													
	In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month.														
TOP-UP	SIP Top-up (Optional) Top-up Amount (Rs.)  (The Top-up amount should be Rs. 500 and multiples of Rs. 500 thereafter)														
TOP	(Refer J (vii) SIP Top-up Freque	,		ault Top-											
SIP.															
	Registration for this facility is subject to the investor's bankers accepting the mandate for SIP Top-up registration.  5. UNIT HOLDING OPTION (Switch not allowed for Demat holdings. Redemption through Stock Exchange Platforms/ DPs only)														
F	☐ 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.)														
(Inve		details below. Nomination provid	ed in De	emat Ac	ccoun	t sha	II be co	onsid	ered.)						
	estors opting for units in demat form may please fill the	·	ed in De	emat Ac	ccoun	t sha	ll be co	onsid	ered.)						
	estors opting for units in demat form may please fill the	epository Participant Name			ccoun	t sha	II be co	onsid	ered.)						
	estors opting for units in demat form may please fill the  NSDL OR CDSL D  Depository Participant (DP) ID (NSDL only) B	epository Participant Name eneficiary Account Number (N	NSDL c	only)	ccoun	t sha	II be co	onsid	ered.)						
DEMAT MODE oul)	estors opting for units in demat form may please fill the  NSDL OR CDSL D  Depository Participant (DP) ID (NSDL only) B	epository Participant Name	NSDL c	only)	Ccoun	t sha	II be co	onsid	ered.)						
9 DEMAT MODE	estors opting for units in demat form may please fill the  NSDL OR CDSL D  Depository Participant (DP) ID (NSDL only) B  OMINATION DETAILS Individuals (single or joint ap	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID	NSDL o	only) only)		t sha	II be co				Sign	ature			
DEMAT MODE	Depository Participant (DP) ID (NSDL only) B  OMINATION DETAILS Individuals (single or joint ap/We wish to nominate.	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID	NSDL o	only) only)		t sha					Sign	ature			
DEMAT MODE	Depository Participant (DP) ID (NSDL only)  OMINATION DETAILS Individuals (single or joint ap //we wish to nominate.  We DO NOT wish to nominate and sign here	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID	NSDL of (CDSL nination	only) only)			Witne	ess N	ame			ature			
DEMAT MODE	Depository Participant (DP) ID (NSDL only) B  OMINATION DETAILS Individuals (single or joint ap/We wish to nominate.	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID oplicants) are advised to avail Noratt Applicant signature (mandat	NSDL of (CDSL nination	only) only)	y		Witne	ess N		0	Non				
DEMAT MODE	Depository Participant (DP) ID (NSDL only)  OMINATION DETAILS Individuals (single or joint ap //we wish to nominate.  We DO NOT wish to nominate and sign here	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID splicants) are advised to avail Noratt Applicant signature (mandated in case of Mires)	NSDL of (CDSL nination	only) only) n facility	y		Witne	ess N	ame	0	Non	ninee/			
Nou DEMAT MODE	Pestors opting for units in demat form may please fill the NSDL OR CDSL DEPOSITION Participant (DP) ID (NSDL only) BE DEPOSITION DETAILS Individuals (single or joint apply We wish to nominate.  We DO NOT wish to nominate and sign here  Nominee Name & Address	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID splicants) are advised to avail Noratt Applicant signature (mandated in case of Mires)	NSDL of (CDSL nination	only) only) n facility	y		Witne	ess N	ame	0	Non	ninee/			
Now Now	Depository Participant (DP) ID (NSDL only)  OMINATION DETAILS Individuals (single or joint ap/We wish to nominate.  Nominee Name & Address	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID splicants) are advised to avail Noratt Applicant signature (mandated in case of Mires)	NSDL of (CDSL nination	only) only) n facility	y		Witne	ess N	ame	0	Non	ninee/			
Non Nom 7. DI	Depository Participant (DP) ID (NSDL only) B Depository Participant (DP) ID (NSDL only) B DOMINATION DETAILS Individuals (single or joint ap We wish to nominate. We DO NOT wish to nominate and sign here Nominee Name & Address  ninee 1 ninee 2 ninee 3 ECLARATION & SIGNATURES (Please refer to the I	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID oplicants) are advised to avail Nor 1st Applicant signature (mandated In case of Mir Guardian Name & Address	(CDSL (CDSL nination	Date of DMM	y	A	Witne	ess N	ame Relationship vith Investor	or G	Non	ninee/ lian sign			
