## COMMON APPLICATION FORM FOR LUMPSUM

Application No.



	RN-1549	60	ARN-	Sul	b-Distribu	utor Code			E		EUINI	No.			In	ternal C	ode for	Sub-broł	ker/ Emp	bloyee
Declaration for "exect intentionally left blank above distributor or no	ode, I/we authorize you to aution-only" transaction ( by me/ us as this is an "e otwithstanding the advice arged any advisory fees of	(only where EU execution-only" ce of in-appropria	IN box is le transaction ateness, if a	ft blank) (Re vithout any ir	fer Instruction	tion No. XI	II). – I/We ł / the employ	nereby cor ree/relation	nfirm that th	e EUIN b ger/sales	ox has be person of	the						pplican ignator		
TRANSACTION (Please ✓ any one of	I CHARGES f the below) (Refer Instr	ruction No. S)	Applicabl	m a first t e for transacti assessment	ions routed	through a di	stributor who	has 'opted	in' for transa	ction char			existing shall be pai							
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st APPLICANT	Mr Ms M/s														Date	of Birth	1** D	DI	M N	YY
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rd APPLICANT AN/PEKRN*	Mr Ms M/s		Aadha	ar No						 KIN^	<u>ר</u>	oof Attache			Date	of Birth		DI	M	ΥΥ
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	n - If left blank, the applic	ation is liable to	be rejected.	** Mandatory	y in case th	ne Sole/Firs	t applicant is	s minor. ^ I	ndividual cli	ent who h	as registe	ed under Ce	ntral KYC F	Records	Registry (	CKYCR	) has to f	II the 14 di	] git KYC I	dentification
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Annexure I and Annexure II are available on the website of AMC i.e. www.idfcmf.com or at the Investor Service centres (ISCs) of IDFC Mutual Fund  9 INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options) Scheme IDFC Plan Option	edfy pedfy iffy) C C C C
First Applicant       Indian       U.S.       Others	ceify ceify cify) C C C C C C
Second Applicant       Indian       U.S.       Others         Are you at Star Select (i.e. are you assessed for bax) in any other country outside India?       YES       NO       (please 6k / v)       Indian       U.S.       Others       U.S.       Others       Indian       U.S.       Others       Indian       U.S.       Distard       Indian       <	ceify ceify cify) C C C C C C
Third Applicant          indar       U.S.       Others         Are you a tax resident (i.e. are you assessed for tax) in any other county other Query Reside Reside Great Query Counters (in the intermediate of tax propose is where you are a Cale Mediate Tax Resider for the magnetive counters.         VirSt pressed for ALL counties (other than into involue) are a Mediate Great Query of Tax Residencry       Tax Identification Number (if the other presses geory)       (if the other presses geory)         First Applicant       Reasons       A       B         Second Applicant       Reasons       A       B         Reason A       The country where the Account Holder is label to pay tax does not issue Tax Identification Number to its residents.       Reasons       A       B         Reason B       No Time quired (Select this reasons Only if the autorates of the country other ensets (SC2) of DFC Mutual Fund       Address Type of 3rd Holder       Address Type of 3rd Holder       Address Type of 3rd Holder         Residential       Registered Office       Busines       Residential       Registered Office       Busines         If NVESTIMENT & PAYMENT DETAILS: (Please rule to the Instruction No. E. 4.) (Please rule rule instruction No. E. 4.) (Please rule ru	eify C C C C C C C C C C C C C
Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? YES NO (please tok v)  If YES please file ALL contrise (inter train that is which you as a Readert for tax purpose is a Altano Readert Green Carl block of a Readert in the response counters.  Country of Tax Residency Residencia Residenci Residencia Residenci Residencia Residenci Residencia Residen	cify) C C C C C C C C C C C C C C C C C C C
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Country of Tax Residency         Tay Kentification Number of Functional Equivalent         Identification Number (IN or other places specify)         Identification Number (IN or other places specify)           First Applicant         Reasons         A         B           Second Applicant         Reasons         A         B           Reason A         The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.         Reason C         Others places state the reasons the Address Type of Side / 1st Holder         Address Type of Side / 1st Hold	cify) C C C C C C C
