Stamp & Signature



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

stributor Code /	ARN-	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee	EUIN	No.
hereby confirm that th ce by the employee/rela ne employee/relationshi	ne EUIN box has been intentionally ationship manager/sales person of i ip manager/sales person of the distr	left blank by me/us as this is a the above distributor or notwith ributor and the distributor has n	an "execution-only" transaction without an istanding the advice of in-appropriateness, not charged any advisory fees on this trans	ny interaction or , if any, provided action.	Second Holder	Third Holder
RANSACTION C	HARGES (Please ✓ any	one of the below) (Re	efer Instruction No. T)			
I a	m a first time investor in mut	tual funds (₹ 150 will be	deducted) OR	I am an existing inve	stor in mutual funds (₹ 100 wi	II be deducted)
	ions routed through a distribu	•	•	s' assessment of various factors includ	ling service rendered by the dis	tributor.
	DETAILS (Please refer t	·			,	
xisting Folio Nu	ımber		/ *Date	of Birth D D M M Y	Existing Investor may *Mandatory for Mino	v not fill in Section 4, 5 &
FIRST HOLDER	DETAILS (please ✓)	Individual Non	Individual (please refer instruc	ction D for UBO)	PAN/PERN	PAN/PERN KYC
Name					(mandatory)	enclosed Compliar
You must fill in	Mobile No.		Email ID			
status	Individual (India	n National) PIO	Minor (through Guardia	n) HUF FII / Sub-acc	ount Sole-proprietor	Partnership Fi
Note for non-ind	Pension / Retire	gious / Non-profit org ment / Superannuation attach the mandatory	n Fund Private Trust	nstitution		/ Fund NPS Tru
Residential / Tax			esident Repatriable (NRE)	Non-resident Non-repa	• • • • • • • • • • • • • • • • • • • •	
,, p		Country of Tax Res		iated Foreign Tax Identification N	Tax Identification Nu	mher
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Form W8 BI	EN-E / Specified declarati rovide [IDFC Mutual Fund	ion (Enclosed) I will contact you in du	ow, even if Country of Tax Re ue course to confirm your FAT efault implying that the applicant/i	•		
Form W8 BI Unable to P *Where no box is ADDITIONAL KY	EN-E / Specified declarati rovide [IDFC Mutual Fund ticked, the second statement C INFORMATION	ion (Enclosed) I will contact you in do nt will be taken as the de	ue course to confirm your FAT	CA Status]		
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SECOND HOLDEN	ECOND HOLDER DETAILS				PAN/PERN				KYC					
Name		(mandatory) Pr			enclosed	Compliance								
DETAILS LINDER E	ATCA / FOREIGN TAX LAWS													
Country of birth	Are you a resident in any coun	try other	r tha	n Indi	a for ta	x purp	oses.	Yes	No					
If yes, please indic	ate all countries in which you are resident for tax purposes and the associated Foreign Tax Identi	fication I	Num	ber b	elow.									
	Tax Identification Number													
			Iux	1001111	iiouiio									
ADDITIONAL KYC	INFORMATION													
Gross Annual Inco	me (Rs.) [Please tick(✓)] ☐ Below 1 Lacs ☐ 1 Lacs - 5 Lacs ☐ 5 Lacs - 10 L	acs		10 L	acs - 2	5 Lacs	s [25 Lac	s - 1 Crore					
OR	1 Crore - 5 Crore 5 Crore - 10 Crore above 10 Cro	re					_							