BOOM LAMADOM Nom Nom Nom 7. DI 1.1/We (SID) an analysis of the preparation of the prepara	estors opting for units in demat form may please fill the  NSDL OR CDSL D  Depository Participant (DP) ID (NSDL only) B  OMINATION DETAILS Individuals (single or joint ap /We wish to nominate.  /We DO NOT wish to nominate and sign here  Nominee Name & Address  ninee 1  ninee 2  ninee 3  ECLARATION & SIGNATURES (Please refer to the I have read and understood the terms and features of the scheme(s) and the Addenda issued till declare that the amount invested in the Scheme(s) and the Addenda issued till declare that the amount invested in the Scheme(s) and the Addenda issued till declare that the amount invested in the Scheme(s) and the Addenda issued till have read and understood the terms and features of the scheme(s) and the Addenda issued till have read and understood the terms and features of the scheme(s) and the Addenda issued till have read and understood the terms and features of the scheme(s) and the Addenda issued till have read and understood the terms and features of the scheme(s) and the Addenda issued till have read and understood the terms and features of the scheme(s) and the Addenda issued till have read and understood the terms and features of the scheme(s) and the Addenda issued till have read and understood the terms and features of the scheme(s) and the Addenda issued till have read and understood the terms and features of the scheme(s) and the Addenda issued till have read and understood the terms and features of the scheme(s) and the Addenda issued till have read and understood the terms and features of the scheme(s) and the Addenda issued till have read and understood the terms and features of the scheme (s) and the Addenda issued till have read and understood the terms and scheme (s) and the Addenda issued till have read and understood the terms and scheme (s) and the Addenda issued till have read and understood the terms and features of the scheme (s) and the Addenda issued till have read and understood the terms and the Addenda issued till have read and understood the terms and the Adde	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID splicants) are advised to avail Nor at Applicant signature (mandated in case of Mir Guardian Name & Address energy and in the Scheme (Stand does not involve and is not designed for the Scheme (Stand does not involve and scheme (Stand does not involve and does not involve and scheme (Stand	NSDL composed for the Statemen and agree unprosed of the Statemen and agree unprosed for the Statemen and supposed for the Statemen and supposed for the Statemen and Stat	Date of DMM DMM or of Addition to abide becomes	F birth	A A Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Witne Witne (SAI) of II	ess N  ion I  V	ame  Relationship vith Investor ual Fund, Schem gulations governitions Notifications (Diffications of Control Funds (Control F	or G	Non Guard	ninee/ lian sigr			
BOOW LEWEL OF TAXABLE	Pastors opting for units in demat form may please fill the NSDL OR CDSL DEPOSITION OR CDSL DEPOSITION OR CDSL DEPOSITION OR DETAILS INDIVIDUAL OR DEPOSITION OF THE NAME OF TH	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID eplicants) are advised to avail Nor at Applicant signature (mandated in case of Mir Guardian Name & Address enstruction No. K) factors. Having read and understood the contents of date, I/we hereby apply for the units of the Scheme(s) rand does not involve and is not designed for the pice laws as applicable to me/us from time to time. I/ a quits invested in the scheme for the pice was a specificable to me/us from time to time. I/ a quits invested in the scheme for the pice was a specificable to me/us from time to time. I/ a quits invested in the scheme for the pice was a specificable to me/us from time to time. I/ a quits invested in the scheme for the pice in the scheme for the pice in the scheme for the sc	NSDL comments of the Statement and agree urpose of the We confirm as per the	Date of DMM DMM DMM MAN to abide by the contrave metal that for scheme relations and the contrave metal that for scheme relations and the contrave metal that for scheme relations are scheme relations and the contrave metal that the for scheme relations are scheme relations.	