Second Applicant       Reasons A       B         Third Applicant       Reasons A       Reasons A       B         Reason A       The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.       Reason C       Others please state the reasons the Address Type of 3rd Holder         Address Type of Sole /1st Holder       Address Type of 2nd Holder       Address Type of 3rd Holder       Address Type of 3rd Holder         Address Type of Sole /1st Holder       Address Type of 2nd Holder       Address Type of 3rd Holder       Residential         Innexure I are available on the website of AMC i.e. www.idfornf.com or at the Investor Service centres (ISCs) of IDFC Mutual Fund       9       INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E. & J (Please refer SID for Plans and Sub-options)         Address Type of Sole /1st Holder       ChequeDD/UTR/UMR No.       Option         Address Type of Sole /1st Holder       ChequeDD/UTR/UMR No.       Cheque Date       D         Monut (figures)       ChequeDD/UTR/UMR No.       Cheque Date       D       D       D         Monut (figures)       Cheque Type       Address       D       Monut figure       Monut figure         Monut (figures)       Cheque Date       D       D       D D DFC OTM       Fund Transfer       R         Monine 1       Cheque Date <td< th=""><th>C C</th></td<>	C C
Third Applicant       Reasons       A       B         Reasons       A       Description       Reasons       A       B         Reasons       A       Description       Reasons       A       B         Reasons       A       Description       Reasons       A       Description         Reasons       A       Description       Reasons       A       Description         Reasons       A       Description       Description       Description       Description         Reasons       A       Description       De	C C
Resson A       The country where the Account Holder is liable to pay tax does not issue Tax Identification Number to its residents.         Reason B       No Till required (Select this reasons Only if the authorities of the country of tax residence do not require the TINt obe collected)       Reason C       Address Type of 2nd / 1st Holder         Address Type of Sole / 1st Holder       Address Type of 2nd / 1st Holder       Address Type of 2nd / 1st Holder       Address Type of 2nd / 1st Holder       Residential         Residential       Registered Office       Business       Residential       Registered Office       Busines         9       INVESTMENT & PAYMENT DETAILS       (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)       Option         Address Type of 2nd / 1st Payment (Please fit me Third Party Payment Declaration Form)       Payment mode       Cheque DD       IDFC OTM       Fund Transfer       R         Mode of payment       Self       Third Party Payment (Please fit me Third Party Payment Declaration Form)       Payment mode       Cheque DD       IDFC OTM       Fund Transfer       R         10       NOMINATION DETAILS       Inter Third Party Payment Declaration form)       Payment mode       Cheque DN ONT wish to nominate and sign here       IDFC         10       NOMINATION DETAILS       Inter Sector Service       Guardian Name & Address       D and M Y       V       Nominee	eof:
Reason B → No TIN required (Select this reasons Only if the authorities of the country of fax residence do not require the TIN to be collected)       Reason C → Others please state the reasons there Address Type of 3rd Holder         Address Type of Gole /1st Holder       Address Type of 2nd Holder       Address Type of 3rd Holder         Residential       Registered Office       Business       Residential       Registered Office       Business         9       INVESTMENT & PAYMENT DETAILS (Please refer to the Investor Service centers (ISCs) of IDFC Mutual Fund       Option	
Address Type of Sole /1st Holder       Address Type of 2nd Holder       Address Type of 3nd Holder         Residential       Registered Office       Business       Residential       Registered Office       Business         Residential       Registered Office       Business       Residential       Registered Office       Business         9       INVESTMENT & PAYMENT DETAILS       (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)       Option         9       INVESTMENT & PAYMENT DETAILS       (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)       Option         10       DEC       Plan       Option       Cheque DD       DFC OTM       Fund Transfer       R         10       Setf       Third Party Payment (Please fill the Third Party Payment Declaration Form)       Payment mode       Cheque       DD       DFC OTM       Fund Transfer       R         10       NOMInes       Account Type       Saving       Current       NRO       NRE       FCNR       Others         10       NOMInee Name       Address       Guardian Name & Address       D       M       M       Y       Nominee/Gua         Nominee 1       In case of Minor       In case of Minor       M       M       Y       Nominee/Gua	
