IDFC

One Time Cum SIP Application Form (FORM 1)

Application No.

Distributor Code	Sub-Distributor Code	EUIN No.
ARN- **6574**	ARN-	**E019976**

"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".

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

☐ I am a first time investor in mutual funds   OR   ☐ I am an existing investor in mutual funds

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)

Existing Folio Number ☐☐☐☐☐☐☐☐ / ☐☐   Date of Birth [D D M M Y Y]   Existing Investor may not fill in Section 4, 5 & 6.

FIRST HOLDER DETAILS		PAN/PERN (mandatory)	PAN/PERN Proof enclosed	KYC Compliance
Name			☐	☐

You must fill in — **Mobile No.** ☐☐☐☐☐☐☐☐☐☐   **Email ID**

Status
☐ Resident Individual ☐ HUF ☐ Proprietor ☐ Society ☐ Bank ☐ NRI-NRE ☐ NRI-NRO ☐ PIO
☐ Partnership Firm ☐ Company ☐ On Behalf of Minor ☐ Trust ☐ FII ☐ Govt. Entity ☐ Others (Specify) _____

Occupation
☐ Service ☐ Professional ☐ Proprietorship ☐ Housewife ☐ Retired ☐ Student ☐ Agriculture
☐ Business ☐ Others (Specify) _____

JOIN HOLDER DETAILS — Name		PAN/PERN (mandatory)	PAN/PERN Proof enclosed	KYC Compliance
Second Holder			☐	☐
Third Holder			☐	☐
Guardian/POA/Proprietor			☐	☐

Mode of holding ☐ Anyone or Survivor   ☐ Joint   (Default option is anyone or survivor)

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

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** ☐ Regular ☐ Direct

Option ☐ Growth ☐ Div - Reinvest ☐ Div - Payout ☐ Div - Sweep*   **Div Frequency** _____

*Dividend Sweep Option to (Scheme 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.

LUMPSUM

Payment Mode ☐ Cheque ☐ DD ☐ RTGS/NEFT ☐ Funds Transfer   **Instrument No.** ☐☐☐☐☐☐
☐ SCB Debit Mandate (available on form 3)   **Date** [D D M M Y Y]

Amount (₹) (i) _____   **Account No.** _____

DD charges, (₹)(ii) _____   **Bank Name** _____

Total Amount (₹) (i) + (ii) _____ in figs   **Branch & City** _____

_____ in words   **Account Type** ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR

SIP

Monthly SIP Date	SIP Enrollment Period	SIP Installment Amount (Rs.)	Payment mode
☐ **Standard** (any date of the month) [D D]	☐ **Standard** From [M M Y Y Y Y] To [M M Y Y Y Y]	☐ 5,000 ☐ 10,000 ☐ 25,000	☐ ECS Autosave (Please also fill form 2)
☐ **Default** (10th of every month)	☐ **Default** From [M M Y Y Y Y] To [1 2 2 0 9 9]	☐ 50,000 ☐ 1,00,000 ☐ any other amount _____	☐ Standing Instructions (Please also fill form 3)

In case of the Monthly Option if no date is selected in the form, the default date is 10th of every month.

✂ - ✂

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

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3. UNIT HOLDING OPTION

☐ 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

☐ NSDL OR ☐ CDSL Depository Participant Name _____

Depository Participant (DP) ID (NSDL only) [ ][ ][ ][ ][ ][ ][ ][ ]

Beneficiary Account Number (NSDL only) [ ][ ][ ][ ][ ][ ][ ][ ]

Depository Participant (DP) ID (CDSL only) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

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 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

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.)

☐ I/We wish to nominate. ☐ I/We DO NOT wish to nominate and sign here _____ 1st Applicant Signature (Mandatory)

	Nominee Name	Guardian Name (In case of Minor)	Percentage (%)	Nominee Signature
Nominee 1				
Nominee 2				
Nominee 3				
Address			Total = 100%	

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 ✓ ☐

Have you experienced the 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	Second Applicant	Third Applicant	POA Holder

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

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