birth first birth	y y y y mation f, s, condif f, any A	Witne Willocat %	DFC Mu	ame  Relationship with Investor  tual Fund, Schem gulations governi tions, Notificatic legally belong to make	on G	Non Suarco matio e Sche F Direc ius and investi	ninee/ lian sign n Documer me(s).1/W tions of th			
6. N Non Non Non Taxatic not recording to the data	Pastors opting for units in demat form may please fill the NSDL OR CDSL Depository Participant (DP) ID (NSDL only) Be Depository Participant (NS	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID eplicants) are advised to avail Nor 1st Applicant signature (mandated In case of Mir Guardian Name & Address Address Address Address Instruction No. K)  Instruct	NSDL companies of the Statemen and agree urpose of the Statemen and agree urpose of the Statemen as per the let any order the funds in JWe hereit as the statemen as per the let any order the statement as per the let any order the statement as per the let any order the statement as the statement	Date of DMM DMM DMM to table by the contraction that the scheme relegiful	onal Information the term entition of under substantial dependence of the term entition of the term entitle entities and the term entitle entitl	mation s, condi f any A	Witne Witne % (SAI) of III % (SAI) of III % (SAI) of III %	DFC Murs and reference (Section 1) and reference (Section 2) and refer	ame  Relationship with Investor  gulations governitions, Notification tions, Notification tions, Notification tions and the application to thorised to make it the applicant, at the applicant at th	or G	Non uarc	ninee/ lian sigr n Documer me(s).1/W titions of th d1/w ehav ment as pe went "Knoorevailing or			
HOOW LEVEL OF THE STATE OF THE	Pastors opting for units in demat form may please fill the NSDL OR CDSL Depository Participant (DP) ID (NSDL only) Be Depository Participant (NS	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID plicants) are advised to avail North Applicants and in case of Min Guardian Name & Address  In case of Min Guardian Name & Address  In case of Min Guardian Name & Address  In the contents of the Scheme (Stand does not involve and is not designed for the ple leaws as applicable to me/us from time to time.) It is this investment. If We am/are eligible Investor (S) not prohibited from accessing capital markets uncome whereby authorise the Mutual Fund, to redeem the with the Authors that may be required by the Law 3, nation is found to be false or untrue or misleading or tector provide any other additional information as materials.	NSDL of (CDSL nination or )  Or )  Or )  D   D   D   Or    D   D   Or    D   D   Or    D   Or   Or    D   Or   Or    D   Or    D   Or    D   Or    D   Or   Or    D   Or    D   Or   Or    D	Date of DMM DMM DMM DMM DMM DMM DMM DMM DMM DM	y.  f birth  y y y y y  y y y y  y y y y  hateleft scheduling sche	mation s, condidate the state of any A feets of any A feets, and the state of the s	Witne (SAI) of III tions rule 11, Rules, 12, Rules, 13 and am with a Scheller 14 and your of the	DFC Multiple Search Sea	ame  Relationship with Investor  Relationship with Investor  reguly belong to thorised to make gulatory authorit cant, at the applic take to keep you take to keep you take to keep you	O G G G G G G G G G G G G G G G G G G G	Non Guarco Tolirec us and investin investin re true ned im	ninee/ lian sigr n Documer me(s).1/W that if 1/we hav ment as pe vent "Kno revailing o , correct an mediately im, mode			
