

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

<b>Distributor / RIA Code</b> ARN- 112708	<b>Sub-Distributor Code</b> ARN-	<b>EUIN No.</b> E 161581	<b>Application No.</b> <b>WEB FORM</b>
			<b>Internal Code for Sub-broker/ Employee</b>

<b>EUIN Declaration</b> <small>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.</small>	First Holder	Second Holder	Third Holder
<b>RIA Declaration</b> <small>"I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/ RIA"</small>	First Holder	Second Holder	Third Holder

**TRANSACTION CHARGES** (Please ✓ any one of the below) (Refer Instruction No. S)

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 UNIT HOLDING OPTIONS**  DEMAT MODE  PHYSICAL MODE **2 EXISTING INVESTOR'S FOLIO NUMBER**

(To be filled in case of demat holding only) (If you have an existing folio with KYC validated, please mention here)

Demat Account Details of First / Sole Applicant (Name should be as per demat account)  Folio Number

**3 MODE OF HOLDING / OPERATION**

Depository Participant Name

<b>NSDL</b>	DP ID	IN	CDSL Beneficiary ID	
<b>NSDL</b>	Beneficiary ID	Note: Please attach copy of Client Master List.		

Single  Anyone or Survivor (Default option is anyone or survivor)  
 Joint  As per resolution

**4 FIRST APPLICANT'S DETAILS** (Please refer to the Instruction No. A, C, D, R) All fields are mandatory. Gender  Male  Female

Name (As in PAN card/KYC records)

Date of birth (1st Holder / Minor)  KIN  KYC Identification Number   CKYC Form  Supplementary CKYC Form

\*Aadhaar No. ("Compulsory")  GSTIN  Please fill your GSTIN (if applicable).

PAN/ PERN

Name of the Guardian  Only for Minor

PAN / PERN (Guardian)  Date of Birth (Guardian)

Country of Birth  Place of Birth  Nationality

**For Investments "On behalf of Minor"**  Birth Certificate  School Certificate  Passport  Other  Specify

Guardian named above is  Natural Guardian  Court Appointed

Correspondence address (Please note: Address will be replaced as per KYC records)

City  State  Country  Pin Code

Overseas address (For FPI/NRIs/PIOs)

City  State  Country  Pin Code

Email  Mobile  Tel.

<b>Status</b>	<b>Occupation</b>
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI Repatriation <input type="checkbox"/> NRI-Non-Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> NPO <input type="checkbox"/> Company <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> PIO <input type="checkbox"/> BOI <input type="checkbox"/> OCI <input type="checkbox"/> LLP <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society/Club <input type="checkbox"/> FPI <input type="checkbox"/> NPO <input type="checkbox"/> Other Specify	<input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Defence <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other Specify

Address of tax 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  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others specify

Are you FATCA Compliant with CAMS Registrar (Please ✓ any one)  Yes  No (if no, please fill below details)

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.)

Sr. No.	Country of Tax Residency*	Tax Identification Number or Functional Equivalent*	Identification Type (TIN or Other, please specify)	If TIN is not available (Please tick ✓ the reason A, B or C (Refer FATCA / CRS Instructions))
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

\*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 ...Continued Overleaf

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

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Stamp & Signature

**ADDITIONAL KYC INFORMATION**

Gross Annual Income <b>OR</b> Net-worth* in ₹ *Not older than one year	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L	Gross Annual Income <b>OR</b> Net-worth* in ₹ *Not older than one year	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> 25L-1C <input type="checkbox"/> >1C as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Source of Wealth In case of business / profession, indicate the details (Including nature of goods/ services dealt in) Any other information	Individually <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable	Non-Individually Is the entity involved in any of the following: Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECOND APPLICANT'S DETAILS** (All fields are mandatory) Gender  Male  Female

Name (As in PAN card/ KYC records)

E-mail Id  Mobile

PAN /PERN  KIN  KYC Identification Number   CKYC Form  Supplementary CKYC Form

\*Aadhaar No.  Date of Birth         Enclosed  Attested PAN card copy  KYC Acknowledgment

Country of Birth  Place of Birth  Nationality

<b>Status</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> NRI Repatriation <input type="checkbox"/> NRI-Non-Repatriation <input type="checkbox"/> Other <span style="float:right">Specify</span>	Gross Annual Income <b>OR</b> Net-worth* in ₹ *Not older than one year	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Occupation</b> <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other <span style="float:right">Specify</span>	Source of Wealth In case of business/profession, indicate the details (Including nature of goods/ services dealt in) Any other information	

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Are you FATCA Compliant with CAMS Registrar (Please ✓ any one)  Yes  No (if no, please fill below details)

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.)