Residential       Registered Office       Business       Residential       Registered Office       Business       Residential       Registered Office       Business         Intervent I and Annexure II are available on the website of AMC i.e. www.idformf.com or at the Investor Service centres (ISCs) of IDFC Mutual Fund       Plan       Option         INVESTMENT & PAYMENT DETAILS (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)       Option         Index of payment       Self       Third Party Payment (Please till the "Third Party Payment Dedaration Form)       Payment mode       Cheque       DD       IDFC OTM       Fund Transfer       R         Index of payment       Self       Third Party Payment (Please till the "Third Party Payment Dedaration Form)       Payment mode       Cheque       DD       IDFC OTM       Fund Transfer       R         Index of payment       Self       Third Party Payment (Please till the "Third Party Payment Dedaration Form)       Payment mode       Cheque DD       IDFC OTM       Fund Transfer       R         Index of part       Current       NRO       NRE       FCOR       Others       Intervent       Interven	iness
nexure 1 and Annexure 11 are available on the website of AMC i.e. www.idformf.com or at the Investor Service centres (ISCs) of IDFC Mutual Fund	11033
9       INVESTMENT & PAYMENT DETAILS       (Please refer to the Instruction No. E & J) (Please refer SID for Plans and Sub-options)         cheme       DFC       Option	
IDFC       Plan       Option         ode of payment       Self       Third Party Payment (Please fill the "Third Party Payment Dedaration Form)       Payment mode       Cheque       DD       IDFC OTM       Fund Transfer       R         mount (figures)         Cheque/DD/UTR/UMR No.         Cheque Date        M       M         account No.          Account Type       Saving       Current       NRC       NRE       FCNR       Others         ank & Branch Name          Account Type       Saving       Current       NRO       NRE       FCNR       Others         0       NOMINATION DETAILS Individuals (single or joint applicants) are advised to avail Nomination facility        IWe wish to nominate       IWe DO NOT wish to nominate and sign here       Experiment         0       Nominee Name & Address       In case of Minor       Allocation %       Relationship       Nominee/ Gua         Iominee 1            M       Y           Iominee 2	
ode of payment       Self       Third Party Payment (Please fill the 'Third Party Payment Declaration Form')       Payment mode       Cheque       DD       IDFC OTM       Fund Transfer       R         mount (figures)	
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ccount No. Account Type Saving Current NRO NRE FCNR Others ank & Branch Name  O 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  Second Applicant  New Second Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore 1 crore  I courrent / Guardian Current / Current Curr	GS/NEFT
ank & Branch Name           Image: Stand Name       Image: Stand Nam	ΥΥ
O       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       I/St Applicant         Nominee Name & Address       In case of Minor       Allocation %       Relationship       Nominee/ Gua         Nominee 1       In case of Minor       Allocation %       Relationship       Nominee/ Gua         Iominee 2       Image: State of District Address       Date of birth       Allocation %       Relationship       Nominee/ Gua         Iominee 3       Image: State of Address       Date of District Address       Date of District Address       Nominee/ Gua         1       KYC DETAILS (Mandatory)       Image: State of Address       Date of District Address       Nominee/ Gua         0       M       M       Y       Image: State of Address       Nominee/ Gua         1       KYC DETAILS (Mandatory)       Image: State of Address       Image: State of Address       Image: State of Address       Image: State of Address         0       M       M       Y       Image: State of Address       Image: State of Address       Image: State of Address       Image: State of Address         0       M       M       Y       Image: State of Address       Image: State of Address       Image: State of Address       Image: State	ease specify