6. N Non Non Non Non Non Non Non Non Non No	Pastors opting for units in demat form may please fill the NSDL OR CDSL Depository Participant (DP) ID (NSDL only) Be Depository Participant (DP) ID (NSDL only)	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID eplicants) are advised to avail Nor 1st Applicant signature (mandated In case of Mir Guardian Name & Address Address Address Address In case of Mir Guardian Name & Energy States (New York Address In Case of Mir Guardian Name & Energy States (New York Address In Case of Mir Guardian Name & In Case of Mir Guardian Name & Address In Case of Mir Guardian Name & In Case of Mir Guardian Name & In Case of Mir Guardian Name & Mir	(CDSL (CDSL nination or ))  Or DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	Date of DMM DMM DMM DMM DMM DMM DMM DMM DMM DM	onalInformation of the term ention of the term entire ent	mation s, condiff f any A sested ir cumeni etc., of efection	Witner  (SAI) of III  (SAI) of	DFC Multiple Standard	ame  Relationship with Investor  gulations governitions, Notificatic legally belong to thorised to make iticant, at the appli- ciant, at the appli- ciant, at the appli- ciant, at the appli- ticant, at the appli- ciant,	e Information of the state of t	Non Guarco rmatio e Sche us and investe us and investe e NAV pre true re true many for the contraction of the contraction of the the contraction of the contraction of the contraction of the the contraction of the contraction of the contraction of the the contraction of the contraction of the contraction of the the contraction of the contraction of the contraction of the the contraction of the contraction of the contraction of the contraction of the the contraction of the contraction of the contraction of the the contraction of the contraction of the contraction of the the contraction of the contraction of the contraction of the contraction of the the contraction of the contraction of the contraction of the contraction of the the contraction of the contraction of	ninee/ lian sigr n Documer me(s).1/W tions of th 11/w ehav ment as pe vent "Kno ; correct an mediately ir m, mode employee			
And the Complex withing the Complex within the C	Pestors opting for units in demat form may please fill the NSDL OR CDSL Depository Participant (DP) ID (NSDL only) Bestors Participant (NSDL only) Bes	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID eplicants) are advised to avail Normal Ist Applicant signature (mandated In Case of Mir Guardian Name & Address G	(CDSL (C))))) (CDSCL (CDSL (CDSL (CDSL (CDSL (C)))))) (CDSCL (CDSL (CDSL	Date of DMM DMM DMM DMM DMM DMM DMM DMM DMM DM	onal Information of the term o	mations, s, conditions, s, condition	(SAI) of III  (S	DFC Mura sa and remain which too ounder folice for the same same same same same same same sam	ame  Relationship with Investo  tual Fund, Scheme gulators governi tions, Notificatic legally belong to legally belong to lon provided abor isclose, share, rer to Company, Tru gation agencies s of various Mutu ether with this pr linvestors but investors but linvestors but lin	opr G  e Information of G	Non  Final tion  F	ninee/ lian sigr  n Documer me(s).1/W. titons of th 11/we have ment as pewent "Knor revailing o, correct an mediately im, mode o employee y obligatio mamong estment w ites persor.			
Annual Complex Within the Control agents wit	Pastors opting for units in demat form may please fill the NSDL OR CDSL Depository Participant (DP) ID (NSDL only) Be Depository Participant (DP) ID (NSDL only)	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID eplicants) are advised to avail Nor 1st Applicant signature (mandated In case of Mir Guardian Name & Address In case of Mir Guardian Name & Address Address In case of Mir Guardian Name & Address In case of Mir Guardian Name & In case of Mir Guardian Name & In case of Mir Guardian Name & In contents of takes In whereby apply for the units of the Scheme(Syland does not involve and is not designed for the ple laws as applicable to me/us from time to time. It gith is involved the sum of the ple laws as applicable to me/us from time to time. It gith is not prohibit of the ple laws as applicable to me/us from time to time to the ple laws as applicable to me/us from the total the ple in the first of the ple laws as applicable to merchant of the power of the ple in the ple	MSDL of (CDSL nination or )  Or )  In or   D   D   Or    Or   D   D   Or    Or   D   D   Or    Or   D   Or   Or    Or   D   Or   Or    Or   D   Or   Or    Or   Or   Or   Or    Or   Or	Date of DMM DMM DMM DMM DMM DMM DMM DMM DMM DM	y.  