

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



Application No.

Distributor Code	ARN- 35547	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee	EUN No.	E048533
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I/We hereby confirm that the EUN 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
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**TRANSACTION CHARGES** (Please ✓ any one of the below) (Refer Instruction No. T)

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, S)

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

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)   PAN/PERN Proof enclosed  KYC Compliance

Name

**Third Holder Details** PAN/PERN (Mandatory)   PAN/PERN Proof enclosed  KYC Compliance

Name

**Guardian/POA/Proprietor** PAN/PERN (Mandatory)   PAN/PERN Proof enclosed  KYC Compliance

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 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

**IDFC MUTUAL FUND - ACKNOWLEDGMENT SLIP** (To be filled in by the investor.) Application No.

Received, subject to realisation, verification and conditions  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

**3. 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 **R E G U L A R**

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.

<b>LUMP SUM</b>	Payment Mode <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Funds Transfer	Instrument No. _____	Date <b>D D M M Y Y</b>
	Amount (₹) (i) _____	Account No. _____	
	DD charges, (₹)(ii) _____	Bank Name _____	
	Total Amount (₹) (i) + (ii) _____ in figs _____ in words	Branch & City _____	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR

Initial SIP Installment Amount (Rs.) \_\_\_\_\_ Cheque / DD No. \_\_\_\_\_ Date **M M Y Y Y Y**

Bank \_\_\_\_\_ Branch \_\_\_\_\_

<b>SIP</b>	Monthly SIP Date <input type="checkbox"/> Standard <b>D D</b> (any date of the month) <input type="checkbox"/> Default (10th of every month)	SIP Enrollment Period <input type="checkbox"/> Standard From <b>M M Y Y Y Y</b> To <b>M M Y Y Y Y</b> <input type="checkbox"/> Default From <b>M M Y Y Y Y</b> To <b>1 2 2 0 9 9</b>	SIP Installment Amount (Rs.) <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 1,00,000 <input type="checkbox"/> any other amount _____	Payment mode <input type="checkbox"/> ACH Mandate (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 month.			

<b>SIP TOP-UP</b>	<input type="checkbox"/> SIP Top-up (Optional) (Refer J (vii)) (Please ✓ to avail this facility)	Top-up Amount (Rs.) _____ SIP Top-up Frequency: <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default Top-up option is Yearly)	(The Top-up amount should be Rs. 500 and multiples of Rs. 500 thereafter)	Payment mode <input type="checkbox"/> ACH Mandate (Please also fill form 2)
	Registration for this facility is subject to the investor's bankers accepting the mandate for SIP Top-up registration.			

**4. 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.)

<b>DEMAT MODE</b>	<input type="checkbox"/> NSDL <b>OR</b> <input type="checkbox"/> CDSL	Depository Participant Name _____
	Depository Participant (DP) ID (NSDL only) _____	Beneficiary Account Number (NSDL only) _____
	Depository Participant (DP) ID (CDSL only) _____	Depository Participant (DP) ID (CDSL only) _____

**5. 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						
Nominee 2						
Nominee 3						

**6. 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 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.idfcfm.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	Second Applicant	Third Applicant	POA Holder	Date <b>D D M M Y Y Y Y</b>
				Place _____

**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](mailto:investormf@idfc.com)

[www.idfcfm.com](http://www.idfcfm.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\*

Gender\*  Male  Female  Others  specify PAN\*  Occupation\*  Service  Business  Others

Father's Name®  (Even married women should mention father's name)

Folio No.

Address of residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA\*  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Passport  Others  specify Document No.

Date of Birth®  Place of Birth\*

Country of Birth\*  Nationality/Citizenship\*

Are you a tax resident of any country other than India?\*  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country#	Tax Identification Number %	Identification Type (TIN or Other, please specify)

\*To also include USA, where the individual is a citizen / green card holder of The USA \*In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## SECOND APPLICANT

Name\*

Gender\*  Male  Female  Others  specify PAN\*  Occupation\*  Service  Business  Others

Father's Name®  (Even married women should mention father's name)

Folio No.

Address of residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA\*  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Passport  Others  specify Document No.

Date of Birth®  Place of Birth\*

Country of Birth\*  Nationality/Citizenship\*

Are you a tax resident of any country other than India?\*  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country#	Tax Identification Number %	Identification Type (TIN or Other, please specify)

\*To also include USA, where the individual is a citizen / green card holder of The USA \*In case Tax Identification Number is not available, kindly provide its functional equivalent \$

## THIRD APPLICANT

Name\*

Gender\*  Male  Female  Others  specify PAN\*  Occupation\*  Service  Business  Others

Father's Name®  (Even married women should mention father's name)

Folio No.

Address of residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA\*  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Passport  Others  specify Document No.