Net-worth (Manda	tory for Non-Individuals) Rs. as on	D D	M	M	YY	Υ	Y (1	Not older th	nan 1 year)					
	e tick any one and give brief details): Private Sector Service Public Sector Service	Gove	rnme	ent Se	rvice		Busine	ss P	rofessional					
Agriculturist	Retired Housewife Student Others Please s	pecify												
	s / profession, indicate the details (including nature of goods/ services dealt in) d Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee /Who	ola tima	Diro	ctore)										
I am PEP	I am a relative / associate of PEP None of these (for definition of PE			,	1 X)									
THIRD HOLDER DI					I/PERN			PAN/PERN Proof	KYC					
Name				(mai	ndatory))		enclosed	Compliance					
DETAIL & LINDED E	TATCA / EQDEION TAV I AMIO													
Country of birth	ATCA / FOREIGN TAX LAWS Are you a resident in any coun	try other	r tha	n Indi	a for ta	x purp	oses.	Yes	No					
_	ate all countries in which you are resident for tax purposes and the associated Foreign Tax Identi	•												
ii yoo, pidase iiidic	ate all countries in which you are resident for tax purposes and the associated roreign rax identi	ποαιίστι ι	IVUIII											
ii yes, picase iiidie		iloatioii i	INUITI			ficatio	n Num	ber						
II yes, please mule	Country of Tax Residency	iloation i	IVUITI			ficatio	n Num	ber						
n yes, piease maie		incation i	I VOITI			ficatio	n Num	ber						
n yes, piease mule			ivuiii			ficatio	n Num	ber						
ADDITIONAL KYC	Country of Tax Residency					ficatio	n Num	ber						
ADDITIONAL KYC	Country of Tax Residency			Tax					s - 1 Crore					
ADDITIONAL KYC	Country of Tax Residency INFORMATION TO (Do.) (Flores field (1))	acs		Tax	Identi				s - 1 Crore					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Mandat	Country of Tax Residency INFORMATION IME (Rs.) [Please tick()] Below 1 Lacs 1 Lacs - 5 Lacs 5 Lacs - 10 L 1 Crore - 5 Crore 5 Crore 5 Crore above 10 Crore as on</td <td>acs</td> <td></td> <td>Tax</td> <td>Identi</td> <td></td> <td>3</td> <td>25 Lac:</td> <td>s - 1 Crore nan 1 year)</td>	acs		Tax	Identi		3	25 Lac:	s - 1 Crore nan 1 year)					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Mandat Occupation (please	Country of Tax Residency INFORMATION Ime (Rs.) [Please tick(\(\sigma\)]	acs re DDD		10 L	acs - 2	5 Lacs	3	25 Lac						
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Mandat Occupation (please	Country of Tax Residency INFORMATION Ime (Rs.) [Please tick(\(\sigma\)]	acs re DDD		10 L	acs - 2	5 Lacs	s [Y] (M	25 Lac	nan 1 year)					
ADDITIONAL KYC Gross Annual Inco OR Net-worth (Mandat Occupation (please Agriculturist In case of business	Country of Tax Residency INFORMATION Ime (Rs.) [Please tick(\(\sigma\)]	acs re DDD Gover	M	10 L	acs - 2	5 Lacs	s [Y] (M	25 Lac	nan 1 year)					
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ADDITIONAL KYC Gross Annual Inco OR Net-worth (Mandat Occupation (please Agriculturist In case of business Politically Exposed I am PEP	Country of Tax Residency INFORMATION Ime (Rs.) [Please tick(✓)]	acs re Governmently Dle time	M	10 L M M Ctors)	acs - 2	5 Lacs	s [Y] (M	25 Lac	nan 1 year) rofessional					
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Toll free 1-800-2-666688