F birth  Y Y Y Y  Y Y Y  Y Y Y  Y Y Y  Y Y  Y	mation s, condifference of the condition	Witne (SAI) of III % (SAI) of III the Schelar the Sc	DFC Multiple Season No. 1 No.	ame  Relationship with Investor  gulations governitions. Notificatic legally belong to thorise to make ricant, at the applic on provided above it Company. Trugation agencies s of various Mutu ether with this pr Investors but no nada, and that I /	Oper G  Information of the state of the stat	Non Guard Formation e Sche us and investi n the e NAV re ened im any for out ann out ann out ann out ann out and ened investi ened inve	ninee/ lian sigr n Documer me(s).1/W tions of th d 1/ we hav ment as pe vent "Kno revailing o , correct an mediately im, mode o employee or biligatio m among sestment w tes persor nitted func-			
Annual Complete Compl	Pestors opting for units in demat form may please fill the NSDL OR CDSL Depository Participant (DP) ID (NSDL only) B Depository Participant (DP) ID (NSDL only) B DOMINATION DETAILS Individuals (single or joint apply We wish to nominate.  We DO NOT wish to nominate and sign here Nominee Name & Address Nominee Name & Address Nominee 1  Nominee Name & Address Nominee 1  Nominee 3  ECLARATION & SIGNATURES (Please refer to the I have read and understood the terms and features of the scheme(s) and associated risk and Key Information Memorandum (KIM) of the scheme(s) is through legitimate sources only on Laws, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable vieved nor have been induced by any rebate or gifts, directly or indirectly in makin situitive documents/ authorisation(s). J/We further confirm that I am not I/we are slowed nor have been induced by any rebate or gifts, directly or indirectly in makin situitive documents/ authorisation(s). J/We further confirm that I am not I/we are slowed nor have been induced by any rebate or gifts, directly or indirectly in makin sistomer' process is not completed by me' Jus to the satisfaction of the Mutual Fund Je of such redemption subject to applicable exit load and undertake such other action tet to the best of my/our knowledge and belief in case any of the above specified inform Section of the Section of the Section of the Section of the Mutual Fund Je of Section of the Mutual Fund Je of Section of the Mutual Fund Je of Section of the Section of t	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID eplicants) are advised to avail Nor 1st Applicant signature (mandat In case of Mir Guardian Name & Address  In case of Mi	MSDL of (CDSL nination or )  Or )  In or   D   D   Or    Or   D   D   Or    Or   D   D   Or    Or   D   Or   Or    Or   D   Or   Or    Or   D   Or   Or    Or   Or   Or   Or    Or   Or	Date of DMM DMM DMM DMM DMM DMM DMM DMM DMM DM	y.  F birth  Y Y Y Y  Y Y Y  Y Y Y  Y Y Y  Y Y  Y	mation s, condifference of the condition	Witne (SAI) of III (SAI) of III	DFC Multiple Season No. 1 No.	ame  Relationship with Investor  gulations governitions. Notificatic legally belong to thorise to make ricant, at the applic on provided above it Company. Trugation agencies s of various Mutu ether with this pr Investors but no nada, and that I /	Oper G  Information of the state of the stat	Non Guard Formation e Sche us and investi n the e NAV re ened im any for out ann out ann out ann out ann out and ened investi ened inve	ninee/ lian sigr n Documer me(s).1/W tions of th d 1/ we hav ment as pe vent "Kno revailing o , correct an mediately im, mode o employee or biligatio m among sestment w tes persor nitted func-			