Date of Birth®  Place of Birth\*

Country of Birth\*  Nationality/Citizenship\*

Are you a tax resident of any country other than India?\*  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country#	Tax Identification Number %	Identification Type (TIN or Other, please specify)

\*To also include USA, where the individual is a citizen / green card holder of The USA \*In case Tax Identification Number is not available, kindly provide its functional equivalent \$

# GUARDIAN / POA / PROPRIETOR

Name\*

Gender\*  Male  Female  Others  PAN\*  Occupation\*  Service  Business  Others

Father's Name\*  (Even married women should mention father's name)

Folio No.

Address of residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes

Type of address given at KRA\*  Residential or Business  Residential  Business  Registered Office

Permissible documents are  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Passport  Others  Document No.

Date of Birth\*  Place of Birth\*

Country of Birth\*  Nationality/Citizenship\*

Are you a tax resident of any country other than India?\*  Yes  No (If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.)

Country#	Tax Identification Number %	Identification Type (TIN or Other, please specify)

\*To also include USA, where the individual is a citizen / green card holder of The USA \*In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Additional KYC Information	First Applicant (Including Minor)	Second Applicant	Third Applicant	Guardian/POA/Proprietor
<b>Gross Annual Income (Rs.) - Categories *</b> Below 1 Lac, 1 - 5 Lac, 5 Lac - 10 Lac, 10 Lac - 25 Lac, 25 Lac - 1 Cr, 1 Cr - 5 Cr, 5 Cr - 10 Cr, above 10 Cr  <b>OR</b> <b>Net-worth</b> (Mandatory for Non-Individuals) (Rs.)	Gross annual Income (Rs.) <input type="text" value="Please write from options given"/> Rs. <input type="text"/> as on <input type="text" value="DDMMYYYY"/> (Not older than 1 year)	Gross annual Income (Rs.) <input type="text" value="Please write from options given"/> Rs. <input type="text"/> as on <input type="text" value="DDMMYYYY"/> (Not older than 1 year)	Gross annual Income (Rs.) <input type="text" value="Please write from options given"/> Rs. <input type="text"/> as on <input type="text" value="DDMMYYYY"/> (Not older than 1 year)	Gross annual Income (Rs.) <input type="text" value="Please write from options given"/> Rs. <input type="text"/> as on <input type="text" value="DDMMYYYY"/> (Not older than 1 year)
<b>Source of Wealth</b>				
<b>Occupation - Categories*</b> Private Sector Service, Public Sector Service, Government Service, Business, Professional, Agriculturist, Retired, Housewife, Student, Forex Dealer & Others	<input type="text" value="Please write from options given"/>	<input type="text" value="Please write from options given"/>	<input type="text" value="Please write from options given"/>	<input type="text" value="Please write from options given"/>
<b>In case of business / profession, indicate the details</b> (Including nature of goods/ services dealt in)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Politically Exposed Person (PEP) Status*</b> (Also applicable for authorised signatories/Promoters/Karta/Trustee /Whole time Directors)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am a relative / associate of PEP <input type="checkbox"/> None of these
<b>Any other KYC related information which you wish to provide</b>				

**Note :** 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.

## 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.

## CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA, Additional KYC & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder

Date  Place

# SIP & SIP-Top up Registration / Renewal Form 2



Application No.

Distributor Code	ARN-35547	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee		EUIN No.	E048533
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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
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## UNIT HOLDER INFORMATION

Existing Folio Number  Name of the First Holder

Please Tick (✓)  SIP Registration  SIP with Top-up Registration  SIP - Change in Bank Details

Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate.

## SYSTEMATIC INVESTMENT PLAN DETAILS

Name of the Scheme

Plan **R E G U L A R** Option

Initial SIP Installment Amount Rs.  Cheque No.  Bank Name

SIP	Monthly SIP Date (10, if no date is mentioned)	SIP Period		<input type="checkbox"/> SIP Top-up (Optional) (Refer J (viii)) (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.
	<input type="text"/>	From	To	
	Instalment Amount (Rs.)	OR		

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 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.

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.

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We 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.

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. 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)	
First / Sole Applicant / Guardian / Authorised Signatory	<input type="text"/>
Second Applicant	<input type="text"/>
Third Applicant	<input type="text"/>

## ACH Mandate

UMRN  for official use  Date

Tick (✓)	Sponsor Bank Code	Utility Code
CREATE <input checked="" type="checkbox"/>	<input type="text"/> for official use	<input type="text"/> for official use
MODIFY <input checked="" type="checkbox"/>	I/We hereby authorize	IDFC Mutual Fund to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other
CANCEL <input checked="" type="checkbox"/>	Bank a/c number	<input type="text"/>

with Bank  Name of customers bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1  Folio No. / Application No.  Phone No.

Reference 2  Scheme Name  Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD	Signature as per Bank	Signature as per Bank	Signature as per Bank
From <input type="text"/>	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
To <input type="text"/>	Name (Mandatory)	Name (Mandatory)	Name (Mandatory)
OR <input type="checkbox"/> Until cancelled	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity / corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity / corporate or the bank where I have authorized the debit.