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

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

www.idfcmf.com

	ITIONAL KYC INFORMATION s Annual Income (Rs.) [Please tick(✓)] □ Below 1 Lacs □ 1 Lacs - 5	Lacs 5 Lacs - 10) Lacs 10 Lacs - 25 Lacs	25 Lacs - 1 Cror		
0R	1 Crore - 5 Crore 5 Crore -			20 2000		
Occi	worth (Mandatory for Non-Individuals) Rs. upation (please tick any one and give brief details): Private Sector Service Agriculturist Retired Housewife Student Others			(Not older than 1 yea		
Polit	ase of business / profession, indicate the details (including nature of goods/ servic ically Exposed Person (PEP) Status (Also applicable for authorised signatories/P I am PEP I am a relative / associate of PEP None of the	romoters/Karta/Trustee /W		X)		
Mod	e Of Holding / Operation					
	Single Anyone or Survivor Joint As p	er resolution (Defau	It option is anyone or survior)			
2. INV	VESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E, J, N)					
		IP (Refer to point J (v) of the instru	actions) Photo ID No. (for Micro	SIP)		
Paym	ent Type (please ✓) : Self Third Party Payment (please fill the 'Third	Party Payment Declaration F	orm')			
Scher	ne IDFC		Pla	n		
Option	Growth Div - Reinvest Div - Payout Div - Sweep*	Div Frequency				
*Divid	lend Sweep Option to (Scheme & Plan Name) IDFC		Growth Div -	Payout Div - Reinv		
	nd Sweep Option is available from all Debt Schemes to Equity and Equity to Debt Schemes of	IDFC Mutual Fund. Please fill i		,		
	Payment Mode Cheque DD RTGS/NEFT Funds Tran	sfer Instrument No.				
	SCB Debit Mandate (available on form 2C)	Date D D M	MYY			
LUMPSUM	Amount (₹) (i)					
MPS	DD charges, (₹)(ii)					
3	Total Amount (₹) (i) + (ii) in figs					
	in words	Account Type	Current Savings NR	O NRE FCNF		
	Bank Branc	Cheque / DD No. Branch		Date M M Y Y Y Y		
-	*Subsequent SIP instalment amounts must be equal to this amount. Monthly SIP Date SIP Enrollment Period		SIP Installment Amount (Rs.)	Payment mode		
SIP	Standard D D Standard From M M Y Y Y Y TO M		5,000	-		
	Default (10th of every month) Default From M M Y Y Y Y To 1	2 2 0 9 9	any other amount	Standing Instruction (Please also fill form 2		
	In case of the Monthly Option if no date is selected in the form, the default date is 10th of every m	onth.		(
3. UN	IT HOLDING OPTION (Switch not allowed for Demat holdings. Redemption through Stock	Exchange Platforms/ DPs only)			
P	'hysical Mode Demat Mode (Investors opting for units in demat form may please	fill the details below. Nominati	on provided in Demat Account shall be	considered.)		
当	NSDL OR CDSL Depository Participant Name					
DEMAT MODE	Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (I	VSDL only) Deposito	ry Participant (DP) ID (CDSL only)		
DEMA			,, ·, (e - e - e,	,		
4 00	RRESPONDENCE ADDRESS (P.O.Box Address may not be sufficient) (Mandatory, If you	have a smalleted visit IA/C Dre	anno via I/DA the address of the fat Au	anlicent on venictored with		
	ill be automatically updated in our records. Investors residing overseas, please provide your li			oplicant as registered with		
City _	State	Pi	n code / Zip	You must fill in		
Overs	eas Address for NRIs / PIOs / FIIs (Mandatory)					
Tel Of	fice Tel Home		Fax			

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								
Account Number	count Number City							
Account Type Current	Savings NRO NRE	FCNR Others	(please specify)					
MICR Code	RTGS/NEFT Code							
Note: in case of additional parches, a cheque copy is required in case registered Bank mandate is different than mentioned here. 1/ 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 wron 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 is 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 information. Please select the desired option.) (Read instructions in connection with Nomination given in this KIM)								
· · · · ·	, , ,	•	5 MINI)					
Nominee NameAddress								
Addition								
Nominee Date of Birth (mandatroy for minor)		Proof of minor DOB submitted (Optional)						
Guardian Name (if nominee is a minor)		(1)						
Address								
			Signature of Nominee / Guardian (optional)					
Witness Name								
Address			Signature of Witness					
			Olgitator of Wallood					
I/We do not wish to nominate any pers	son for my investments.		Signature of investor					
Note: In case of more than one nominee, plo	ease submit a separate form available with a	any of our ISCs or on our website						
7. EASY TRANSACT (for Resident and NRI Indiv	vidual (including minors), Sole Proprietors & HUF)							
All communications will be sent by default to	the registered E-mail ID / Mobile No. In cas	e you wish to receive physical communicat	ion please ✓					
I WISH TO APPLY FOR TRANSACT ONLINE	Yes No							
Note: With this new way of transacting with us - without any redownload account statements online at www.idfcmf.com	equirement of a PIN, you can create your online username an	d password and can transact right-away by activating the lin	k. Access your account 24x7 / purchase / redeem / switch/					
8. DECLARATION & SIGNATURES (Please refer to the Instruction No. K)								
Having read and understood the contents of the Scheme Information Documents of the Scheme(s), 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 involved and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/ We have understood the details of the Scheme(s), & I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme(s), legally belong to me/us. 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 and undertake such other action with such funds that may be required by the Law.								
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 amongest which the Scheme is being recommended to me / us. 1/ We do not have any Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year. For NRIs only: 1/ We confirm that I am/ we are Non Residents of Indian nationality / origin 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. 1/ We confirm that the details provided by me / us are true and correct.								
First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder					