

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

stributor Code AR	RN- 102495 eri Punii IMF Pvt Lt	Sub-Distributor Code	ARN-	Internal Code for Sub- Employee	Droker/	EUIN No.	E145320
			an "execution-only" transaction without a istanding the advice of in-appropriateness of charged any advisory fees on this trans	any interaction or s, if any, provided First saction.	Holder Se	econd Holder	Third Holder
		ny one of the below) (Re					
I am	a first time investor in ı	mutual funds (₹ 150 will be	deducted) OR	I am an e	kisting investor in mutu	al funds (₹ 100 will b	e deducted)
	•	ibutor who has 'opted in' for to nvestor to the AMFI registere	ransaction charges. d distributor based on the investors	s' assessment of various fac	tors including service re	endered by the distribu	tor.
. INVESTOR DE	TAILS (Please refe	er to the Instruction No	o. A, C, D, S)				
xisting Folio Num	nber		/ *Date	e of Birth D D M		isting Investor may no Nandatory for Minor	t fill in Section 4, 5 &
FIRST HOLDER D Name	<b>DETAILS</b> (please ✓)	Individual Non	Individual (please refer instru	ction D for UBO)	PAN/P (manda		PAN/PERN KYC Proof enclosed Complian
	Mahila Na		Fmeil ID				
You must fill in Status	Mobile No.	dian National) PIO	Email ID	an) HUF FIL	Cub account	Colo proprietor	Partnership Fir
status	LLP		Minor (through Guardia		Sub-account	Sole-proprietor / Corporate	
		] Company (other than B Religious / Non-profit org	,	Financial Institution			_ Government Boo ınd           NPS Tru
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Note for non-indiv		<u>'</u>	n Fund Private Trust  Ultimate Beneficial Ownersh	Co-op. Society Society Society			ease specify]
Residential / Tax			esident Repatriable (NRE)		Non-repatriable (NR		
	FATCA / FOREIGN TA		ooldon Hopanasio (HHz)	Non rootdone	Tron repairable (IIII		
Citizenship/ Natior	*	IX LAWS	Country o	f birth/ Incorporation/ Fo	rmation		
onizonomp, manor			Country o	·		tay nurnacae	Yes No
Country of residen	nce		Are you a	recident in any country			
Country of residen		which you are resident fo		resident in any country			Yes No
•			or tax purposes and the assoc		ication Number belo	DW.	
If yes, please indic	cate all countries in v	Country of Tax Resi	or tax purposes and the assoc	ciated Foreign Tax Identii	ication Number belo <b>Tax Id</b>		
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SECOND HOLDER DETAILS	PAN/PERN PROOF CONSTITUTE OF THE PROOF CONSTITUTE OF T			
Name	(mandatory)			
DETAILS UNDER FATCA / FOREIGN TAX LAWS				
Citizenship/ Nationality Country of birth/ Incorporation/				
	y 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 Iden  Country of Tax Residency*				
Country of Tax Hestidency	Tax Identification Number			
*To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID numbe	r is not issued			
ADDITIONAL KYC INFORMATION	To first located.			
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 C	rore			
Net-worth (Mandatory for Non-Individuals) Rs. as or	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 /W	,			
I am PEP I am a relative / associate of PEP None of these (for definition of THIRD HOLDER DETAILS	PEP refer instruction X)  PAN/PERN PAN/PERN KYC			
	(mandatory)  Proof enclosed Compliance			
Name				
DETAILS UNDER FATCA / FOREIGN TAX LAWS				
Citizenship/ Nationality Country of birth/ Incorporation/				
Country of residence Are you a resident in any country lf yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Ider	y 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 iden	uncation number below.			
Country of Tay Residency*	Tay Identification Number			
Country of Tax Residency*	Tax Identification Number			
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 ADDITIONAL KYC INFORMATION				
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*To include USA where the investor is a US Citizen or Greencard holder. Please provide Social Securities Number if Tax ID number  ADDITIONAL KYC INFORMATION  Care Advantal League (ID.) [Discostick (C)]	is not issued.  Lacs			
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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

	DDITIONAL KYC INFORMATION						
	nece Annual Income (Do.) [Dioces tick/ ()]						
UII	BOOW 1 Edgs of Edgs	☐ 5 Lacs - 10 Lacs ☐ 10 Lacs - 25 Lacs ☐ 25 Lacs - 1 Crore ☐ above 10 Crore					
	et-worth (Mandatory for Non-Individuals) Rs.						
	Net-worth (Mandatory for Non-Individuals) Rs as on as on as on as on 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					
	case of business / profession, indicate the details (including nature of goods/ services dealt	,					
	I am PEP I am a relative / associate of PEP None of these	(for definition of PEP refer instruction X)					
		(0. 00					
IVIOC	ode Of Holding / Operation Single Anyone or Survivor Joint As per resolu	rtion (Default option is anyone or survior)					
	Allyone of Survivor South As per resolu	tion (botaut option is anyone or survior)					
. IN	NVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E, J, N)						
ype	e of Investment (refer to instruction A). Lumpsum SIP Micro SIP (Refer to	point J (v) of the instructions) Photo ID No. (for Micro SIP)					
ayn	rment Type (please ✓): Self Third Party Payment (please fill the 'Third Party Pay	ment Declaration Form')					
che	eme IDFC	Plan					
ptio	ion Growth Div - Reinvest Div - Payout Div - Sweep* Div F	requency					
Divi	vidend Sweep Option to (Scheme & Plan Name) IDFC	Growth Div - Payout Div - Reinves					
ivide	dend Sweep Option is available from all Debt Schemes to Equity and Equity to Debt Schemes of IDFC Mutu	al Fund. Please fill in all details of Sweep.					
	Payment Mode ☐ Cheque ☐ DD ☐ RTGS/NEFT ☐ Funds Transfer	Instrument No. Date D D M M Y Y					
_	SCB Debit Mandate (available on form 2C)						
LUMPSUM	Amount (₹) (i)	Account No.					
M	DD charges, (₹)(ii)	Bank Name					
3		Branch & City Savings NRO NRE FCNR					
	Bank Branch	0 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	,	Y Y Y 5,000 10,000 25,000 ECS Autosave					
	(any date of the month)	50,000 1,00,000 (Please also fill form 2A)					
	Default   Default   From M M Y Y Y Y To 1 2 2	0 9 9 Standing Instructions (Please also fill form 2B)					
	In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month.	(Fiedse also IIII Ioi111 2b)					
111	INIT HOLDING OPTION (Switch not allowed for Demat holdings. Redemption through Stock Exchange	Platforms/ NPs only)					
		ails below. Nomination 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 (NSDL only)	y) Depository Participant (DP) ID (CDSL only)					
DEMA							
I. C(	CORRESPONDENCE ADDRESS (P.O.Box Address may not be sufficient) (Mandatory. If you have com	pleted your KYC Process via KRA, the address of the 1st Applicant as registered with					
RA \	will be automatically updated in our records. Investors residing overseas, please provide your Indian additional to the contraction of the contrac	ess) (Please fill in Capital Letter)					
City .		Pin code / Zip You must fill in					
•	State _	Pin code / Zip You must fill in					
•		Pin code / Zip You must fill in					

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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 M	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 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 delay account for reasons of incomplete or incorrect information, I / We would not hold IDFC Mutual Fund responsible. Further the Mutual Fund reserves the right 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.	yed or not effected at all or credited into the wrong to issue a demand draft / payable at par cheque in
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)  D D M M Y Y Y Y  Proof of minor DOB submitted (Optional)  Guardian Name (if nominee is a minor)	
Address	Signature of
Witness Name	Nominee / Guardian (optional)
Address	Signature of Witness
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 provided in this KIM or available with any of our ISCs or on or	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	on 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. download account statements online at www.idfcmf.com	Access your account 24x7 / purchase / redeem / switch/
8. 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 Information (SAI) of IDFC Mutual Fund, Scheme Information Document (SID) and Key Information Memorandum (KIM) of the scheme(s) 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 have scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rot the Taxation Laws, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws as applicable to me/us from time to 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 Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/ aut not / we are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any judicial or regulatory authority.	and the Addenda issued till date, I/we hereby ereby declare that the amount invested in the ules, Regulations, Notifications or Directions time. I/We confirm that the funds invested in making this investment. I/We am/are eligible thorisation(s). I/We further confirm that I am
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 the Scheme(s), in favour of the applicant, at the applicable NAV prevailing on the date of such redemption subject to applicable exit load funds that may be required by the Law.  I/We hereby acknowledge and confirm that the information provided above is/are true, correct and complete to the best of my/our knowledge information is found to be false or untrue or misleading or misrepresenting, I/we shall be liable for it. I/We also undertake to kee	d and undertake such other action with such owledge and belief. In case any of the above ep 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 req to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to su us to the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees, agents / service providers, other SEBI regis governmental or statutory or judicial authorities / agencies, the tax/revenue authorities and other investigation agencies without any obligation. 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 Mutual Funds from amongst which the Schame is being recommended to me / us.	ich information as and when provided by me/ stered intermediaries or any Indian or foreign ation of advising me/us of the same.
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 result in aggregate investments exceeding Rs.50,000/- in a year.	h together with this proposed investment will
For NRIs / PIOs / FPIs only: 1 / We confirm that I am / we are Non Residents Indians / Person(s) of Indian Origin / Foreign Portfolio Invest meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Con residents of Canada, and that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-FCNR Account maintained in accordance with applicable RBI guidelines.	nmission, as amended from time to time or

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant	POA Holder	
(X)	(X)	(X)	(X)	