HOOW LAND AND AND AND AND AND AND AND AND AND	Provided in the sector of the scheme (s) and associated risk declare that the amount invested in the Scheme (s) and understood the rapplicate even of mayor rebate or gifts, directly or indirectly in makin stitutive documents/ authorisation(s). I/We not have been induced by any rebate or gifts, directly or indirectly in makin stitutive documents/ authorisation(s). I/We further confirm that I amount were declared by any rebate or gifts, directly or indirectly in makin stitutive documents/ authorisation(s). I/We further confirm that I amount were declared by any rebate or gifts, directly or indirectly in makin stitutive documents/ authorisation(s). I/We further confirm that I amount were active to the best of my/our knowledge and belief. In case any of the above specified infort about any changes/modification to the above information in future and also undertak in all/ any of the information provided by me/ us, including all changes, updates to / service providers, other SEBI registered intermediaries or any Indian or foreign a sign grevius of the same. 4. The ARN holder has disclosed to me / us all the commiss he Scheme is being recommended to me / us. 5. For micro-investments only: I/We aggregate investments exceeding Rs. Sol.0000/- in a year. 6. For NRIs / PIOs / FIPIs chemeaning of Regulation (S) under the United States Securities Act of 1933, or as decoad through approved banking channels or from funds in my / our Non-Resident. We hereby confirm that, I/We have read and understood the Privacy Policy he atlon) provided in relation to our Investment in IDFC MF to any Associate / Grou	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID eplicants) are advised to avail Nor 1st Applicant signature (mandated In case of Mir Guardian Name & Address In case of Mir Guardian Name & Address Address In case of Mir Guardian Name & Address In case of Mir Guardian Name & In case of Mir Guardian Name & In case of Mir Guardian Name & In contents of takes In whereby apply for the units of the Scheme(Syland does not involve and is not designed for the ple laws as applicable to me/us from time to time. It gith is involved the sum of the ple laws as applicable to me/us from time to time. It gith is not prohibit of the ple laws as applicable to me/us from time to time to the ple laws as applicable to me/us from the total the ple in the first of the ple laws as applicable to merchant of the power of the ple in the ple	(CDSL (C))))) (CDSCL (CDSL (CDSL (CDSL (CDSL (CDSL (CDSL (CDSL (CDSL (C)	Date of DMM DMM DMM DMM DMM DMM DMM DMM DMM DM	onal Information of the term o	mation s, condifference of the condition	Witne  (SAI) of II	DFC Murs and re Regular me (s) available formation out of the appliformation out of the appliformation of the	ame  Relationship with Investo  Relationship with Investo  It is a series of a series  Relations govern  It is series  Relations govern  Relations govern  It is series  Relations govern  Rel	Oper G  Information of the state of the stat	Non Guard Formation e Sche us and investi n the e NAV re ened im any for out ann out ann out ann out ann out and ened investi ened inve	ninee/ lian sigr n Documer me(s).1/W tions of th d 1/ we hav ment as pe vent "Kno revailing o , correct an mediately im, mode o employee or biligatio m among sestment w tes persor nitted func-			
HOOW LAND AND AND AND AND AND AND AND AND AND	Pestors opting for units in demat form may please fill the NSDL OR CDSL Depository Participant (DP) ID (NSDL only) Bestors Participant (NSDL only) Bestors Participant (DP) ID (NSDL only) Bestors Participant (DP) ID (NSDL only) Bestors Participant	epository Participant Name eneficiary Account Number (Nepository Participant (DP) ID eplicants) are advised to avail Nor 1st Applicant signature (mandat In case of Mir Guardian Name & Address  In case of Mi	(CDSL (C))))) (CDSCL (CDSL (CDSL (CDSL (CDSL (CDSL (CDSL (CDSL (CDSL (C)	Date of DMM DMM DMM DMM DMM DMM DMM DMM DMM DM	onal Information of the term o	mation s, condifference of the condition	Witne  (SAI) of II	DFC Muran Sandre Regular Mare Sandre Regular Mare Sandre S	ame  Relationship with Investo  Relationship with Investo  It is a series of a series  Relations govern  It is series  Relations govern  Relations govern  It is series  Relations govern  Rel	Oper G  Information of the state of the stat	Non Guard Formation e Sche us and investi n the e NAV re ened im any for out ann out ann out ann out ann out and ened investi ened inve	ninee/ lian sigr n Documer me(s).1/W tions of th d 1/ we hav ment as pe vent "Kno revailing o , correct an mediately im, mode o employee or biligatio m among sestment w tes persor nitted func-			

