

TRANSACTION SLIP

Application No. _____

Distributor Code	Sub-Distributor Code	Internal Code for Sub-broker/ Employee	EUIN No.
ARN-	ARN-		

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

Investor Name	Folio No.	Dated	D	D	M	M	Y	Y
Mobile No.	Email ID							

1 ADDITIONAL PURCHASE REQUEST

Scheme	Plan
Option	Dividend Frequency
<input type="checkbox"/> Dividend Sweep (Please fill section 3)	

I/We would like to purchase units of the above mentioned scheme.

Rs. (in figures)	Rs. (in words)
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Payment Options

<input type="checkbox"/> Cheque/DD	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer	<input type="checkbox"/> Others	Dated	D	D	M	M	Y	Y
Instrument No.	Bank & Branch Name									

2 SWITCH

From Scheme	Plan
Option	Dividend Frequency

I/We would like to switch units of the above mentioned scheme.

<input type="checkbox"/> Amount Rs.	OR	<input type="checkbox"/> Units	OR	<input type="checkbox"/> Entire Units
To Scheme	Plan			
Option	Dividend Frequency	<input type="checkbox"/> Dividend Sweep (Please fill section 3)		

3 DIVIDEND SWEEP OPTION

From Scheme	Plan
Option	Dividend Frequency
To Scheme	Plan
Option	Dividend Frequency

4 REDEMPTION

Scheme	Plan
Option	Dividend Frequency

I/We would like to redeem units of the above mentioned scheme.

<input type="checkbox"/> Amount Rs.	OR	<input type="checkbox"/> Units	OR	<input type="checkbox"/> Entire Units
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➔ **Applicable where multiple bank mandates have been registered in the folio.**

Please credit the redemption proceeds to the following Bank Account which has been registered with you (Bank details are not required to be mentioned if the proceeds are required to be credited in the default bank mandate registered in the folio).

Bank Name	Account No.									
<input checked="" type="checkbox"/> Sole / First / POA Holder / Guardian	<input checked="" type="checkbox"/> Second Account Holder	<input checked="" type="checkbox"/> Third Account Holder								

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

Application No. _____

Received, subject to realization, verification and conditions, an application for _____ in folio no. _____
From _____

Scheme Name	To Scheme (for switches)	Amount/ Units	Instrument no./ dated/ bank name

Stamp & Signature

FORM FOR ADDITIONAL KYC AND FOREIGN TAX LAWS INFORMATION

INVESTOR DETAILS

 Investor Name _____ PAN

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Folio / Application No. _____

 Sole/ First Applicant Second Applicant Third Applicant Guardian POA Holder

*The below information is required for all applicant(s), guardian(s) and POA Holder. Please tick above box as applicable and submit a separate form(s) for each category

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Citizenship/ Nationality _____ Country of birth/ Incorporation/ Formation _____

 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 Identification Number below.

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 not issued.

For Non Individual Investor, Please tick the relevant box below, even if Country of Tax Residency is India #
 Form W8 BEN-E / Specified declaration (Enclosed)

 Unable to Provide [IDFC Mutual Fund will contact you in due course to confirm your FATCA Status]

*Where no box is ticked, the second statement will be taken as the default implying that the applicant/investor currently is unable to confirm FATCA status and will confirm the same in future.

ADDITIONAL 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
 1 Crore - 5 Crore 5 Crore - 10 Crore above 10 Crore

OR
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on

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 (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 specify _____

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 / Whole time Directors)

 I am PEP I am a relative / associate of PEP None of these

Investors involved/ providing any of the mentioned services
 Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services / Betting Syndicates Money Lending / Pawning None of these

DECLARATION

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.

In case of non-individual, to be signed by the Authorized Signatories (with company/ trust / firm/ entity seal or rubber stamp)

Name of Applicant / Guardian / POA	Signature	Date						
		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

INSTRUCTIONS

- Politically Exposed Persons (PEP)** are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.
- Country of Tax Residence and Tax ID number:** Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should any information provided change in the future, please ensure you advise us of the changes promptly. **If you are a US citizen or resident, please include United States in this related field along with your US Tax Identification Number.**