Sr. No.	Country of Tax Residency <sup>#</sup>	Tax Identification Number or Functional Equivalent*	Identification Type (TIN or Other, please specify)	If TIN is not available (Please tick ✓ the reason A, B or C (Refer FATCA / CRS Instructions))
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

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

**THIRD APPLICANT'S DETAILS** **POA / PROPRIETOR / GUARDIAN** (All fields are mandatory) Gender  Male  Female

Name (As in PAN card/ KYC records)

E-mail Id  Mobile

PAN /PERN  KIN  KYC Identification Number   CKYC Form  Supplementary CKYC Form

\*Aadhaar No.  Date of Birth         Enclosed  Attested PAN card copy  KYC Acknowledgment

Country of Birth  Place of Birth  Nationality

<b>Status</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> NRI Repatriation <input type="checkbox"/> NRI-Non-Repatriation <input type="checkbox"/> Other <span style="float:right">Specify</span>	Gross Annual Income <b>OR</b> Net-worth* in ₹ *Not older than one year	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5L <input type="checkbox"/> 5-10L <input type="checkbox"/> 10-25L <input type="checkbox"/> >25L as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Occupation</b> <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Gov. Service <input type="checkbox"/> Housewife <input type="checkbox"/> Defence <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Other <span style="float:right">Specify</span>	Source of Wealth In case of business/profession, indicate the details (Including nature of goods/ services dealt in) Any other information	

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

Permissible documents are  Passport  Election ID Card  PAN Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card  Others

Are you FATCA Compliant with CAMS Registrar (Please ✓ any one)  Yes  No (if no, please fill below details)

\*Compulsory ...Continued Overleaf

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

www.idfcmf.com

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.)

Sr. No.	Country of Tax Residency <sup>#</sup>	Tax Identification Number or Functional Equivalent <sup>*</sup>	Identification Type (TIN or Other, please specify)	If TIN is not available (Please tick ✓ the reason A, B or C (Refer FATCA / CRS Instructions))
1.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
2.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____
3.				→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C _____

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of the USA. <sup>\*</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.  
 > Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents. > Reason B → No TIN required. (select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected) > Reason C → others, please state the reason thereof.

**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 (IFSC Code)

Note: In case the registered bank mandate is different from that used to source the investment, please enclosed the a cheque copy.

I/ We understand that the instructions to the bank for Direct Credit / NEFT / IDFC OTM 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/IDFC OTM.

☛ If however the unit holders wish to receive a cheque (instead of a direct credit into their bank account) please ✓ the box alongside

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

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

**INVESTMENT DETAILS**

Type of investment (✓ anyone)  Lumpsum  SIP  SIP with TOP-UP  Micro SIP (Refer to point J (v) of the instructions) Photo ID No. (for Micro SIP)

Nature of investment (✓ anyone)  Single scheme  Multiple schemes<sup>#</sup> (<sup>#</sup>Please draw the cheque in favour of IDFC Mutual Fund)


Scheme	Name	Plan	Option	Dividend Frequency	Dividend Sweep (fill relevant form)	Amount
I					<input type="checkbox"/>	
II					<input type="checkbox"/>	
III					<input type="checkbox"/>	
					Total	

**PAYMENT DETAILS**

Mode of payment  Self  Third Party Payment (Please fill the 'Third Party Payment Declaration Form')

Payment mode	Instrument/ IDFC OTM no.	Amount (Rs.)	Account No.	Account type
<input type="checkbox"/> Cheque/ DD				<input type="checkbox"/> Savings
<input type="checkbox"/> RTGS/ NEFT				<input type="checkbox"/> Current
<input type="checkbox"/> Funds Transfer				<input type="checkbox"/> NRO
<input type="checkbox"/> IDFC OTM				<input type="checkbox"/> NRE
		DD Charges (if any)	Bank & Branch	

...Continued Overleaf



**IDFC One Time Mandate (OTM)**

UMRN  F O R O F F I C E U S E O N L Y Date

IDFC MUTUAL FUND Sponsor Bank Code  FOR OFFICE USE ONLY Utility Code  FOR OFFICE USE ONLY

Tick(✓) I/We hereby authorize  IDFC Mutual Fund to debit tick (✓)  SB  CA  SB-NRE  SB-NRO

Bank A/c number

with Bank  IFSC  or MICR

an amount of Rupees  ₹

FREQUENCY  Monthly  Quarterly  Half Yearly  Yearly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Folio No. / Application No.  Mobile No. +91

Reference  Email ID

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

**PERIOD**

From

To

Or  Until Cancelled

Signature of Primary Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_

1. \_\_\_\_\_ Name as in bank records 2. \_\_\_\_\_ Name as in bank records 3. \_\_\_\_\_ Name as in bank records

\* This is to confirm 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 & signed by me.  
 \* I have understood that I am authorised to cancel/amend this mandate by a appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.

