

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

Application No.

Distributor Code	ARN- 9992	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee	EUIN No.	RIA Code	
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 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.				First Holder	Second Holder	Third 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*				First Holder	Second Holder	Third Holder

TRANSACTION CHARGES (Please ✓ 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. INVESTOR DETAILS (Please refer to the Instruction No. A, C, D, R)

Existing Folio Number *Date of Birth Existing Investor may not fill in Section 1, 2 & 5. (*Mandatory for Minor)

☒ FIRST HOLDER DETAILS (please ✓) ☐ Individual ☐ Non Individual (Please refer instruction D for UBO)

PAN/PERN (Mandatory) ☐ PAN/PERN Proof enclosed ☐ KYC Compliance ☐ KIN KYC Identification Number

Name

Correspondence Address

City State Pin Code

Overseas Address for NRIs / PIOs / FIIs (Mandatory)

City Country Zip Code

You must fill in Mobile No. Email ID

Status of First / Sole Applicant ☐ Resident Individual (Indian National) ☐ NRI - Repatriable ☐ NRI - Non Repatriable ☐ PIO ☐ HUF
☐ Minor (through Guardian) ☐ FII / Sub-account ☐ Sole-proprietor ☐ Partnership Firm ☐ LLP ☐ Company (other than Bank/FI)
☐ Bank ☐ Financial Institution ☐ Other Body Corporate ☐ Government Body ☐ Charitable / Religious / Non-profit organisation
☐ Educational Institution ☐ Mutual Fund ☐ PF Trust ☐ Gratuity Fund ☐ NPS Trust ☐ Pension / Retirement / Superannuation Fund
☐ Private Trust ☐ Co-op. Society ☐ Society / AOP/ BOI ☐ Other (Please specify)

Note : • For Individual investor: Please attach the mandatory Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts - Form 1A.

• For Non-individual investor: Please attach the mandatory Details of Ultimate Beneficial Owner including additional FATCA & CRS information - Form 1B.

☒ SECOND Holder Details PAN/PERN (Mandatory) ☐ KYC Compliance ☐ KIN KYC Identification Number

Name

☒ Third Holder Details PAN/PERN (Mandatory) ☐ KYC Compliance ☐ KIN KYC Identification Number

Name

☒ Guardian/POA/Proprietor PAN/PERN (Mandatory) ☐ KYC Compliance ☐ KIN KYC Identification Number

Name

Mode Of Holding / Operation ☐ Single ☐ Anyone or Survivor ☐ Joint ☐ 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 Branch

Account Number City

Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify)

MICR Code RTGS/NEFT 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 tick the box alongside ☐

3. All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication please ☐

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

Received, subject to realisation, verification and conditions

Application No.

☐ 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

4. 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 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. <input type="text"/>	Date <input type="text"/>
	<input type="checkbox"/> CAMS OTM <input type="text"/> CAMS OTM NO. <input type="text"/>	Account No. <input type="text"/>	
	Amount (₹) (i) <input type="text"/>	Bank Name <input type="text"/>	
	DD charges, (₹) (ii) <input type="text"/>	Branch & City <input type="text"/>	
	Total Amount (₹) (i) + (ii) <input type="text"/> in figs	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	

☐ My existing CAMS OTM registered to be used for initial & subsequent SIP instalments (mention CAMS OTM No. in the boxes)

☐ Cheque No. Bank Name

SIP	Monthly SIP Date <input type="text"/>	SIP Enrollment Period <input type="text"/>	SIP Installment Amount (Rs.) <input type="text"/>	Payment mode <input type="text"/>
	<input type="checkbox"/> Standard <input type="text"/> (Any date except 29 th , 30 th , 31 st of the month)	<input type="checkbox"/> Standard From <input type="text"/> To <input type="text"/>	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000	<input type="checkbox"/> CAMS OTM (Please also fill CAMS OTM in form 2)
	<input type="checkbox"/> Default (10th of every month)	<input type="checkbox"/> Default From <input type="text"/> To <input type="text"/>	<input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000	
			<input type="checkbox"/> any other amount <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.) <input type="text"/>	(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)	

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)

☐ 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 <input type="text"/>
	Depository Participant (DP) ID (NSDL only) <input type="text"/>	Beneficiary Account Number (NSDL only) <input type="text"/>
	<input type="text"/>	Depository Participant (DP) ID (CDSL only) <input type="text"/>

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

☐ I/We wish to nominate.
☐ I/We DO NOT wish to nominate and sign here 1st Applicant signature (mandatory)

	Nominee Name & Address	In case of Minor		Allocation %	Relationship with Investor	Nominee/ Guardian sign
		Guardian Name & Address	Date of birth			
Nominee 1			<input type="text"/>			
Nominee 2			<input type="text"/>			
Nominee 3			<input type="text"/>			

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. 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 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. 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 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.

☐ 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 <input type="text"/>	Second Applicant <input type="text"/>	Third Applicant <input type="text"/>	POA Holder <input type="text"/>	Date <input type="text"/>	Place <input type="text"/>
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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)



IDFC MUTUAL FUND

FIRST / SOLE APPLICANT

Name

PAN or PAN Exempt KYC Ref No. (PERN)

Place of Birth Country of Birth

Nationality ☐ Indian ☐ U.S. ☐ Others (Please specify) Tax Residence Address ☐ Residential ☐ Registered Office ☐ Business (for KYC address)

Are you a tax resident (i.e. are you assessed for Tax) in any other outside India? → ☐ Yes ☐ No

If 'NO' please proceed for the signature of declaration

If 'YES' please fill for ALL countries (other than India) in which you are Resident for tax purposes i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

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 <input checked="" type="checkbox"/> the reason A, B or C (as defined overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>

SECOND APPLICANT

Name

PAN or PAN Exempt KYC Ref No. (PERN)

Place of Birth Country of Birth

Nationality ☐ Indian ☐ U.S. ☐ Others (Please specify) Tax Residence Address ☐ Residential ☐ Registered Office ☐ Business (for KYC address)

Are you a tax resident (i.e. are you assessed for Tax) in any other outside India? → ☐ Yes ☐ No

If 'NO' please proceed for the signature of declaration

If 'YES' please fill for ALL countries (other than India) in which you are Resident for tax purposes i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

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 <input checked="" type="checkbox"/> the reason A, B or C (as defined overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>

THIRD APPLICANT

Name

PAN or PAN Exempt KYC Ref No. (PERN)

Place of Birth Country of Birth

Nationality ☐ Indian ☐ U.S. ☐ Others (Please specify) Tax Residence Address ☐ Residential ☐ Registered Office ☐ Business (for KYC address)

Are you a tax resident (i.e. are you assessed for Tax) in any other outside India? → ☐ Yes ☐ No

If 'NO' please proceed for the signature of declaration

If 'YES' please fill for ALL countries (other than India) in which you are Resident for tax purposes i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

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 <input checked="" type="checkbox"/> the reason A, B or C (as defined overleaf)
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="text"/>