For Financial Transactions Toll free 1-800-2-666688 Available between 8.00 am to 7.00 pm on business days only. For Non Financial Queries/Requests Toll free 1-800-300-66688 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

## Form for Additional KYC, FATCA & CRS Annexure for



Individual Accounts (Form 1A) (Including Sole Proprietor) (Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency) (Fields marked with \* are mandatory for all and ® are mandatory for PAN exempt cases)

FIRST	/ :	SOI	_E ,	ΑP	PL	IC	:Al	JT	-																														
Name																																							
PAN												О	r P	ΑN	Ех	en	npt	K	CYC Ref	fΝ	lo. (	PEF	RN)	) _															
Place of I	Birth																		Countr	у	of E	Birth																	
National	ity		India	n	U.	S.		C	)the	ers		(Ple	ease	spe	ecify	/)			Tax Res				dc	Iress		F	Resi	de	ntia	al [		Re Of	gist fice	ter	ed		Вι	usir	iess
Are you  If 'NO' p  If 'YES',  Green C	leas pleas	e pro se fil	ocee I for	d fo	or the	e s ınt	signa ries	atu (o	ire the	of r th	decl nan I	ara ndi	tioı a) i	<u>n</u> n v	vhic	ch											.e. v	vhe	ere	yoı	ı ar	e a	Citi	ize	n /	Res	side	nt .	/
Sr. No.	. Country of								Tax Identification Number or Functional Equivalent										Ide (TIN or					ype speci	ify)	If TIN is not available, please tick 1 tick 1 the reason A, B or C (as defined overleaf)													
1.																										$\rightarrow$	Rea	isc	n [			В[	С	_					
2.																										$\rightarrow$	Rea	isc	n [	/		В[	_ C	_					
3.																										$\rightarrow$	Rea	isc	n [	/		В[	С	_					
SECO	ND	Al	PPL	.IC	ΑN	Т																																	
Name																																			$\perp$				
PAN							Ш	_				0	r P	ΑN	Ex	en	npt	K	CYC Ref	fΝ	lo. (	(PEF	RN)	) _															
Place of I	Birth																		Countr	у	of E	Birth																	
National	ity		India	n	U.	S.		C	)the	ers		(Ple	ease	spe	ecify	/)			Tax Res				dc	Iress		F	Resi	de	ntia	al [			gist fice		ed		Вι	usir	iess
If 'NO' p If 'YES', Green C Sr. No.	pleas	se fil Hold	l for er / Cour	ALL Tax ntry	cou Resi	ınt de	ries	(O	the he i Tax	r th	nan I	ndia ive	a) i co atio	n v un on l	trie Nui	es mk	per	J 8		nti	ifica	atio	n T	ype					If T	IN	is r	not	ava	aila	ble	la .	eas	se	erleaf
1.																										$\rightarrow$	Rea	isc	n [		\	В[	С	_		_		_	
2.																										$\rightarrow$	Rea	isc	n [			В[	С	·	_		_		
3.																										$\rightarrow$	Rea	SC	n [			В	С						
THIRE	) A	PP	LIC	Αľ	NΤ																																		
Name																																		I					
PAN												О	r P	ΑN	Ех	en	npt	K	CYC Ref	fΝ	lo. (	PEF	RN)	) _										_					
Place of I	Birth																		Countr	у	of E	Birth																	
National	ity		India	n	U.	S.		C	)the	ers		(Ple	ease	spe	ecify	/)			Tax Res				dd	Iress		F	Resi	de	ntia	al [			gist fice		ed		Вι	usir	iess
Are you If 'NO' p	leas	e pro	ocee	d fo	or the	e s	signa	atu	ire	of	decl	ara	tioi	ב																									
If 'YES', Green C																	you	18	are Res	ide	ent	for t	tax	purp	200	ses i	.e. v	vhe	ere	yoı	ı ar	e a	Citi	ize	n / I	Res	side	nt .	/
Sr. No.		(	Cour	ntry					Tax	x Ic	lent incti	ifica	atic	on l	Nu	mk			Ide (TIN or					ype speci	ify)	tic	ck✓								ıble (as d				erleaf
1.																				$\rightarrow$	Rea	isc	n [			В	] C	_											
2.																										$\rightarrow$	Rea	isc	n [		\	В[	С	_					
3.																										$\rightarrow$	Rea	isc	n [			В	С						

GUARDIAN / POA / PRO	PRIETOR													
Name														
PAN	or PAN Exem	pt KYC Ref No. (PERN)												
Place of Birth		Country of Birth												
Nationality Indian U.S.	Others (Please specify)	Tax Residence Addres  — (for KYC address)	Residential Re	egistered Business										
Are you a tax resident (i.e. are you as	ssessed for Tax) in any oth	er outside India? → ☐ Yes	□No											