In case of Minor       Allocation %       Relationship with Investor       Nominee/ Gua         Nominee 1       D       M       Y       V <td></td>	
Nominee Name & Address       Guardian Name & Address       Date of birth       Allocation %       with Investor       Nominee/ Guardian         Nominee 1       D       M       M       Y	icant andatory)
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Nominee 3       D       D       M       Y       Y         1) KYC DETAILS (Mandatory)         OCCUPATION [Please tick (~)]         Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others         Student / Guardian         Private Sector Service       Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others         Second Applicant       Please spec         Third Applicant       Please spec         GROSS ANNUAL INCOME [Please tick (~)]       Please stick (~)]	
1) KYC DETAILS (Mandatory)         OCCUPATION [Please tick (~)]         Private Sector Service       Public Sector Service       Government Service       Business       Professional       Agriculturist       Retired       Housewife       Student       Forex Dealer       Others         First Applicant / Guardian	
OCCUPATION [Please tick (~)]         OCCUPATION [Please tick (~)]         Private Sector Service       Public Sector Service       Government Service       Business       Professional       Agriculturist       Retired       Housewife       Student       Forex Dealer       Others         First Applicant	
Private Sector Service       Public Sector Service       Government Service       Business       Professional       Agriculturist       Retired       Housewife       Student       Forex Dealer       Others         First Applicant / Guardian	
First Applicant / Guardian       Image: Constraint of the second Applicant       Image: Constraint of the second App	
Second Applicant	v
Third Applicant	-
GROSS ANNUAL INCOME [Please tick (*)]           First Applicant / Guardian	
First Applicant / Guardian	/
First Applicant / Guardian	
	.)
Second Applicant         Below 1 Lac         1-5 Lacs         5-10 Lacs         10-25 Lacs         >25 Lacs-1 crore         >1 crore OR Net worth ₹	
Third Applicant         Below 1 Lac         1-5 Lacs         5-10 Lacs         10-25 Lacs         >25 Lacs-1 crore         >1 crore OR Net worth ₹	
OTHERS [Please tick (<)]	
First Applicant / Guardian       For Individuals Please tick (       I am Politically Exposed Person (PEP)^       I am Related to Politically Exposed Person (RPEP)       Not applicable         First Applicant / Guardian       For Non-Individuals Please tick (       (       (Please attach mandatory Ultimate Beneficial Ownership (UBO) declaration form - Refer instruction no. IV(h)):       Not applicable         (i) Foreign Exchange / Money Changer Services       Y       N	
Second Applicant Politically Exposed Person (PEP)^ Related to Politically Exposed Person (RPEP) Not applicable	
Third Applicant Politically Exposed Person (PEP)^ Related to Politically Exposed Person (RPEP) Not applicable	
12 DECLARATION & SIGNATURES (Please refer to the Instruction No. K)	
We have read, understood and agree to comply with the terms and conditions of the Statement of Additional Information, Scheme Information Documents and Key Information Memorandum of the Scheme(s), Foreign Account Tax Compli ommon Reporting Standards, statutory requirements prescribed by SEBI, AMFI, Prevention of Money Laundering Act, 2002 (PMLA) and all applicable rules and regulations and hereby confirm that IWe have not received nor been induced I gifts, directly or indirectly, to make this investment. IWe hereby declare that I/we do not have any existing Micro SIPs which together with the current application will result in a total investments exceeding Rs.50,000 in a year. The AR Sicoles of to melvia 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 melvas. For Pls only: I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds rough 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 provide usage: (ii) validating/autheriticating with Unique Identification Authority of India ''UDA'') by itself or through its Registrar and Transfer Agent ('RTA'); and (ii) downloading and up adhaar number(s) and associated demographic information (including updated information) in my/our accounts/folios under IDFC Mutual Fund, based on my/our Income Tax Permanent Account Number ('PAN') in accordance with the Aadha MLA and rules & regulations made thereunder and applicable SEBI guidelines. I/We hereby further authorise IDFCAMC for the purpose of updating the same in my/our account folios based on my/our PAN.	
