

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

Distributor Code	ARN- 83671	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee		EUIN No.	E100500
------------------	------------	----------------------	------	---	--	----------	---------

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
--------------	---------------	--------------

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 4, 5 & 6. *Mandatory for Minor

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

Name			PAN/PERN (mandatory)	PAN/PERN Proof enclosed	KYC Compliance
You must fill in	Mobile No.	Email ID		<input type="checkbox"/>	<input type="checkbox"/>
Status	<input type="checkbox"/> Individual (Indian National) <input type="checkbox"/> PIO <input type="checkbox"/> Minor (through Guardian) <input type="checkbox"/> HUF <input type="checkbox"/> FI / Sub-account <input type="checkbox"/> Sole-proprietor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> LLP <input type="checkbox"/> Company (other than Bank/FI) <input type="checkbox"/> Bank <input type="checkbox"/> Financial Institution <input type="checkbox"/> Other Body Corporate <input type="checkbox"/> Government Body <input type="checkbox"/> Charitable / Religious / Non-profit organisation <input type="checkbox"/> Educational Institution <input type="checkbox"/> Mutual Fund <input type="checkbox"/> PF Trust <input type="checkbox"/> Gratuity Fund <input type="checkbox"/> NPS Trust <input type="checkbox"/> Pension / Retirement / Superannuation Fund <input type="checkbox"/> Private Trust <input type="checkbox"/> Co-op. Society <input type="checkbox"/> Society / AOP/ BOI <input type="checkbox"/> Other (Please specify)				

Note for non-individual investor: Please attach the mandatory Ultimate beneficial Ownership (UBO) Declaration Form along with the Application Form.

Residential / Tax Status Resident Non-resident Repatriable (NRE) Non-resident Non-repatriable (NRO)

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Country of birth _____ 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

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
OR 1 Crore - 5 Crore 5 Crore - 10 Crore above 10 Crore

Net-worth (Mandatory for Non-Individuals) Rs. _____ as on (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 (for definition of PEP refer instruction X)

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

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

Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From _____

Instrument No.	Dated	Amount (Rs.)	Scheme

Stamp & Signature

SECOND HOLDER DETAILS		PAN/PERN (mandatory)	PAN/PERN Proof enclosed	KYC Compliance
Name			<input type="checkbox"/>	<input type="checkbox"/>

DETAILS UNDER FATCA / FOREIGN TAX LAWS
 Country of birth _____ 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

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
OR 1 Crore - 5 Crore 5 Crore - 10 Crore above 10 Crore
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (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 (for definition of PEP refer instruction X)

THIRD HOLDER DETAILS		PAN/PERN (mandatory)	PAN/PERN Proof enclosed	KYC Compliance
Name			<input type="checkbox"/>	<input type="checkbox"/>

DETAILS UNDER FATCA / FOREIGN TAX LAWS
 Country of birth _____ 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

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
OR 1 Crore - 5 Crore 5 Crore - 10 Crore above 10 Crore
Net-worth (Mandatory for Non-Individuals) Rs. _____ as on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (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 (for definition of PEP refer instruction X)

Guardian/POA/Proprietor		PAN/PERN (mandatory)	PAN/PERN Proof enclosed	KYC Compliance
Name			<input type="checkbox"/>	<input type="checkbox"/>

DETAILS UNDER FATCA / FOREIGN TAX LAWS
 Country of birth _____ 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

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
OR 1 Crore - 5 Crore 5 Crore - 10 Crore above 10 Crore

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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (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 (for definition of PEP refer instruction X)

Mode Of Holding / Operation
 Single Anyone or Survivor Joint As per resolution (Default option is anyone or survivor)

2. INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E, J, N)

Type of Investment (refer to instruction A). Lumpsum SIP 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 IDFC _____ **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 <input type="checkbox"/> SCB Debit Mandate (available on form 2C)	Instrument No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
	Amount (₹) (i) _____ DD charges, (₹)(ii) _____	Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Account No. _____
	D	D	M	M	Y	Y			
Total Amount (₹) (i) + (ii) _____ in figs _____ in words	Bank Name _____	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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		M	M	Y	Y	Y	Y																																
M	M	Y	Y	Y	Y																																		
Bank _____ Branch _____																																							
*Subsequent SIP instalment amounts must be equal to this amount.																																							
SIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Monthly SIP Date</th> <th>SIP Enrollment Period</th> <th>SIP Installment Amount (Rs.)</th> <th>Payment mode</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Standard <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr></table> (any date of the month)</td> <td><input type="checkbox"/> Standard From <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></td> <td><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 _____</td> <td><input type="checkbox"/> ECS Autosave (Please also fill form 2A) <input type="checkbox"/> Standing Instructions (Please also fill form 2B)</td> </tr> <tr> <td><input type="checkbox"/> Default (10th of every month)</td> <td><input type="checkbox"/> Default From <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>2</td><td>0</td><td>9</td><td>9</td></tr></table></td> <td></td> <td></td> </tr> </tbody> </table>	Monthly SIP Date	SIP Enrollment Period	SIP Installment Amount (Rs.)	Payment mode	<input type="checkbox"/> Standard <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr></table> (any date of the month)	D	D	<input type="checkbox"/> Standard From <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y	<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 _____	<input type="checkbox"/> ECS Autosave (Please also fill form 2A) <input type="checkbox"/> Standing Instructions (Please also fill form 2B)	<input type="checkbox"/> Default (10th of every month)	<input type="checkbox"/> Default From <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>2</td><td>0</td><td>9</td><td>9</td></tr></table>	M	M	Y	Y	Y	Y	1	2	2	0	9	9		
Monthly SIP Date	SIP Enrollment Period	SIP Installment Amount (Rs.)	Payment mode																																				
<input type="checkbox"/> Standard <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr></table> (any date of the month)	D	D	<input type="checkbox"/> Standard From <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y	<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 _____	<input type="checkbox"/> ECS Autosave (Please also fill form 2A) <input type="checkbox"/> Standing Instructions (Please also fill form 2B)																						
D	D																																						
M	M	Y	Y	Y	Y																																		
M	M	Y	Y	Y	Y																																		
<input type="checkbox"/> Default (10th of every month)	<input type="checkbox"/> Default From <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>2</td><td>0</td><td>9</td><td>9</td></tr></table>	M	M	Y	Y	Y	Y	1	2	2	0	9	9																										
M	M	Y	Y	Y	Y																																		
1	2	2	0	9	9																																		
In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month.																																							

3. 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 _____																						
	Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	Depository Participant (DP) ID (CDSL only)																					
	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									

4. CORRESPONDENCE ADDRESS (P.O.Box Address may not be sufficient) (Mandatory. If you have completed your KYC Process via KRA, the address of the 1st Applicant as registered with KRA will be automatically updated in our records. Investors residing overseas, please provide your Indian address) (Please fill in Capital Letter)

 City _____ State _____ Pin code / Zip

--	--	--	--	--	--

You must fill in
Overseas Address for NRIs / PIOs / FIIs (Mandatory)

 Tel Office

--	--	--	--	--	--	--	--

 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 _____ Branch _____
Account 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.

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

6. NOMINATION DETAILS (Mandatory information. Please select the desired option.) (Read instructions in connection with Nomination given in this KIM)

Nominee Name _____

Address _____

Nominee Date of Birth (mandatroy for minor) Proof of minor DOB submitted (Optional)

Guardian Name (if nominee is a minor) _____

Address _____

Witness Name _____

Address _____

I/We do not wish to nominate any person for my investments.

Note : In case of more than one nominee, please submit a separate form available with any of our ISCs or on our website

Signature of
Nominee / Guardian (optional)

Signature of Witness

Signature of investor

7. EASY TRANSACT (for Resident and NRI Individual (including minors), Sole Proprietors & HUF)

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

I WISH TO APPLY FOR TRANSACT ONLINE Yes No

Note: With this new way of transacting with us - without any requirement of a PIN, you can create your online username and password and can transact right-away by activating the link. Access your account 24x7 / purchase / redeem / switch / download account statements online at www.idfcmf.com

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 involve 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 amongst which the Scheme is being recommended to me / us.

I / 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 : I / 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.

I / 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