If 'NO' please proceed for the signat		D 11 16 1		0111 / 15 / 14 / /										
If 'YES', please fill for ALL countries (green Card Holder / Tax Resident in		you are Resident for tax pu	rposes i.e. where you are a	Citizen / Resident /										
Sr. Country of No. Tax Residency	Tax Identification Numb or Functional Equivaler			If TIN is not available, please tick the reason A, B or C (as defined overleaf										
1.			→Reason □A□B[	C										
2.			→Reason □A□B[											
3.			→Reason □A□B[	C										
<ul> <li>Reason A → The country where the A</li> <li>Reason B → No TIN required. (select</li> <li>Reason C → others, please state the</li> </ul>	this reason Only if the author													
Additional KYC Information*	First Applicant (Including Minor)	Second Applicant	Third Applicant	Guardian/POA/Proprieto										
Gross Annual Income (Rs.) - Categories *	Gross annual Income (Rs.)	Gross annual Income (Rs.)	Gross annual Income (Rs.)	Gross annual Income (Rs.)										
Below 1 Lac, 1 - 5 Lac, 5 Lac - 10 Lac, 10 Lac - 25 Lac, 25 Lac - 1 Cr, 1 Cr - 5 Cr,	Please write from options given	Please write from options given	Please write from options given	Please write from options given										
5 Cr - 10 Cr, above 10 Cr	Rs. as on	Rs. as on	Rs. as on	Rs. as on										
Net-worth (Mandatory for Non-Individuals) (Rs.)	D D M M Y Y Y Y (Not older than 1 year)	D D M M Y Y Y Y  (Not older than 1 year)	D D M M Y Y Y Y  (Not older than 1 year)	D D M M Y Y Y Y (Not older than 1 year)										
Source of Wealth														
Occupation - Categories* Private Sector Service, Public Sector Service, Government Service, Business, Professional, Agriculturist, Retired, Housewife, Student, Forex Dealer & 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*	I am PEP	I am PEP	I am PEP	I am PEP										
(Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)	I am a relative / associate of PEP	I am a relative / associate of PEP	I am a relative / associate of PEP	I am a relative / associate of PEP										
nastee / Whole time Directors/	None of these	None of these	None of these	None of these										
Any other KYC related information which you wish to provide														
Note: Politically Exposed Persons (PEP) are defined politicians, senior government/judicial/military officer *Under Rule 9 of PMLA Rules, 2005, investments in MF DECLARATION  I/We hereby acknowledge and confirm that the in information is found to be false or untrue or mchanges/modification to the above information in share, remit in any form, mode or manner, all / any oits Sponsor, Asset Management Company, Trustee judicial authorities / agencies, the tax /revenue auth CERTIFICATION  I/ We have understood the information requireme on this Form is true, correct, and complete. I/ We al	is, senior executives of state-owned consciences of upto Rs. 50,000/- per invitro provided above is/are traisleading or misrepresenting, I/we future and also undertake to provide the information provided by me/les, their employees, agents / service provides and other investigation agents of this Form (read along with the	proprations, important political party cestor per Mutual Fund per Financial yeue, correct and complete to the bees hall be liable for it. I/We also leany other additional information us, including all changes, updates to be providers, other SEBI registered incies without any obligation of advirus FATCA, Additional KYC & CRS Insertices.	officials, etc.  aar shall be exempted from requirement  est of my/our knowledge and belief undertake to keep you informed as may be required at your end. I/W o such information as and when pro- intermediaries or any Indian or fo sing me/us of the same.	int of Additional KYC information.  In case any of the above specifier immediately in writing about any was the hereby authorise you to disclose vided by me/ us to the Mutual Function governmental or statutory of the information provided by me/us.										
First / Sole Applicant / Guardian / Authorised Signatory	Second Applic	ant Third	Applicant	POA Holder										
		Date D D M M	Y Y Y Y Place											