First / Sole Applicant / Guardian / Authorised Signatory     Second Applicant     Third Applicant	y any rebate I holder has IRIs / PIOs / from abroad lanagement ating my/our ar Act, 2016

Instrument No.	Dated	Amount (Rs.)	Scheme
	DDMMYY		

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## SIP & SIP-TOP UP REGISTRATION / RENEWAL



#By mentioning RIA code, I/we authorize you to share with 1 Declaration for "execution-only" transaction (only where intentionally left blank by me/ us as this is an "execution-on above distributor or notwithstanding the advice of in-appro distributor has not charged any advisory fees on this transa	EUIN box is left blan ly" transaction without priateness, if any, pro	k) (Refer Instruction No. XII t any interaction or advice by	II) I/We her the employee	eby confirm th /relationship m	at the EUIN bo nanager/sales p	ox has been person of the		Sigr Gu	nature of uardian / A	First / S Authoris	Sole App sed Sign	licant / atory	
TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. S	Applicable for tra	irst time investor in m ansactions routed through a dis sment of various factors includi	stributor who ha	s 'opted in' for tr	ansaction charg		am an exis mmission shal						
Please Tick () SIP Registration S	P with Top-up Re		SIP - Chang	-		ease mention	relevant SIF	P details bel	ow and also	in the IDF	C Commor	n Mandate (	IDFC OTM).
JNIT HOLDER INFORMATION													
Existing Folio Number		PAN											
Vame of the First Holder				Plan					Option				
SYSTEMATIC INVESTMENT PLAN DET	AIL (SIP DETA	IL) ^Default Top-up or	ption Yearly										
Monthly SIP Date* (Default 10th) (Please ✓ anv)	10 <sup>th</sup> 15 <sup>th</sup>	20 <sup>th</sup> 25 <sup>th</sup> SIP P	eriod From	M M	Y Y Y	Y To	M M	ΥY	ΥΥ	OR	1 2	2 2	0 9 9
nstallment Amount (₹) in figures													
SIP TOP-UP (Optional) (Refer J (viii)) Registration for this facil subject to the investor's bankers accepting the mandate for this regi	ty is stration. Frequen	cy Half Yearly	Yearly^	Amount	₹	in figures		(The Top-u	up amount sho	ould be Rs. 5	500 and mult	iples of Rs. 5	00 thereafter)
INITIAL SIP INSTALLMENT PAYMENT 1		ase provide cheque fo	or initial SIF	P Amount a	nd fill below	v OTM for s	subseque	nt SIP ins	allments	.)			
My existing OTM registered to be used for	or initial & subsequ	ent SIP instalments										(OR)	
Cheque No.	Cheque Dat	e D D M M	YYB	ank & Branc	h Name								
DEMAT ACCOUNT DETAILS													
NSDL: Depository Participant (DP) ID (NSDL only)	Benefic	ciary Account Number	(NSDL only)				CDSL: D	Depository	y Participa	ant (DP)	ID (CDSL	. only)	
I/ We have read, understood and agree to comply with Compliance Act and Common Reporting Standards, st received nor been induced by any rebate or gifts, direct exceeding RS. 50,000 in a year. The ARN holder has dis which the Scheme is being recommended to me/us. Fr applicable Regluidens or (ii) residents of Canada, and accordance with applicable RBI guidelines. I/We heret Authority of India ("UIDA!") by itself or through its Regis	y or indirectly, to mal	ke this investment. I/We h	ereby declare	e that I/we do	not have any e	existing Micro	SIPs which	together w	ith the curre	ent applica	ation will re	sult in a tot	alinvestmen
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